

**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/Commissioner's Office		
Department Contract Administrator or Grant Coordinator:	Teri Peaslee		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 7,500	Advantage CT / RQS #:	CT05A20240223*2326
CONTRACT	Proposed Start Date:	8/6/2024	Proposed End Date: 8/8/2024
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:	Jared Cooney Horvath, PhD., Med. 6767 NE Oregon St, Portland, OR 97213		
Brief Description of Goods/Services/Grant:	Procurement of a one (1), 60 minute keynote and two (2), 60 minute presentations related to the keynote on the topic of brain neuroscience for the 2024 Annual Summit.		

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
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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.

Jared Horvath is one of three keynote speakers deemed relevant to the theme of supporting the whole student and school community for our 2024 Annual Summit.

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

Dr. Jared Cooney Horvath is an award-winning cognitive neuroscientist, best-selling author, and renowned keynote speaker with an expertise in human learning, memory, and brain stimulation. Dr. Horvath has published 6 books, over 50 research articles, and currently serves as an honorary researcher at the University of Melbourne and St. Vincent's Hospital in Melbourne.

Dr. Horvath is an engaging cognitive neuroscientist specializing in principles to boost teaching & learning. His research has been featured in popular publications including The New York Times, WIRED, BBC, The Economist, TEDx, PBS's Nova and ABC's Catalyst.

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

Costs associated with a nationally renowned public speaker are generally in excess of the amount quoted. Costs include travel to participate in the summit, preparation, and implementation of keynote. Funding allocated to support the keynote is ARP federal funding.

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

The executive planning team convenes to determine the theme and focus of the annual summit and a list of potential speakers is collated. Team members then request proposals from those who we believe will most align with the summit theme and the Maine DOE strategic priorities in addition, those whose costs are within the allotted budget for this line item. The Maine DOE will continue to ensure keynote speakers are of the highest quality and will solicit proposals from a variety of public speakers.

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); PURCHASES BY THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

☒ Yes, the requesting Department signatory understands and acknowledges [Title 17, Chapter 101, §3104](#).


PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Daniel Chuhta	Date:	3/5/2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	9/3/2024

Certificate Of Completion		
Envelope Id: A5C0D593E93E480995F0E5503D21AE50		Status: Completed
Subject: Please DocuSign This Document		
Source Envelope:		
Document Pages: 3	Signatures: 1	Envelope Originator:
Certificate Pages: 1	Initials: 0	Daniel A. Chuhta
AutoNav: Enabled		Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled		IP Address: 64.207.219.135
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		

Record Tracking		
Status: Original	Holder: Daniel A. Chuhta	Location: DocuSign
3/5/2024 11:17:17 AM	Daniel.Chuhta@maine.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events	Signature	Timestamp
Daniel A. Chuhta		Sent: 3/5/2024 11:17:18 AM
Daniel.Chuhta@maine.gov		Viewed: 3/5/2024 11:17:27 AM
Deputy Commissioner		Signed: 3/5/2024 11:17:39 AM
Maine Department of Education		Freeform Signing
Security Level: Email, Account Authentication (None)	Signature Adoption: Drawn on Device	
	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	3/5/2024 11:17:18 AM
Certified Delivered	Security Checked	3/5/2024 11:17:27 AM
Signing Complete	Security Checked	3/5/2024 11:17:39 AM
Completed	Security Checked	3/5/2024 11:17:39 AM
Payment Events	Status	Timestamps