



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/Office of School and Student Supports/School Health		
Department Contract Administrator or Grant Coordinator:		Emily Poland		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 17,200	Advantage CT / RQS #:	CT20220601*3152
CONTRACT	Proposed Start Date:	7/1/2022	Proposed End Date:	6/30/2023
AMENDMENT	Original Start Date:	Click or tap to enter a date.	Effective Date:	
	Previous End Date:	Click or tap to enter a date.	New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Atlantic Partners EMS, XXX, Maine		
Brief Description of Goods/Services/Grant:		Emergency Training for School Nurses		

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.

Providing opportunity for specific emergency training for school nurses within the State of Maine are part of the public health workforce development priorities determined by the Memorandum of Understanding (MOU) between the Department of Health and Human Services Maine Center for Disease Control and Prevention (DHHS or Maine CDC) and the Maine Department of Education (DOE). This service provides recertification for school nurses in healthcare provider cardiopulmonary resuscitation and certification for a certain number of nurses in an advanced level of emergency training.

The American Heart Association's PEARS (Pediatric Emergency Assessment, Recognition and Stabilization) Course is a classroom-based, Instructor-led course, students learn how to use a systematic approach to quickly assess, recognize the cause, and stabilize a pediatric patient in an emergency situation. During PEARS, students interact with real patient cases, and realistic simulations and animations to assess and stabilize pediatric patients experiencing respiratory and shock emergencies, and cardiopulmonary arrest. PEARS prepares students to provide appropriate lifesaving interventions within the initial minutes of response until a child can be transferred to an advanced life support provider.

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

A search was conducted using the American Heart Association Find-a-Course tool. None of the AHA training centers in Maine have a PEARS course available. The selected vendor is a known provider that has experience training school nurses in PEARS. With a limited time period was available between the securing of funds and the required services, there was inadequate time for an RFP process.

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

Costs for the service is in alignment with costs established by the American Heart Association.

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

If time allows in the future, the Department will consider an RFP process.

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):	DocuSigned by: <i>Julie A. Smyth</i> 4E2127A8492A43A...		
Typed Name:	Julie A. Smyth, Director OSSS	Date:	6/27/2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Michelle Fournier</i> 066BDD96EE5347F...		
Typed Name:	Michelle Fournier	Date:	6/29/2022

Certificate Of Completion

Envelope Id: 10AED2412D2A49C8ACF50D2698A48AD3	Status: Completed
Subject: Please DocuSign: Atlantic Partners PJF REVISED.docx	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Staci Warren
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	Staci.H.Warren@maine.gov
	IP Address: 66.67.41.161

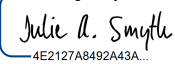
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6/27/2022 4:02:23 PM	Staci.H.Warren@maine.gov	
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Signer Events

Julie A. Smyth
 Julie.A.Smyth@maine.gov
 Director, Office of School and Student Supports
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

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Emily Poland
 Emily.Poland@maine.gov
 RN School Nurse Consultant
 Carahsoft OBO Maine Department of Education
 Security Level: Email, Account Authentication (None)

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Jennifer Tarr
 jennifer.l.tarr@maine.gov
 DOE Procurement Director
 Carahsoft OBO Maine Department of Education
 Security Level: Email, Account Authentication (None)

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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	6/27/2022 4:14:58 PM
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Payment Events	Status	Timestamps
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