



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:		Maine Department of Education/Office of Teaching & Learning/Early Learning Team		
Department Contract Administrator or Grant Coordinator:		Renee Reilly, Preschool Development Grant		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 232,750.00	Advantage CT / RQS #:	20241001000000000887
CONTRACT	Proposed Start Date:	10/14/2024	Proposed End Date:	1/17/2025
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:		HERE this NOW, LLC 70 Main Street, Suite 105 Peterborough, NH 03458 VS0000027208		
Brief Description of Goods/Services/Grant:		Professional learning for educators to become Regulated Classroom trainers.		

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.

The Maine Department of Health and Human Services received a federally awarded Preschool Development B-5 Renewal Grant. The Maine Department of Education is named in this grant to carry out several grant related activities, including the provision of professional learning related to a variety of early care and education topics between March 2023 and December 2025. One of the intended professional learning topics is to support the early child care workforce and provide professional learning related to the trauma, stress, and anxiety caused by the COVID pandemic. The practices and tools of The Regulated Classroom give educators the tools to repair burnout and inspire a joyful student learning environment.

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

This vendor is an internationally recognized trauma specialist and trainer in the trauma-informed practices and is the author and creator of The Regulated Classroom. This "Train the Trainer" option builds internal capacity to integrate The Regulated Classroom in birth-3rd grade classrooms across the state. Educators gain knowledge and develop capacities to teach fellow colleagues about seamlessly integrating the practices and tools of The Regulated Classroom in order to repair educator burnout and inspire joyful student learning.

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

The rate for the scope of work associated with this project is considered reasonable based on the rates other vendors are paid by the Maine DOE to prepare and present similar in-person training.

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

Currently, HERE this NOW, LLC is uniquely qualified to provide the Regulated Classroom training. If this changes in future years, a plan for supporting competition for services would be developed.

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, Deputy Commissioner	Date:	10/11/2024
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	10/17/2024

Certificate Of Completion

Envelope Id: 68550A800DBB4B6AA4931D565043D61F	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 25	Signatures: 2
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta 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 10/11/2024 3:30:27 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: 10/11/2024 3:30:29 PM
Viewed: 10/11/2024 3:30:45 PM
Signed: 10/11/2024 3:32:08 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	10/11/2024 3:30:29 PM
Certified Delivered	Security Checked	10/11/2024 3:30:45 PM
Signing Complete	Security Checked	10/11/2024 3:32:08 PM
Completed	Security Checked	10/11/2024 3:32:08 PM

Payment Events

Status

Timestamps