



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 handwritten 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
Table with 4 columns: Department Office/Division/Program, Department Contract Administrator or Grant Coordinator, (If applicable) Department Reference #, Amount, Advantage CT / RQS #, Proposed Start Date, Proposed End Date, Original Start Date, Effective Date, Previous End Date, New End Date, Project Start Date, Grant Start Date, Project End Date, Grant End Date, Vendor/Provider/Grantee Name, City, State, Brief Description of Goods/Services/Grant.

PART II: JUSTIFICATION FOR VENDOR SELECTION
Check the box below for the justification(s) that applies to this request. (Check all that apply.)
Table with 4 columns: A. Competitive Process, B. Amendment, C. Single Source/Unique Vendor, D. Proprietary/Copyright/Patents, E. Emergency, F. University Cooperative Project, G. Grant, H. State Statute/Agency Directed, I. Federal Agency Directed, J. Willing and Qualified, K. Client Choice, 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 purpose of this Agreement is to support workforce development in early child care. This agreement provides funding to the T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Scholarship Program, to increase education and compensation, and promote commitment to the early childhood workforce. T.E.A.C.H. provides a variety of scholarships that create access to higher education for early educators. T.E.A.C.H. scholarships provide support, time, and funding to ensure credentials and degrees are obtained without incurring college debt.

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

The Maine AEYC (Association for the Education of Young Children) is the only organization in the State of Maine that is licensed by the T.E.A.C.H. Early Childhood® National Center to administer the T.E.A.C.H. Early Childhood® Scholarship Program. The T.E.A.C.H. Early Childhood® National Center allows only one (1) organization per state to be licensed.

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

The Maine AEYC, as the only licensed entity in the State, is responsible for finding and securing funds to operate the T.E.A.C.H. program in Maine. They have solicited all other funds for the program from private donors and organizations. The Department is contributing \$325,000 as a portion of the total funds they need to operate and retain the national license. The amount allocated was based on an assessment of available funding and is equal to or less than what many other states are contributing from their CCDBG (Child Care Development Block Grant) to their state's T.E.A.C.H. program. OCFS plans to ramp up the T.E.A.C.H. program with this SFY25 renewal by supporting an increased number of scholarships and increase in staffing necessary to support the enhancement.

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

The Department does not intend to competitively procure this service, as the Maine AEYC is the only entity in the State that is licensed by the T.E.A.C.H. Early Childhood® National Center to administer the T.E.A.C.H. program.

### PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & 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 III: SUPPLEMENTAL INFORMATION**

**PART V: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Sam Logistich</i>	Date:	<i>29 May 24</i>
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	6/14/2024