



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: | Maine Charter School Commission | | |
| Department Contract Administrator or Grant Coordinator: | Amy Allen, Operations Director | | |
| (If applicable) Department Reference #: | N/A | | |
| Amount: (Contract/Amendment/Grant) | \$31,000.00 | Advantage CT / RQS #: | 20221018*1145 |
| CONTRACT | Proposed Start Date: | 10/17/2022 | Proposed End Date: 12/30/2022 |
| 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: | National Association of Charter School Authorizers (NACSA) | | |
| Brief Description of Goods/Services/Grant: | To provide the Commission with consistent, thoughtful, and experienced authorizing support throughout the current transition period (10-17-22 through 12-30-22). | | |

| 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. | |
| The Maine Charter School Commission wishes to engage in consulting and leadership services with the National Association of Charter School Authorizers (NACSA) due to an unforeseen change in staffing and capacity. | |
| 2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable. | |
| NACSA is a nationally recognized organization that supports the work of charter school authorizers and leadership development. | |
| 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee. | |
| The rate for the services was determined to be fair and reasonable based on the scope and sequence of the work requested and the level of involvement of the organization in the operations of the Maine Charter School Commission. | |
| 4. Describe the plan for future competition for the goods or services. | |
| At this time there are no plans for future services. | |

| 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 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: | Amy Allen, Operations Director | Date: | 10-17-22 |

| | | | |
|--|--|-------|------------|
| Signature of DAFS Procurement Official: | DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A... | | |
| Typed Name: | Thomas Paquette | Date: | 10/28/2022 |