



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:		DHHS/MCDCP/Maternal & Child Health	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Melanie Boucher	
(If applicable) Department Reference #:		CD0-23-4234A	
Amount: (Contract/Amendment/Grant)	Original: \$344,300.00 Amend: \$38,457.00 Revised: \$382,757.00	Advantage CT / RQS #:	CT 10A 20220819000000000534
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	5/15/2023
	Previous End Date:	New End Date:	N/A
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		KVCAP/ Educare Central Maine, Waterville, ME	
Brief Description of Goods/Services/Grant:		Parent Ambassador Program	

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input 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.

KVCAP/ Educare Central Maine provides a Parent Ambassador (PA) Program designed to provide parents with access to education and resources designed to build leadership skills. This program provides opportunities for interactions with other parents and advocacy professionals, exchange of knowledge, leadership development, trust building and collective action – all of which are important components of building social and intellectual capital and bringing about continued change and growth. As parents collectively learn about the civic process, how to advocate for themselves and their children, providing effective testimony, learning about specific topics and/or pieces of legislation, and connecting with their lawmakers, they have become engaged in local, state and national decision-making processes.

Previously, Educare only provided this opportunity to Educare/KVCAP families. Through grant funding, Educare will be able to expand this service to Statewide, allowing for parents or caregivers from across the State to apply for to be a part of the year-long cohort. Additionally, allowing for potential college credit and to become part of a Parent Ambassador Alumni program that provides support to new PAs going through the program. Educare will also be providing the Parent Ambassador Intensive Family Engagement (PA-IFE) Training which will train early learning professionals who support and/or provide services to a parent in the Parent Ambassador Program to learn key strategies and practices for engaging and partnering with families.

The purpose of this amendment is to expand engagement to immigrant parents with young children. Educare will partner with Portland Empowered to build out new parent leadership programming for New Mainer parents, including immigrant, refugee, and asylum-seeking parents, with young children. Educare will start by working directly with Portland Empowered to implement three “Shared Space Café’s” to hear directly from immigrant or “New Mainer” parents with young children about their experiences and challenges with navigating Maine’s early childhood policies and programs. These conversations will inform the development of a new parent leadership program based on the PA program for New Mainer parents with young children to help expand Educare’s reach in Maine.

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

KVCAP/Educare partnered with the original creators of the PA program, WSA Parent Ambassador Program, established in 2009, for first three (3) years of Maine’s implementation to learn and attend trainings.

KVCAP/Educare additionally partnered with Harvard University, Center for the Developing Child, to create a copyrighted Theory of Change that is utilized within the PA Program.

KVCAP/Educare is the only provider in Maine who is trained in implementing the parent ambassador training curriculum that has been developed at a national level.

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

Costs were negotiated with the Provider. Rates are comparable to those set forth in similar State Services agreements.

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

The Department does not plan to RFP this service. The Provider will be looking to fund the program themselves after the initial 2-year period.

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

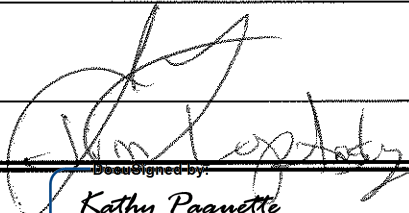
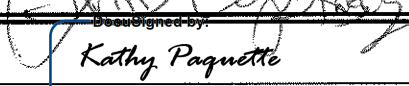
Does this request utilize ARPA/MJRP funds?

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:		Date:	31 - Aug - 23
Signature of DAFS Procurement Official:	 <small>Designated by:</small> Kathy Paquette		
Typed Name:	kathy Paquette ^{41C2BA36FAF44CD...}	Date:	6/29/2023