



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
DIVISION OF 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 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:		Office of Special Services and Inclusive Education	
Department Contract Administrator or Grant Coordinator:		Stacey Bean	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 1,995,600.00	Advantage CT / RQS #:	20240423*2916
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2025
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Easter Seals New Hampshire 555 Auburn Street Manchester, NH 03103	
Brief Description of Goods/Services/Grant:		Provide special education to students with disabilities who are state agency clients	

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 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.

- a. Easter Seals New Hampshire operates a special purpose private school that serves children with disabilities who are not successful in public schools.
- b. IDEA, CFR, §1400 (d) (1) – (4); MRSA 20-A §7001 (2a), (6) both statutes provide that children identified as receiving special education services are entitled to a free and appropriate education. MRSA 20-A §15689-A 1. A.B.C.D. determines that the special education costs for State Agency Clients must be paid by the department in the allocation year at 100% of the actual costs.

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

The Maine Department of Education does not provide direct services to children with disabilities. Easter Seals New Hampshire operates a special purpose private school that specializes in supporting children with learning disabilities in their special educational program.

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

Students are placed at Easter Seals New Hampshire by their IEP team. The DOE does not make decisions as to where the students receive the educational services. Therefore, the DOE must make funds available to this vendor for the services provided to State Agency Clients.

The DOE has a yearly approval process and rate setting process for each special purpose private school in the State of Maine.

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

Students are placed at Easter Seals New Hampshire by their IEP team. The DOE does not make decisions as to where the students receive their educational services. Therefore, this procurement does not lend itself to the use of a formal competitive process.

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.

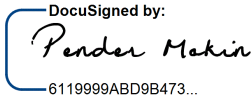
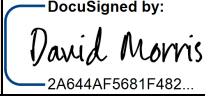
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Pender Makin	Date:	6/6/2024
Signature of DAFS Procurement Official:			
Typed Name:	David Morris	Date:	6/24/2024

NOI 0620240739 06/25/2024 - 07/01/2024