



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:		Labor / BLS / Wage and Hour Division		
Department Contract Administrator or Grant Coordinator:		Jason Moyer-Lee, Director of Bureau of Labor Standards		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 15,000.00	Advantage CT / RQS #:	CT12A20220802*0362
CONTRACT	Proposed Start Date:	6/30/2022	Proposed End Date:	6/30/2025
AMENDMENT	Original Start Date:	6/30/2022	Effective Date:	6/30/2022
	Previous End Date:	12/31/2023	New End Date:	6/30/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		VC 1000001815 / Allan Toubman Esq. 224 Beaucaire Ave. Camden, ME 04843		
Brief Description of Goods/Services/Grant:		Allan Toubman Esq. conducts Appeal Hearings on behalf of the Bureau of Labor Standard's Wage and Hour Division.		

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.

Mr. Toubman acts as the mediator on behalf of the Bureau of Labor Standard's Wage and Hour Division regarding actions brought forth dealing with businesses defaulting on State of Maine Wage compensation laws and guidelines.

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

The Maine Department of Labor's Wage & Hour division has worked with Mr. Toubman in the past. And, due to the past 3 years' Labor Industry environment, has had the need to utilize Mr. Toubman's services more actively. His expertise, professionalism, and work ethic are, and have always been, a tremendous asset to the Division. As well, the Division of Administrative Hearings is currently unable to assist BLS.

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

Mr. Toubman's services are well within fair market rates and acceptable for the needs of the Wage & Hour Division.

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

Should there be a need for a new mediator, the Bureau of Labor Standards will seek quotes from other Vendors; And, then choose that service which is well within fair market rates and acceptable for the needs of the Wage & Hour Division.

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

Does this request utilize ARPAMJRP funds?


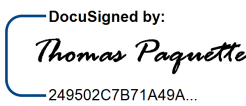
Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

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: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly Smith, Deputy Commissioner	Date:	3/12/2024
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Thomas Paquette 249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	5/1/2024