



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:		DPS Gambling Control Unit	
Department Contract Administrator or Grant Coordinator:		Milton Champion, Executive Director	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000.00	Advantage CT / RQS #:	20250203*1845
CONTRACT	Proposed Start Date:	2/1/2025	Proposed End Date: 12/31/2025
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:		Rebekah Smith Esq. Union ME	
Brief Description of Goods/Services/Grant:		Hearing Officer for Administrative Hearings before the Commissioner of Public Safety	

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.

Ms. Smith will serve as a hearing officer for the Maine Gambling Control Unit on a as needed basis for any adjudicatory hearing held before the Commissioner of Public safety. This is a third contract for Ms. Smith. The first two were in 2020, 2022 and 2024.

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

Ms. Smith is one of two options and we have been using Ms. Smith for the last four hearings as recommended by fellow bureaus within DPS and was approved by the AG's office at the beginning in 2020.

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

Funding is provided through the funds allocated by statute to cover expenses of the preceding's. The AG's office approved of the rate in 2020 and there have been minimal increases since then that seem reasonable with all other expenses increasing over time.

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

We will, going forward, research to see if there are other hearing officers available and compare hourly rates along with their resume.

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:	Michael Sauschuck	Date:	2/01/25
Signature of DAFS Procurement Official:	 <small>DocuSigned by: William J.E. Allen 2D5B6E39F57E44A...</small>		
Typed Name:	william J.E. Allen	Date:	2/10/2025