



## 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:		Maine Arts Commission	
Department Contract Administrator or Grant Coordinator:		Julie Horn	
(If applicable) Department Reference #:		94W	
Amount: (Contract/Amendment/Grant)	\$ 35,000	Advantage CT / RQS #:	20250102000000001674
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	1/1/2025	Effective Date:
	Previous End Date:	6/30/2025	New End Date:
GRANT	Project Start Date:	1/1/2025	Grant Start Date:
	Project End Date:	6/30/2025	Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maine Council On Aging, Brunswick, Maine	
Brief Description of Goods/Services/Grant:		Funding to create a new Creative Aging program	

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 checked="" type="checkbox"/>	G. Grant
<input checked="" 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.

With a huge population of engaged older people, Maine is ripe for the creation and launch of a robust Creative Aging Program that can support healthy aging, promote community inclusion, and bolster belonging. The Maine Council on Aging (MCOA) has found in its work that older people are hungry to talk about their experiences of aging and becoming old. Building off of the previous Creative Aging Program (CAP) established through the Maine Arts Commission, this program will now include age-positivity and anti-ageism training for teaching artists and participating host sites to supply programs and projects for elders. A program manager is needed to identify host types such as libraries, lifelong communities, community centers, etc. and develop training for artists that want to work specifically with this group. The work will be supported by an evaluation component that will be designed by an evaluation partner. Evaluation will assist the overseeing agency in understanding public perception and impact on the public, host sites, and teaching artists.

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

MCOA is the most qualified State-wide lead organization that has the biased-aging type of programming we are looking to integrate into a newly designed Creative Aging Program/Grant. Specifically, their Power in Aging Projects have proven to help people transform beliefs and motivates people to act against ageism.

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

MOCA will deliver:

General training on ageism.

Disseminate information about creative aging and CAP to generate interest in bringing CAP to communities around Maine.

Implementing a robust outreach program.

Create an evaluation component that will be designed by an evaluation partner. (The resulting data will guide and inform future programming).

Create Program Leadership - hire CAP Manager to seed the program, coordinate the establishment of a sustainable CAP in Maine.

The amount was agreed upon based on the number of hours it would take staff members to do the listed services:

Approx. 40 hrs a week for CAP manager for the next 6 months (\$25/hr.) + \$1000 toward evaluator time

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

The MAC has partnered specifically with this organization for its level of qualifications in producing this specific program, as well as fulfilling the requirement of our federal grant to fund arts education programs/projects.

## PART III: SUPPLEMENTAL INFORMATION

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

Does this request utilize ARPA/MJRP funds?

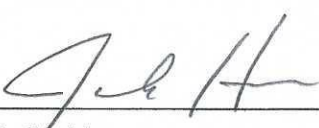

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.☒ No – If No, proceed to Part V.

## 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):			
Typed Name:	Julie Horn	Date:	5/20/2025
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	5/21/2025