



## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:	Office of Special Services and Inclusive Education		
Department Contract Administrator or Grant Coordinator:	Stacey Bean		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 115,700.00	Advantage CT / RQS #:	20240911*0393
CONTRACT	Proposed Start Date:	9/9/2024	Proposed End Date: 11/1/2024
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:	Education Associates PO Box 23308 Louisville, KY 40223		
Brief Description of Goods/Services/Grant:	Job skills training kits and online support materials that can be downloaded and printed.		

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 checked="" 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.

These are kits that are designed to demonstrate to student with disabilities different career opportunities that would be available to them upon graduation. These would be housed at the four regions that received the MeTRIC funds from the Transition RFA and would be shared throughout their areas. These will also be used at the statewide youth transition summit.

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

The Department was able to use these kits in the region and saw first-hand how effective they are with the students. These are the only kits available that provide the hands-on material that is needed for these students. Other kits available on the market do not provide hands on materials that are authentic to the career opportunities. Others programs contain passive materials where the Ed Associates product has a full curriculum and real work based materials that are not images or toys.

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

The vendor price listed online is fair and reasonable based on the Department’s experience with similar products

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

This is a one-time need and if there is a need for similar products in the future the Department will review what options for purchase are available, including an RFQ if there are multiple qualified vendors. The funding (ARPA) being used for this procurement must be encumbered by September 30<sup>th</sup>, 2024.

**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.


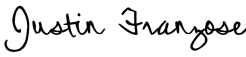
**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**

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:	9/24/2024
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <small>DocuSigned by:</small>    <small>AEED9C7B3A8044E...</small> </div>		
Typed Name:	Justin Franzose	Date:	9/25/2024

**Certificate Of Completion**

Envelope Id: FD2B8013016D4067A1AB1040B166FF5C	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 3	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 9/24/2024 2:59:09 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: 198.182.163.113

**Timestamp**

Sent: 9/24/2024 2:59:09 PM  
Viewed: 9/24/2024 3:02:19 PM  
Signed: 9/24/2024 3:03:08 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	9/24/2024 2:59:09 PM
Certified Delivered	Security Checked	9/24/2024 3:02:19 PM
Signing Complete	Security Checked	9/24/2024 3:03:08 PM
Completed	Security Checked	9/24/2024 3:03:08 PM

**Payment Events**

**Status**

**Timestamps**