



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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 Arts Commission	
Department Contract Administrator or Grant Coordinator:		Julie Horn	
(If applicable) Department Reference #:			
Agency Department Code:	94W	Advantage CT / RQS #:	2025100600000000747
Amount: (Contract/Amendment/Grant)	\$11,000		
CONTRACT	Proposed/Original Start Date:	10/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Maya Williams, Portland, ME	
Brief Description of Goods/Services/Grant:		Manage the National Poetry Out Loud Competition for the Maine Arts Commission/State of Maine.	

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. Higher Education 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.

This contract is for the Provider to manage the Poetry Out Loud (POL) program for the Maine Arts Commission (MAC). POL is a national arts education program, and its implementation is a requirement to fulfill MAC's annual federal grant from the National Endowment for the Arts. Currently the MAC does not have the staff capacity to manage this program. The following duties are what are required for every POL state program:

- Work with teachers, schools, students, judges, and performance venues.
- Produce three to four poetry recitation events across the State.
- Contact schools to recruit their registration into the program.
- Provide schools and teachers with proper POL resources.
- Develop partnerships with libraries and nonprofits for community outreach in support of the program.
- Present regional and state champions awards to students.
- Research and determine judges for final competitions and coordinate their specific training.
- Work with agency's communications director for marketing the program.
- Attend the National POL competition in Washington, DC with the Maine state champion.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Maya Williams has coordinated literary specific events such as readings, panels, showcases, and workshops for the past twelve years. She has been the city of Portland's Poet Laureate from 2021 to 2024, coordinating accessible poetry programming that focused on mental health awareness. She's worked with literacy programs in schools ranging from elementary age to high school and with several nonprofits such as Maine Inside Out, Interfaith America and Maine Writers & Publishers Alliance. She holds a Master of Fine Arts degree in Creative Writing/Poetry and a Master of Social Work.

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

\$10,000 represents approx. 400 hours at a \$25/hour rate (their professional fee).
\$1,000 to cover costs for the trip to Washington, DC for the national POL finals.

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

In the future the Maine Arts Commission will review if the staff has capacity to manage this program itself. If they are unable, MAC will reach out to qualified individuals for interest and use the proper State procurement process for a contract.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.**PART VI: APPROVALS**

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):

Typed Name: Julie Horn

Date: 10/6/2025

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:

DocuSigned by:



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Typed Name:

Thomas Paquette

Date:

10/10/2025