



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State Procurement Services.

*INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.*

<b>PART I: OVERVIEW</b>			
Department Office/Division/Program:		Office of Special Services and Inclusive Education	
Department Contract Administrator or Grant Coordinator:		Stacey Bean	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	20240820*0368
<b>CONTRACT</b>	Proposed Start Date:	<b>8/1/2024</b>	Proposed End Date: <b>3/30/2025</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
<b>GRANT</b>	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Tania Tong	
Brief Description of Goods/Services/Grant:		Due Process complaint investigator	

<b>PART II: JUSTIFICATION FOR VENDOR SELECTION</b>			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input type="checkbox"/>	L. Other Authorization

Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.	Back-up complaint investigator are needed to cover due process proceedings in disputes concerning the free and appropriate public education for students with disabilities.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This Back-up complaint investigator has been selected because she is trained, experienced, and highly qualified to perform the specialized work of a complaint investigator. She currently works as a complaint investigator for other states across the US.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The need for complaint investigator services will only be needed when they cannot be provided for in-house.  The DOE has researched the national data rates, and per CADRE these rates are comparable.
4. Describe the plan for future competition for the goods or services.	Any future need for improvement work across the state will be discussed and then processed in accordance with State procurement policies and procedures.

<b>PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS &amp; RECOVERY PLAN (MJRP)</b>	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).	
<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> No – If No, proceed to Part V.	

<b>PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE</b>	
<i>Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS <a href="#">Title 5, §18</a> and <a href="#">§18-A</a>, in harmony with MRS <a href="#">Title 17, §3104</a>.</i>	
<input checked="" type="checkbox"/> The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.	

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	<i>Megan Welter</i>		
Typed Name:	Megan Welter	Date:	10/24/2024
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>  <i>Joseph Zrioka</i>  <small>EA813178102243C...</small> </div>		
Typed Name:	Joseph Zrioka     Director of IT Procurement	Date:	10/21/2024

**Certificate Of Completion**

Envelope Id: BBEAD92F93DE47D1BFC6E00285B610F9	Status: Completed
Subject: Complete with DocuSign: ITP-243893 PJF T Tong.docx	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Joseph Zrioka
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	joseph.a.zrioka@maine.gov
	IP Address: 64.135.140.219

**Record Tracking**

Status: Original 10/21/2024 2:50:07 PM	Holder: Joseph Zrioka joseph.a.zrioka@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: State of Maine - Office of Information Technology	Location: DocuSign

**Signer Events**

Joseph Zrioka  
joseph.a.zrioka@maine.gov  
Director of IT Procurement  
State of Maine - Office of Information Technology  
Security Level: Email, Account Authentication (None)

**Signature**

DocuSigned by:  
  
EA813178102243C...  
Signature Adoption: Pre-selected Style  
Using IP Address: 64.135.140.219

**Timestamp**

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Viewed: 10/21/2024 2:54:17 PM  
Signed: 10/21/2024 2:54:25 PM

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**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

Jennifer Tarr  
Jennifer.L.Tarr@maine.gov  
DOE Procurement Director  
Carahsoft OBO Maine Department of Education  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Accepted: 5/20/2021 2:29:25 PM  
ID: 71ebd786-a01b-4229-bdd0-877f12eec3e3

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Sent: 10/21/2024 2:54:26 PM

Katherine Warren  
Katherine.Warren@maine.gov  
Education Data Manager- MDOE  
Maine Department of Education  
Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 10/21/2024 2:54:27 PM

**Electronic Record and Signature Disclosure:**

Carbon Copy Events	Status	Timestamp
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Accepted: 12/9/2022 3:33:50 PM  
ID: 775ae2e1-0e6f-45c8-9a71-80af987f1644

Olivia Schafer  
Olivia.Schafer@maine.gov  
Security Level: Email, Account Authentication (None)

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Sent: 10/21/2024 2:54:28 PM  
Viewed: 10/21/2024 2:56:09 PM

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IT Procurement Team email  
ITProcurement@maine.gov  
Security Level: Email, Account Authentication (None)

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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/21/2024 2:54:09 PM
Certified Delivered	Security Checked	10/21/2024 2:54:17 PM
Signing Complete	Security Checked	10/21/2024 2:54:25 PM
Completed	Security Checked	10/21/2024 2:54:28 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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- ii. send us an email to [kendra.l.coates@maine.gov](mailto:kendra.l.coates@maine.gov) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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**Certificate Of Completion**

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Subject: Here is your signed document: Complete_with_Docusign_ITP-243893_PJF_T_Tong.pdf	
Source Envelope:	
Document Pages: 8	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator: Megan Welter megan.welter@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.135
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

**Record Tracking**

Status: Original 10/24/2024 10:31:42 PM	Holder: Megan Welter megan.welter@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

**Signer Events**

Signer Events	Signature	Timestamp
Megan Welter megan.welter@maine.gov Associate Commissioner of Public Education Security Level: Email, Account Authentication (None)	  Signature Adoption: Pre-selected Style Using IP Address: 98.2.196.75	Sent: 10/24/2024 10:31:43 PM Viewed: 10/24/2024 10:31:56 PM Signed: 10/24/2024 10:32:25 PM Freeform Signing

**Electronic Record and Signature Disclosure:**  
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ID: a3f5e052-e68a-4555-b08f-3ab2586f161c

**In Person Signer Events**

**Editor Delivery Events**

**Agent Delivery Events**

**Intermediary Delivery Events**

**Certified Delivery Events**

**Carbon Copy Events**

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Stacey Bean Stacey.Bean@maine.gov Carahsoft OBO Maine Department of Education Security Level: Email, Account Authentication (None)		Sent: 10/24/2024 10:32:26 PM Viewed: 10/25/2024 7:06:23 AM

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**Witness Events**

**Notary Events**

**Envelope Summary Events**

Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/24/2024 10:31:44 PM
Certified Delivered	Security Checked	10/24/2024 10:31:56 PM
Signing Complete	Security Checked	10/24/2024 10:32:25 PM
Completed	Security Checked	10/24/2024 10:32:27 PM

**Payment Events**

**Status**

**Timestamps**

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