

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 02N 20240517*3284
CONTRACT	Proposed Start Date:	06/01/2024	Proposed End Date:	05/31/2025
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:		F. Mark Terison, Falmouth, 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:
1. 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.

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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; his rate is \$180/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:	5-17-2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Printed Name:	<small>41C2BA36FAF44CD...</small> Kathy Paquette	Date:	5/22/2024