



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.

PART I: OVERVIEW			
Department Office/Division/Program:		DEPT OF ED- EDUC IN THE UNORG TERRITORIES (EUT)	
Department Contract Administrator or Grant Coordinator:		Cathy Severance	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 30,000.00	Advantage CT / RQS #:	05C 20231010*1063
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	8/15/2023	Effective Date:
	Previous End Date:	8/14/2025	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Stacie A Murphy D/B/A SJV Recovery And Behavioral Health Services Frenchville, Me	
Brief Description of Goods/Services/Grant:		Additional funds to replace used FY24 EUT LE grant funds for remainder of the academic year 25.	

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 checked="" 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.

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.

Amendment to add funding for services needed and required to continue for Academic Year 24-25 EUT special education students.

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

An individual provider or business provider must have the following qualifications:

- Must hold a current Maine Professional license
- Able to travel throughout the EUT to the student’s school or other designated location
- CHRC certification in order to work in schools
- Proof of Professional Liability Insurance as well as Data Breach Liability Coverage

Any provider who meets the qualifications listed in this section and is willing to be placed on the list should contact the listed Contract Administrator with evidence of qualifications.

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

The rate for this work will be \$120 per hour.

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

The EUT plans on maintaining a list of qualified and willing providers that will be populated by time application was received and approval that it met the qualifications as outlined in Section 2. Each time a Provider is needed the EUT will use the next available provider on the list. The EUT plans to refresh this willing and qualified procurement justification form every two years. Any provider who meets the qualifications listed in Section 2 and is willing to be placed on the list should contact the listed Contract Administrator with evidence of qualifications.

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.

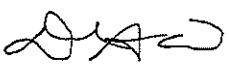

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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):			
Typed Name:	Daniel A Chuhta, DOE Deputy Commissioner	Date:	11/26/2024
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	12/13/2024

Certificate Of Completion

Envelope Id: 4DE6721F713646E4AC6CA42573E883F1
 Subject: Please Docusign This Document
 Source Envelope:
 Document Pages: 5
 Certificate Pages: 1
 AutoNav: Enabled
 Envelope Stamping: Disabled
 Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Status: Completed

Envelope Originator:
 Daniel A. Chuhta
 Daniel.Chuhta@maine.gov
 IP Address: 64.207.219.135

Record Tracking

Status: Original
 11/26/2024 12:30:20 PM
 Security Appliance Status: Connected
 Storage Appliance Status: Connected

Holder: Daniel A. Chuhta
 Daniel.Chuhta@maine.gov
 Pool: StateLocal
 Pool: Maine Department of Education

Location: DocuSign
 Location: DocuSign

Signer Events

Daniel A. Chuhta
 Daniel.Chuhta@maine.gov
 Deputy Commissioner
 Maine Department of Education
 Security Level: Email, Account Authentication
 (None)

Signature

Signature Adoption: Drawn on Device
 Using IP Address: 72.231.250.95

Timestamp

Sent: 11/26/2024 12:30:21 PM
 Viewed: 11/26/2024 12:30:32 PM
 Signed: 11/26/2024 12:31:05 PM
 Freeform Signing

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

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

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	11/26/2024 12:30:21 PM
Certified Delivered	Security Checked	11/26/2024 12:30:32 PM
Signing Complete	Security Checked	11/26/2024 12:31:05 PM
Completed	Security Checked	11/26/2024 12:31:05 PM

Payment Events

Status

Timestamps