

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		Maine State Board of Nursing		
Department Contract Administrator or Grant Coordinator:		Kim Esquibel		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	CT O2N 20200515*3332	
CONTRACT	Proposed Start Date:	06/01/2020	Proposed End Date:	05/31/2021
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 J. Smith, Esq., Union, ME		
Brief Description of Goods/Services/Grant:		Hearing Officer		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

- Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

Adjudicatory hearings for the State Board of Nursing as scheduled throughout the year on an as-needed basis.

State of Maine Procurement Justification Form

PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The office does not have an in-house hearing officer. This individual is familiar with the Board of Nursing hearing process.


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

This individual is currently retained by this office and other state agencies as needed; her rate is \$150/hour.

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

The Board works with the Commissioner's office to secure alternative hearing officers.

PART IV: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
Printed Name:	Kim Esquibel	Date:	5/15/2020
Signature of DAFS Procurement Official:	<small>DeeSigned by:</small> <i>Kathy Paquette</i>		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	5/19/2020