



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 Support/Health Education and Physical Education	
Department Contract Administrator or Grant Coordinator:		Susan Berry	
(If applicable) Department Reference #:		Click or tap here to enter text.	
Amount: (Contract/Amendment/Grant)	\$ 21,218	Advantage CT / RQS #:	20220809*0201
CONTRACT	Proposed Start Date:	9/7/2022	Proposed End Date: 9/30/2022
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date: Click or tap to enter a date.
	Project End Date:	Click or tap to enter a date.	Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Heart Zones 2636 Fulton Ave Suite #100, Sacramento, CA 95821	
Brief Description of Goods/Services/Grant:		7 Heart Rate Monitor Complete Classroom Kits for physical education programs (5 classroom kits of 20 and 2 classroom kits of 10 for smaller schools/districts)	

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.

Funding was made available from the Maine Center for Disease Control and Prevention, Maternal and Child Health Block Grant to support Domain 5, Obesity Prevention efforts for early childhood and school age youth. Strategies were developed to support obesity and overweight prevention in school districts with socioeconomically challenged families and youth. Included in the plan was to purchase heart rate monitor classroom curriculum kits for health and physical education teachers to utilize with students. In doing research for what is available, we found the company Heart Zones to be the one with a complete kit that includes all the components below as well as training and technical assistance. I found that when I asked for a quote from the Heart Zones directly, it was a significantly reduced price from retail distributors. Other companies had heart rate monitors but did not include all the components with a classroom kit to allow for maximum impact and usage with no additional costs.

2 PLUS-SPC10-01 at \$2,300.00 = \$4,600.00
 New Heart Zones 3.0 Plus Heart Zones Smart 10 Pack
 Includes 10 Blink 3.0 Plus Sensor, 4 sets of armbands, 1 Bridge, 2-28
 Port Charger, Hanging Charging Station, 2 storage case, 1 Heart
 Zones PE Software- one-time license fee (no yearly fees), 1 Zoning
 Wall Chart, Zoning Cards, Heart Zones Curriculum, Installation
 Consulting, does not include the iPad. Band sizes include
 Small or Med/Lg.

5 PLUS-SPC20-01 at \$3,200.00 = \$16,000.00
 New Heart Zones 3.0 Plus Heart Zones Smart 20 Pack
 Includes 20 Blink 3.0 Plus Sensor, 4 sets of armbands, 1 Bridge, 1-28
 Port Charger, Hanging Charging Station, 2 storage case, 1 Heart
 Zones PE Software- one-time license fee (no yearly fees), 1 Zoning
 Wall Chart, Zoning Cards, Heart Zones Curriculum, Installation
 Consulting, does not include the iPad. Band sizes include
 Small or Med/Lg.

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

See above.

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

I researched the product we were looking for that would allow for maximum classroom impact and learning, contacted the company for a quote which was the lowest for the complete package. All other companies I evaluated or reached out to did not have the complete classroom kits.

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


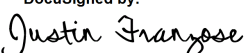
This money was made available as a one-time available source of funds for supporting obesity prevention in schools. If it did become available again and we chose to purchase additional heart rate monitor classroom kits I would research availability again and if there more than one company with the complete product we are seeking I would put the request out for bid.

PART III: SUPPLEMENTAL INFORMATION**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:  7C42E98267714BF...		
Typed Name:	Daniel A. Chuhta Deputy Commissioner	Date:	9/9/2022
Signature of DAFS Procurement Official:	DocuSigned by:  AEE09C7B3A8044E...		
Typed Name:	Justin Franzose	Date:	9/12/2022

Certificate Of Completion

Envelope Id: 371DFE2F2C7742D5BE728E2B9B0671FE	Status: Completed
Subject: Heartzones Revised PJF	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Cristina Stade Cristina.Stade@maine.gov
Envelopeld Stamping: Enabled	IP Address: 64.207.219.137
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 9/9/2022 8:52:30 AM	Holder: Cristina Stade Cristina.Stade@maine.gov	Location: DocuSign
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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

DocuSigned by:

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Signature Adoption: Uploaded Signature Image
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Signed: 9/9/2022 11:14:17 AM

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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	9/9/2022 8:59:02 AM
Certified Delivered	Security Checked	9/9/2022 11:13:06 AM
Signing Complete	Security Checked	9/9/2022 11:14:17 AM
Completed	Security Checked	9/9/2022 11:14:17 AM
Payment Events	Status	Timestamps