



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 \$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:		Education		
Department Contract Administrator or Grant Coordinator:		Emily Poland		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 9890.00	Advantage CT / RQS #:	CT 05A 20250220*1942
CONTRACT	Proposed Start Date:	3/3/2025	Proposed End Date:	8/1/2025
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:		School Health Associates, LLC Muskego, WI 53150		
Brief Description of Goods/Services/Grant:		Online professional learning modules for school nurses		

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.

Registered nurses who are transitioning their specialty in school nursing practice require specialized professional learning. School nurses are licensed healthcare professionals working in educational settings and play a vital role in student success. They incorporate standards of nursing practice, coordination of care, leadership, and public health into schools daily. They straddle two statutory and regulatory frameworks: health and education. Because school nurses practice nursing in an educationally focused system, they face unique legal, policy, funding, and supervisory issues with unique ethical dimensions.

A module for school nurses on federal privacy laws is laying a foundation of understanding for Maine nurses. Nurses are very familiar with the Health Insurance Portability and Accountability Act (HIPAA) but student education records are different from patient health records. In the school setting, nursing documentation and health records are impacted by the Family Educational Rights and Privacy Act, known as FERPA. This module will review FERPA and HIPAA and explore how School Nurses and student education and health records are impacted by these two federal laws.

Delegation is a concept that is challenging no matter how long a school nurse has been practicing. The decision to delegate is impacted by numerous variables, such as the Nurse Practice Act, school district policy, the School Nurse and delegatee’s job description, along with education, training, and experience of not only the delegatee but the school nurse as well. This module will outline the factors that the school nurse should consider when deciding whether to delegate. The module also provides case studies to actively engage the learner in their understanding of delegation.

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

School Health Associates, LLC mission is to ensure the health and safety of every child while they are at school. School Health Associates, LLC is in the business of providing professional development, continuing education, other tools and consultation to school administrative units, including school nurses, to improve student health services provided at the local levels. Their experience includes working both at the national level and at the individual state level, to develop courses that meet the specific health education needs of the grantor. These modules have been created, vetted, and will be modified if needed for content specific to Maine.

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

This learning module will be accessible to all school nurses statewide with unlimited opportunity to review the materials as needed at no additional individual cost. One-hour learning modules created by the National Association of School Nurses typically cost \$20 per person. Other vision screening training programs are approximately \$100 per person. The learning module will provide nursing continuing professional development credits to those that successfully complete it and is a reasonable cost given its potential use.

PART III: SUPPLEMENTAL INFORMATION

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

The ongoing evidence base of these modules will be evaluated by the Maine DOE Office of School and Student Supports, Coordinated School Health Team every two years and investigation into the cost of updating as needed will be negotiated at that time.

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):			
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Typed Name:	Megan Welter Associate Commissioner of Public Education	Date:	3/21/2025
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Signature of DAFS Procurement Official:	DocuSigned by:  EA813178102243C...		
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Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	3/19/2025
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Certificate Of Completion

Envelope Id: D9199E91-4C80-4C6F-9CD2-E57889B0D641

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Subject: Complete with Docusign: ITP-254713 PJF School Health Associates 2025 Contract.docx

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Signatures: 1

Envelope Originator:

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Initials: 0

Joseph Zrioka

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joseph.a.zrioka@maine.gov

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Director of IT Procurement

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State of Maine - Office of Information Technology

Signature Adoption: Pre-selected Style

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Not Offered via Docusign

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John Spier

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John.F.Spier@maine.gov

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Accepted: 9/9/2021 7:08:18 AM

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Jennifer Tarr

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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

Carbon Copy Events	Status	Timestamp
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	COPIED	Sent: 3/19/2025 2:08:15 PM
Olivia Schafer Olivia.Schafer@maine.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/19/2025 2:08:16 PM Viewed: 3/19/2025 2:11:01 PM
IT Procurement Team email ITProcurement@maine.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/19/2025 2:08:16 PM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/19/2025 2:07:55 PM
Certified Delivered	Security Checked	3/19/2025 2:08:06 PM
Signing Complete	Security Checked	3/19/2025 2:08:14 PM
Completed	Security Checked	3/19/2025 2:08:16 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Maine Office of Information Technology:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: kendra.l.coates@maine.gov

To advise Carahsoft OBO Maine Office of Information Technology of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at kendra.l.coates@maine.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Carahsoft OBO Maine Office of Information Technology

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to kendra.l.coates@maine.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Maine Office of Information Technology

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to kendra.l.coates@maine.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
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- Until or unless you notify Carahsoft OBO Maine Office of Information Technology as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO Maine Office of Information Technology during the course of your relationship with Carahsoft OBO Maine Office of Information Technology.