



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 \$10,000 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:		Maine Department of Corrections	
Department Contract Administrator or Grant Coordinator:		Jessica Gerrish	
(If applicable) Department Reference #:			
Agency Department Code:	03F	Advantage CT / RQS #:	2025110600000001104
Amount: (Contract/Amendment/Grant)		\$ 38,700.00	
CONTRACT	Proposed/Original Start Date:	11/15/2025	Proposed/Most Recent End Date: 11/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Erin Chase Special Education Consulting Portland, ME	
Brief Description of Goods/Services/Grant:		Educational Assessments and Support	

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 checked="" 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 checked="" type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. Higher Education 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.	<p>The Maine Department of Corrections (MDOC) is required by State and Federal regulations to provide evaluations and support as it relates to the Individuals with Disabilities Act (IDEA) and Section 504 (Free Appropriate Public Education (FAPE)) at Arthur R. (AR) Gould School, Long Creek Youth Development Center. This ensures students have access to assessments that identify and/or confirm the following diagnoses as recognized in the DSM-V and supported by IDEA: Autism Spectrum Disorder (ASD); Specific Learning Disability; Intellectual Disability; and Emotional Disturbance. This service is essential to ensuring continued supervision and structure in AR Gould’s special education program, which is a critical program for students. Without this service, students could experience delayed diagnoses, worsening conditions, and/or decreased quality of care due to not having this service readily available. The providers’ work continues to be essential to the functions of the AR Gould School, increased acuity in student population has resulted in a greater need for services and targeted support persons for students. Due to this acuity, an emergency procurement is being sought because RFP #202509131 did not receive any bidders.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.	<p>MDOC published a solicitation for this service – RFP #202509131. MDOC did not receive any bidders/applications as a result of this solicitation. Erin Chase has contracted with MDOC for over 3 years to provide this service. No concerns regarding performance or service delivery have been reported. In order to ensure continued continuity of care, Erin Chase has agreed to enter into an additional contract to provide services. The Department intends to RFP again next school year.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The negotiated cost was requested by the contractor. The price is comparable with other education and programming services. Rates of service have not changed since the previous contract and have remained \$150 per hour. The additional funds allocated are Federal Department of Education funds and are within the allowable use of funds.</p>
4. Describe the plan for future competition for the goods or services.	<p>When the contract is up for renewal, the Department of Corrections and Long Creek Youth Development will comply with the State of Maine competitive process if/when other potential providers become available.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.	
<input checked="" type="checkbox"/> 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

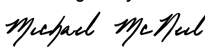
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>24E17FF2C8B949D...</small>		
Typed Name:	Sonja Charest, Manager of Juvenile Evidence-Based Programs & Grants	Date:	11/24/2025

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):	Signed by:  <small>8E48CAE08CGD407...</small>		
Typed Name:	Anthony Cantillo, Dep Comm Dept Of Corrections	Date:	12/15/2025

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by:  <small>7008796FB36A449...</small>		
Typed Name:	Michael McNeil	Date:	12/19/2025

NOI 1220251095