

**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.


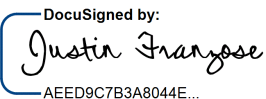
PART I: OVERVIEW			
Department Office/Division/Program:		Department of Education – Office of Special Services and Inclusive Education	
Department Contract Administrator or Grant Coordinator:		Stacey Bean	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,695.60	Advantage CT / RQS #:	RQS#20230817*0288
CONTRACT	Proposed Start Date:	7/31/2023	Proposed End Date: 8/2/2023
AMENDMENT	Original Start Date:		Effective Date:
	Previous End Date:		New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maple Hill Farm 11 Inn Road Hallowell, Maine 04347	
Brief Description of Goods/Services/Grant:		Math4ME Admin Training	

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.	The conference space was needed to accommodate the training that was over a 3-day period.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This conference space was selected as it was the only place available with the appropriate accommodations to support the training being provided.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Department looked at other venues but could not find any with the availability and accommodations needed. Maple Hill Farm has created a special menu for the department, under \$15.00 per person.
4. Describe the plan for future competition for the goods or services.	The department will follow the protocol for obtaining a venue.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Daniel A. Chuhta	Date:	8/22/2023
Signature of DAFS Procurement Official:	 <small>AEED9C7B3A8044E...</small>		
Typed Name:	Justin Franzose	Date:	9/5/2023


Certificate Of Completion

Envelope Id: 026E71BD41364E43ADD16BDC82A4D059	Status: Completed
Subject: Please DocuSign This Document	
Source Envelope:	
Document Pages: 2	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.136
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 8/22/2023 10:42:47 AM	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

Signature	Timestamp
Daniel A. Chuhta Daniel.Chuhta@maine.gov Deputy Commissioner Maine Department of Education Security Level: Email, Account Authentication (None)	 Sent: 8/22/2023 10:42:48 AM Viewed: 8/22/2023 10:42:57 AM Signed: 8/22/2023 10:43:50 AM Freeform Signing
Signature Adoption: Uploaded Signature Image Using IP Address: 72.231.250.95	

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	8/22/2023 10:42:48 AM
Certified Delivered	Security Checked	8/22/2023 10:42:57 AM
Signing Complete	Security Checked	8/22/2023 10:43:50 AM
Completed	Security Checked	8/22/2023 10:43:50 AM
Payment Events	Status	Timestamps