



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:	Susan Berry		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$15,000	Advantage CT / RQS #:	20220601*3149
CONTRACT	Proposed Start Date:	6/15/2022	Proposed End Date: 5/31/2023
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:	Lighthouse Wellness and Health Education Consulting Sarah Benes, Co-owner Natick, MA 01760		
Brief Description of Goods/Services/Grant:	to design, develop, and implement a training series on Health Education & Physical Education		

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 the Maine Department of Education Health Education & Physical Education (HE&PE) program specialists to design, develop, and implement a training series that will provide foundational knowledge and skill development in reviewing local curriculum, instructional strategies and classroom management that ensures promising practices in health education and physical education that support and include all students, their families and school personnel. This series will include design and development sessions with the Maine DOE specialists as well as HE & PE teacher leaders; a session to promote and overview the trainings; delivery of up to two 2-day trainings; a 1-day training of trainers; and up to 10 follow-up technical assistance and implementation sessions for participants. This training will support educators in ensuring they have a curriculum that is inclusive of all their students as well as instructional strategies and classroom management using promising and best practices.

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

Sarah Benes has a breadth of experience working with health education and physical education (HE & PE) teachers including delivering college preparatory courses in both HE & PE; co-authoring textbooks and resources for skills-based health education; serving on the national professional organization's (SHAPE America) Board of Directors. In addition, she has designed, developed, and delivered numerous professional development sessions on promising and best practices in inclusion, curriculum, instructional strategies, and classroom management for HE & PE teachers for more than a decade. She also has the support and experience of her consulting partner to draw upon if needed. After doing research, this provider is the only vendor of which we are aware that does this specific HE & PE curriculum and instructional strategies analysis work.

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

The rates are more than fair and reasonable based on the Provider's level of expertise in the topic and professional development, the research that has been done and will be done to ensure all content is current promising and best practices, and the deliverables requested. A quote was submitted and reviewed by the contractors then discussed with the vendor before finalizing.

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

If additional professionals become available to provide this content and professional development, then an RFP would be used.



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, Deputy Commissioner	Date:	6/6/2022
Signature of DAFS Procurement Official:	 <small>DocuSigned by: 066BBD96EE5347F...</small>		
Typed Name:	Michelle Fournier	Date:	6/13/2022


Certificate Of Completion

Envelope Id: 0AF692B83E12424CA1E44010E9E62A51	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 10.103.40.203
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 6/6/2022 12:51:05 PM	Holder: Daniel A. Chuhta 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 Daniel.Chuhta@maine.gov Deputy Commissioner Maine Department of Education Security Level: Email, Account Authentication (None)	Sent: 6/6/2022 12:51:05 PM Viewed: 6/6/2022 12:51:20 PM Signed: 6/6/2022 12:51:50 PM Freeform Signing
	
Signature Adoption: Uploaded Signature Image Signed by link sent to Daniel.Chuhta@maine.gov Using IP Address: 72.231.250.95	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Editor Delivery Events

Agent Delivery Events

Intermediary Delivery Events

Certified Delivery Events

Carbon Copy Events

Witness Events

Notary Events

Envelope Summary Events

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	6/6/2022 12:51:05 PM
Certified Delivered	Security Checked	6/6/2022 12:51:20 PM
Signing Complete	Security Checked	6/6/2022 12:51:50 PM
Completed	Security Checked	6/6/2022 12:51:50 PM

Payment Events

Payment Events	Status	Timestamps
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