



## 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 Innovation/Teaching and Learning-			
Department Contract Administrator or Grant Coordinator:	Beth Lambert			
(If applicable) Department Reference #:	N/A			
Amount: (Contract/Amendment/Grant)	\$ 100,673.00	Advantage CT / RQS #:	20240613000000003692	
<b>CONTRACT</b>	Proposed Start Date:	<b>6/20/2024</b>	Proposed End Date:	9/30/2024
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Junior Achievement of Maine. 565 Congress St. Suite 306 Portland, ME 04101			
Brief Description of Goods/Services/Grant:	Project Based Financial Literacy Programming and Resources for elementary, middle and high school students.			

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.

In the coming years, Junior Achievement plans to establish an Experiential Learning Center and Mobile Pop-Up Extension. This project will allow them to build capacity in schools and with educators to use the resources and lessons to prepare students for financial literacy experiential learning experiences. The interactive, hands-on programming and the in-person simulations experiences are needed to re-engage students and help students identify career opportunities of interest.

This project will fund a contracted service provider who will create cross walk resources for JA BizTown and JA Finance Park, which will be aligned to the Maine Learning Results. This contracted service provider will also meet with and train Maine teachers in the use of these guides and the learning platform used to carry out the programs. Educators participating in the trainings over the summer and after school will receive a stipend.

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

Junior Achievement is a non-profit whose programming focuses on financial literacy, work and career readiness, and entrepreneurship. Junior Achievement of Maine has been providing programming to Maine students since 1965. Their elementary and secondary programs in Maine engage volunteers from a variety of local businesses. Junior Achievement is uniquely positioned to provide this programming, as they have decades of experience and relationships with businesses from all regions of the state.

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

The costs for the contractor and the educational resources are consistent with the rates for other programs.

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

We anticipate that this is a one-time project and do not anticipate future funding.

**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 V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

The requesting department signatory understands and acknowledges Maine’s Conflict of Interest statutes.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Daniel A. Chuhta	Date:	6/17/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	7/12/2024

**Certificate Of Completion**

Envelope Id: F5EFE272891E46D99AEBA04C71E68A4	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 29	Signatures: 2
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.137
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

**Record Tracking**

Status: Original 6/17/2024 5:47:00 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**

Daniel A. Chuhta  
Daniel.Chuhta@maine.gov  
Deputy Commissioner  
Maine Department of Education  
Security Level: Email, Account Authentication (None)

**Signature**



Signature Adoption: Drawn on Device  
Using IP Address: 72.231.250.95

**Timestamp**

Sent: 6/17/2024 5:47:01 PM  
Viewed: 6/17/2024 5:47:35 PM  
Signed: 6/17/2024 5:48:48 PM  
Freeform Signing

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**In Person Signer Events**

**Signature**

**Timestamp**

**Editor Delivery Events**

**Status**

**Timestamp**

**Agent Delivery Events**

**Status**

**Timestamp**

**Intermediary Delivery Events**

**Status**

**Timestamp**

**Certified Delivery Events**

**Status**

**Timestamp**

**Carbon Copy Events**

**Status**

**Timestamp**

**Witness Events**

**Signature**

**Timestamp**

**Notary Events**

**Signature**

**Timestamp**

**Envelope Summary Events**

**Status**

**Timestamps**

Envelope Sent	Hashed/Encrypted	6/17/2024 5:47:01 PM
Certified Delivered	Security Checked	6/17/2024 5:47:35 PM
Signing Complete	Security Checked	6/17/2024 5:48:48 PM
Completed	Security Checked	6/17/2024 5:48:48 PM

**Payment Events**

**Status**

**Timestamps**