



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:                     |                      | Education                                                                             |                              |
| Department Contract Administrator or Grant Coordinator: |                      | Emily Poland                                                                          |                              |
| (If applicable) Department Reference #:                 |                      |                                                                                       |                              |
| Amount:<br>(Contract/Amendment/Grant)                   | \$ 21,987.50         | Advantage CT / RQS #:                                                                 | 20230418*2739                |
| CONTRACT                                                | Proposed Start Date: | 6/1/2023                                                                              | Proposed End Date: 6/30/2024 |
| 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:              |                      | National Board for Certified School Nurses, Mount Laurel NJ                           |                              |
| Brief Description of Goods/Services/Grant:              |                      | Vouchers for examination and review books for school nurse for national certification |                              |

| 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.

As part of the public health workforce development program, we are seeking to increase the number of school nurses in the State of Maine that hold the specialty credential of nationally certified school nurse.

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

This vendor is the only organization that provides this examination for school nurses in the nation.

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

The cost is in line with other certification exams for nurses.

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

If other vendors are available in the future, we will investigate other vendors.

### 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:

Daniel A. Chuhta

Date:

4/21/2023

Signature of DAFS  
Procurement Official:

DocuSigned by:



Typed Name:

Michelle Fournier

Date:

5/15/2023

**Certificate Of Completion**

|                                                   |                                                                     |
|---------------------------------------------------|---------------------------------------------------------------------|
| Envelope Id: 34CD925840984B8F8A5667EBBB0F3F57     | Status: Completed                                                   |
| Subject: Please DocuSign This Document            |                                                                     |
| Source Envelope:                                  |                                                                     |
| Document Pages: 2                                 | Signatures: 1                                                       |
| Certificate Pages: 1                              | Initials: 0                                                         |
| AutoNav: Enabled                                  | Envelope Originator:<br>Daniel A. Chuhta<br>Daniel.Chuhta@maine.gov |
| Envelopeld Stamping: Disabled                     | IP Address: 64.207.219.135                                          |
| Time Zone: (UTC-05:00) Eastern Time (US & Canada) |                                                                     |

**Record Tracking**

|                                          |                                                     |                    |
|------------------------------------------|-----------------------------------------------------|--------------------|
| Status: Original<br>4/21/2023 2:51:28 PM | Holder: Daniel A. Chuhta<br>Daniel.Chuhta@maine.gov | Location: DocuSign |
| Security Appliance Status: Connected     | Pool: StateLocal                                    |                    |
| Storage Appliance Status: Connected      | Pool: Maine Department of Education                 | Location: DocuSign |

**Signer Events**

| Signature                                                                                                                                                   | Timestamp                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Daniel A. Chuhta<br>Daniel.Chuhta@maine.gov<br>Deputy Commissioner<br>Maine Department of Education<br>Security Level: Email, Account Authentication (None) | Sent: 4/21/2023 2:51:29 PM<br>Viewed: 4/21/2023 2:51:45 PM<br>Signed: 4/21/2023 2:53:12 PM<br>Freeform Signing |
| Signature Adoption: Uploaded Signature Image<br>Using IP Address: 72.231.250.95                                                                             |                                                                                                                |

**Electronic Record and Signature Disclosure:**  
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**In Person Signer Events****Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

|                     |                  |                      |
|---------------------|------------------|----------------------|
| Envelope Sent       | Hashed/Encrypted | 4/21/2023 2:51:29 PM |
| Certified Delivered | Security Checked | 4/21/2023 2:51:45 PM |
| Signing Complete    | Security Checked | 4/21/2023 2:53:12 PM |
| Completed           | Security Checked | 4/21/2023 2:53:12 PM |

**Payment Events****Status****Timestamps**