



## PROCUREMENT JUSTIFICATION FORM (PJF)

PART I: OVERVIEW			
Department Office/Division/Program:	Office of Special Services and Inclusive Education		
Department Contract Administrator or Grant Coordinator:	Stacey Bean		
(If applicable) Department Reference #:	N/A		
Amount: (Contract/Amendment/Grant)	\$ 7,000.00	Advantage CT / RQS #:	20240108*1911
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	<b>1/1/2024</b>	Effective Date:
	Previous End Date:	<b>12/31/2024</b>	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	Connor Archer Stillwater, Maine 04489		
Brief Description of Goods/Services/Grant:	Executive Student Transition committee. The committee co-chairs will provide support and feedback to EST committee members both in verbal and written form.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
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

**PART III: SUPPLEMENTAL INFORMATION**

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The co-chairs will assist Maine DOE Transition Specialist, Titus O'Rourke with the following: verbal and/or written feedback along with recommendations for animation work; state transition framework/components; the transition hub blueprint and other areas of work agreed upon.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

The vendor chosen is a self-advocate providing services for individuals with disabilities including school, employment and community programming in the State of Maine and have personal experiences and professional work in transition that is needed to lead the youth in the EST committee

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

Providers rates are comparable to others who contract for education related services. The funding source was determined after referencing years of services being charged at comparable rates.

4. Describe the plan for future competition for the goods or services.

Any future need for transition work across the state will be discussed and then processed in accordance with State of Maine procurement policies and procedures.

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?

Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.


**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

*Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).*

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:	12/4/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/13/2024


### Certificate Of Completion

Envelope Id: 12E00C8F30814AD4B4A42E7AACCE0FF3	Status: Completed
Subject: Please Docusign This Document	
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Document Pages: 3	Signatures: 1
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Status: Original 12/4/2024 8:42:46 PM	Holder: Megan Welter megan.welter@maine.gov	Location: DocuSign
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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: 12/4/2024 8:42:47 PM Viewed: 12/4/2024 8:42:56 PM Signed: 12/4/2024 8:43:36 PM Freeform Signing

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<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
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<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	12/4/2024 8:42:47 PM
Certified Delivered	Security Checked	12/4/2024 8:42:56 PM
Signing Complete	Security Checked	12/4/2024 8:43:36 PM
Completed	Security Checked	12/4/2024 8:43:36 PM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
<b>Electronic Record and Signature Disclosure</b>		

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