



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 #:	20251007000000000764
Amount: (Contract/Amendment/Grant)	\$15,250		
CONTRACT	Proposed/Original Start Date:	Proposed/Most Recent End Date:	
AMENDMENT	New Effective Date:	New End Date (if Applicable):	
GRANT	Project Start Date:	11/1/2025	Grant Start Date: 11/1/2025
	Project End Date:	6/30/2026	Grant End Date: 6/30/2026
Vendor/Provider/Grantee Name, City, State:		Side x Side, Portland, ME	
Brief Description of Goods/Services/Grant:		Side x Side, in partnership with the Maine Arts Commission and others, will develop Maine Creates, a statewide teaching artists leadership development training and activation pilot project	

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 checked="" 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
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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.

This grant serves as the second phase of the program “Maine Creates” which is a Teaching Artist Training for professional development in the areas of community collaborative projects, budgets and marketing. The first phase was to provide training for the artists. In this second phase the trained artists can submit proposals through a closed grant specifically for this pilot project. The provider will administer the grant application in collaboration with the Maine Arts Commission and form a group of reviewers to evaluate the proposals and select five grantees to implement community arts projects. All selected grantees will receive ongoing mentorship from SxS throughout the implementation of their projects.

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.

Side x Side (SxS), a Portland-based 501c(3) non-profit organization, is the only Maine-based entity with the expertise, reach, commitment and experience to carry out this project. Side x Side has over ten years of experience designing and delivering high quality, customized professional development for artists, teaching artists, educators and administrators that includes trauma informed, Social Emotional Learning (SEL), accessibility and culturally aware approaches. Their hands-on workshops and virtual webinars have reached over 600 artists and educators across all 16 counties in Maine. Side x Side will leverage their knowledge and management expertise for the Maine Creates project. Side x Side’s highly qualified staff includes a executive director, an arts integration specialist, a program manager and experienced teaching artists.

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

This amount would support funding two five-thousand-dollar grant awards and then approx. 140 hours of administrative staff time for SxS staff (36/hr for Executive Director).

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

This program has been specifically designed between MAC and SxS. If in the future the MAC continues the program, both groups will assess their commitment and if there is need to change providers.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> 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

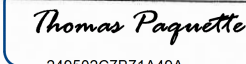
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):			
Typed Name:	Julie Horn	Date:	10/7/2025

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:  249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	11/21/2025