



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:		Workers' Compensation Board			
Department Contract Administrator or Grant Coordinator:		Jan M. Adams			
(If applicable) Department Reference #:					
Amount: (Contract/Amendment/Grant)		40,000	Advantage CT / RQS #:		CT 90C 20211220.1553
CONTRACT	Proposed Start Date:	1/31/2022		Proposed End Date:	4/29/2022
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:		McTeague, Higbee, Case, Cohen, Whitney & Toker, P.A. Topsham Maine			
Brief Description of Goods/Services/Grant:		Legal services			

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.

Title 39-A MRSA section 153-A states employees injured while working are entitled to the services of an advocate at mediation and formal hearings before the Workers' Compensation Board. Currently one-third (4 out of 12) of the Attorney Advocates in the Advocate Program, who provide those services, are unavailable due to leave, are in training or waiting to be admitted to the Maine bar. Accordingly, there is a distinct need for work to be performed on behalf of injured workers to fulfill the obligations under Title 39-A.

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

Using licensed attorneys with in-depth knowledge of workers' compensation law is the most efficient way to provide the representation required by the statute to injured workers and reduce the case load at the mediation and formal hearing stages. In a letter dated January 27, 2022, and incorporated into the Service Contract, the Attorney General's office authorized the Board to retain outside counsel, pursuant to 5 M.R.S. §191, and approved the selection of the vendor.

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

The Vendor is willing to provide temporary contract services and offer savings in the hourly rate as a public service. See the AG's letter dated January 27, 2022 approving the rates.

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

None at this time; the contract addresses a temporary need and services will be provided by Advocate program staff in future.

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

Does this request utilize ARPA/MJRP funds?

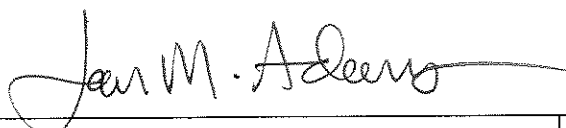
Yes – If Yes, please attach the approved Business Case(s).

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):



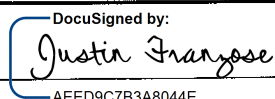
Typed Name:

Jan M. Adams

Date:

2/7/2022

Signature of DAFS
Procurement Official:

DocuSigned by:

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Typed Name:	Justin Franzose	Date:	2/8/2022
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