



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:		Department of Education - Special Services			
Department Contract Administrator or Grant Coordinator:		Stacey Bean			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		\$ 149,888.00	Advantage CT / RQS #:		20220601*3162
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 Mathematics and Science Alliance PO Box 2246 Augusta, Maine 04338			
Brief Description of Goods/Services/Grant:		Implement the Department's Math4ME Pilot project			

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.

Services under this agreement are to implement the Department's FY22 Math4ME Pilot project, a component of Maine's State Systematic Improvement plan. Math4ME is designed to implement evidence-based professional development to improve the math proficiency of students with disabilities and the instructional practices of their teachers.

Math4ME is aligned with the Department's Strategic Priorities to:

- Support a culture of innovation and continuous improvement, led by all the experts in the field, and
- Develop, support and sustain a robust educator workforce.

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

Single Source/Unique Vendor:

This agreement builds upon the initial services by MMSA, paid for through Coronavirus Relief Funds (CRF) on an emergency basis to facilitate virtual math learning experiences. MMSA is being used due to the organization's specialized expertise in mathematics. They are the only organization with the capacity to meet the department's needs in the allotted time frame.

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

Costs are based on the services of MMSA's Science, Technology, Engineering and Math (STEM) education specialist at a rate comparable to similar types of highly specialized services.

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

MMSA is the expert resource in the state of Maine, but we could also look to national organizations that support math learning.

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:	5/27/2022
Signature of DAFS Procurement Official:	<small>Designated by:</small> 		
Typed Name:	Michelle Fournier	Date:	6/9/2022