



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

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 Department of Corrections		
Department Contract Administrator or Grant Coordinator:		Laura Rodas		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 16,800	Advantage CT / RQS #:	RQS 03A 20231215*0890
CONTRACT	Proposed Start Date:	12/31/2023	Proposed End Date:	12/31/2024
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:		Essential Education – 895 NW Grant Ave. Corvallis, OR 97330		
Brief Description of Goods/Services/Grant:		350 Reusable Seats Across Multiple Sites with 1 year license for Complete HiSET, GED, TABE 11/12 and CASAS GOALS Academy Programs		

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

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.

Essential Education is the official HiSET preparation program. It has been used for years in MDOC facilities but course seats have been purchased separately by facilities. Bulk purchasing as a department will allow the MDOC to obtain a much better cost – for the same number of seats purchased by facilities, it would cost at least \$20,150 (\$62 per seat rather than \$42 per seat).

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

Essential Education is one of only two known Hi-SET preparation courses available online for incarcerated people. Essential Education's online program creates a customized learning plan for the individual and allows MDOC to monitor student progress and provide individualized supplemental support. Facilities have been using this tool for several years purchasing seats individually.

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

Bulk purchasing as a department will allow the MDOC to obtain a much better cost – for the same number of seats purchased by facilities, it would cost at least \$20,150 (\$62 per seat rather than \$42 per seat). Furthermore, the other known provider (Edmentum) would cost \$21,654 for 200 licenses and so is far more expensive.

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

The MDOC envisions retaining Essential Education as its HiSET preparation course provider unless other vendors step into this market or unless Edmentum reduces its costs substantially.

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


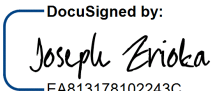
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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):	 <small>C41E0D953C6E4B0</small>			12/14/2023
Typed Name:	Scott Landry, Assoc. Commissioner	Date:		
Signature of DAFS Procurement Official:	 <small>EA813178102243C...</small>			
Typed Name:	Joseph Zrioka Director of IT Procurement	Date:	12/22/2023	