



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:		DHHS/OCFS		
Department Contract Administrator or Grant Coordinator:		Chris Moiles Lora Blackwell		
(If applicable) Department Reference #:		CBH-23-6101		
Amount: (Contract/Amendment/Grant)	\$ 200,000.00	Advantage CT / RQS #:	CT 10A 2022050200000002698	
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
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 Association for the Education of Young Children Augusta, ME		
Brief Description of Goods/Services/Grant:		Administration of T.E.A.C.H. Scholarships		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 purpose of this Agreement is to support workforce development in the area of early child care. This agreement provides funding to the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Scholarship Program, to increase education and compensation, and promote commitment to the early childhood workforce. T.E.A.C.H. provides a variety of scholarships that create access to higher education for early educators. T.E.A.C.H. scholarships provide support, time, and funding to ensure credentials and degrees are obtained without incurring college debt.

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

The Maine AEYC (Association for the Education of Young Children) is the only organization in the State licensed by the T.E.A.C.H. Early Childhood® National Center to administer the T.E.A.C.H. Early Childhood® Scholarship Program. The T.E.A.C.H. Early Childhood® National Center allows only one (1) organization per state to be licensed.

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

The Maine AEYC, as the only licensed entity in the State, is responsible for finding and securing funds to operate the T.E.A.C.H. program in Maine. They have solicited all other funds for the program from private donors and organizations. The Department is contributing \$200,000 as a portion of the total funds they need to operate and retain the national license. The amount allocated was based on an assessment of available funding and is equal to or less than what many other states are contributing from their CCDBG (Child Care Development Block Grant) to their state T.E.A.C.H. program.

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

The Department does not intend to competitively procure this service, as the Maine AEYC as it is the only entity in the State that is licensed by the T.E.A.C.H. Early Childhood® National Center to administer the T.E.A.C.H. program.

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

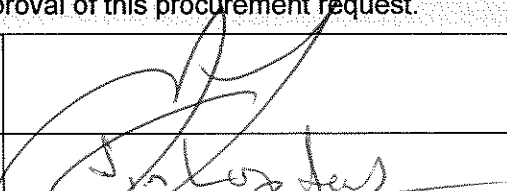

Does this request utilize ARPA/MJRP funds?

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.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	18 - May - 22
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	5/24/2022