



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:	Corrections / Long Creek Youth Development Center			
Department Contract Administrator or Grant Coordinator:	Catherine Curry			
(If applicable) Department Reference #:	Click or tap here to enter text.			
Amount: (Contract/Amendment/Grant)	\$ 11,440	Advantage CT / RQS #:	03F 20220121*1720	
CONTRACT	Proposed Start Date:	3/1/2022	Proposed End Date:	6/30/2022
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	Click or tap to enter a date.
	Previous End Date:	Click or tap to enter a date.	New End Date:	Click or tap to enter a date.
GRANT	Project Start Date:	Click or tap to enter a date.	Grant Start Date:	Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:	Click or tap to enter a date.
Vendor/Provider/Grantee Name, City, State:		Mackenzie Williams, Kennebunk, Maine		
Brief Description of Goods/Services/Grant:		Dance Instruction at Long Creek		

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.

The Provider shall work with students to identify physical activities and interests. Provider will develop a dance program and provide dance instruction to four different groups of students on a weekly basis. The Provider will provide classroom instruction, classroom management, and direct student support. The Provider will also act as a support for our PE teacher and provider instruction in his classes when appropriate. The Provider will work towards a talent show/dance competition where students will share their work with the facility as a whole.

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

The purpose of this contract is to supplement existing physical education curriculum with dance instruction. The small size of AR Gould school limits its ability to provide the widest array of activities for students, by taking advantage of contractors we can expand upon our existing curriculum offerings. For our current female population performance and music are major interests, dance instruction is an easy fit for this population.

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

The Department negotiated an hourly rate with the Provider (\$26/hr up to 20 hours/week) which the Department consider to be fair and reasonable.

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

If longer term services are needed the Department will seek competitive bids to fulfill this need.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

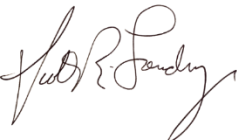

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Procurement Justification Form (PJF)

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Scott Landry, Associate Commissioner	Date:	3/9/2022
Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	2D5B6E39F57E44A... William J.E. Allen	Date:	Click or tap to enter a date. 4/26/2022

NOI 0420220358 04/26/2022 = 05/02/2022