PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW							
Department Office/Division/Program:			EUT				
Department Contract Administrator or Grant Coordinator:			Cathy Severance				
(If applicable) Department Reference #:							
Amount: \$70 per hour pl		lus travel	Advantage CT / RQS #:		CTMV #05C20231017*4		
CONTRACT		Proposed Start Date:	8/15/2023		Proposed End Date:		8/14/2024
AMENDMENT	Original Start Date:				Effective D	Date:	
	Prev	ious End Date:			New End I	Date:	
GRANT	Pro	ject Start Date:			Grant Start [Date:	
	Pr	oject End Date:			Grant End D	Date:	
Vendor/Provider/Grantee Name, City, State:			BCR-HAYES-WHITE				
Brief Description of Goods/Services/Grant:			SPCH, OT & PT Services for EUT Students				

	PART II: JUSTIFICATI	ON FOR V	ENDOR SELECTION
Checl	k the box below for the justification(s) that ap	oplies to thi	s request. (Check all that apply.)
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	\boxtimes	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

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

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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.

Pursuant to 2001, c. 454, §11 (AMD), children who reside with a parent in the unorganized territory or who are resident emancipated minors or residents at least 18 years old are eligible to attend elementary and secondary schools and to receive appropriate special education and related services without charge to themselves or their parents. Education must be provided in alignment with the system of learning results as established in 20-A MRSA §6209 under the direction of the commissioner and must meet the general standards for elementary and secondary schooling and special education established.

The services under these agreements are for psychological services that required under student's IEP.

The Provider's duties include, but not limited to:

- Provide SPCH, OT or PT therapy services for students that have been referred to or requested special education
- Conduct re-evaluations annually of high exceptionality students
- Provide evaluation reporting to the Special Education Director

The need for the services is primarily located within EUT operated schools in Aroostook, Penobscot & Washington counties, but there may be intermittent needs in other areas of the EUT.

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 SPCH, OT or PT 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;
- Proof of Rider E-Data Breach Liability Coverage of minimum \$400K; or
- Receive DOE approval to obtain a Maine.gov email address & SOM-OIT provided laptop when Rider E is not attainable from the Provider's Insurer

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 \$70 per hour including travel time when necessary. A higher per hour dollar rate may apply when per student charges include an individual or initial evaluation & reporting is needed, etc.

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.

PART III: SUPPLEMENTAL INFORMATION

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 RESC	UE PLAN ACT (ARPA) / MAINE JOBS & F	RECOVE	RY PLAN (MJRP)
Does this request utilize ARPA/M	JRP funds?		
☐ Yes – If Yes, please attach the	approved Business Case(s).		
⋈ No – If No, proceed to Part V.			
	PART V: APPROVALS		
The signatures below indicate ap	proval of this procurement request.		
Signature of requesting Department's Commissioner (or designee):	DIA		
Typed Name:	Daniel A Chuhta	Date:	11/3/2023
Signature of DAFS Procurement Official:	Docusigned by: Joseph Erioka		
Typed Name:	EA813178102243C Joseph Zrioka Director of IT Procurement	Date:	11/3/2023

Certificate Of Completion

Envelope Id: 0DEAB45D861C4EF4A42F06452A49ADEB

Status: Completed

Subject: Complete with DocuSign: Procurement Justification Form EUT SPCH-OT-PT Services-CTMV.docx ITP-232524

Source Envelope:

Document Pages: 3

Certificate Pages: 5

Signatures: 1 Initials: 0

Envelope Originator:

Joseph Zrioka

joseph.a.zrioka@maine.gov

IP Address: 76.28.45.11

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original

11/3/2023 11:35:45 AM

Holder: Joseph Zrioka joseph.a.zrioka@maine.gov Location: DocuSign

Security Appliance Status: Connected

Storage Appliance Status: Connected

Pool: StateLocal

Signature Adoption: Pre-selected Style

Using IP Address: 76.28.45.11

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

Joseph Brioka

Timestamp

Sent: 11/3/2023 11:46:16 AM Viewed: 11/3/2023 11:46:25 AM Signed: 11/3/2023 11:46:31 AM

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Editor Delivery Events

In Person Signer Events

Status

Signature

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Agent Delivery Events

Status **Status** Timestamp Timestamp

Certified Delivery Events

Intermediary Delivery Events

Status

Status

Timestamp

Timestamp

Carbon Copy Events

Olivia Schafer

olivia.schafer@maine.gov

Security Level: Email, Account Authentication (None)

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Electronic Record and Signature Disclosure: Not Offered via DocuSign

Katherine Warren

katherine.warren@maine.gov

Education Data Manager- MDOE

Maine Department of Education

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Accepted: 12/9/2022 3:33:50 PM

ID: 775ae2e1-0e6f-45c8-9a71-80af987f1644

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Carbon Copy Events

Jennifer L 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

ITPROC itprocurement@maine.gov Security Level: Email, Account Authentication

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Notary Events	Signature	Timestamp
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Certified Delivered	Security Checked	11/3/2023 11:46:25 AM
Signing Complete	Security Checked	11/3/2023 11:46:31 AM
Completed	Security Checked	11/3/2023 11:46:33 AM
Payment Events	Status	Timestamps
Electronic Record and Signature D	isclosure	