



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:	DOL/BRS/DVR		
Department Contract Administrator or Grant Coordinator:	Libby Stone-Sterling		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$20,000	Advantage CT / RQS #:	20240829*0451
CONTRACT	Proposed Start Date:	10/1/2024	Proposed End Date: 9/30/2025
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:	Maine Parent Federation Augusta Me		
Brief Description of Goods/Services/Grant:	Maine Parent Federation will collaborate and coordinate with the Maine Pathways to Partnerships Grant pilot projects and activities.		

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

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>Maine was awarded the Pathways to Partnerships (P2P) Disability Innovation Fund Grant from the Rehabilitation Services Administration, Office of Special Education and Rehabilitative Services, U.S. Dept. of Education. The overall goal of the Maine P2P project is to develop a collaborative innovative systemic model to effectively improve transition services across agencies to increase Competitive Integrated Employment for children and youth with disabilities.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>Maine Parent Federation (MPF) is a Parent and Training Information Center that is funded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services. MPF's mission is to provide parents of children with disabilities training and information to ensure children are prepared to lead productive independent lives. The staff have experience as parents of children with disabilities and have access to a wide range of information. Other services include educational workshops on a wide variety of topics specific to parent needs as well as core trainings on special education law.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>Both parties have met, negotiated both services and budget amounts, and have agreed to the costs associated with this contract.</p>
4. Describe the plan for future competition for the goods or services.	<p>Maine Parent Federation is the only Parent and Training Information Center in Maine, thus is uniquely qualified to partner with the Pathways to Partnership Grant to help foster increased access to families.</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) – 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 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:	Kimberly A Smith, Deputy Commissioner	Date:	9/10/2024
Signature of DAFS Procurement Official:	DocuSigned by:  249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	9/17/2024