



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:		Labor / BLS / Wage and Hour Division		
Department Contract Administrator or Grant Coordinator:		John Rioux, Deputy Director, Bureau of Labor Standards		
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)		\$ 20,000.00	Advantage CT / RQS #:	CT12A20220802*0362
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	6/30/2022	Effective Date:	
	Previous End Date:	6/30/2025	New End Date:	12/31/2025
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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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.

The Department requires additional capacity for conducting appeal hearings on Wage and Hour Division decisions on labor law violations and associated penalties.

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

Mr. Toubman has contracted as a Hearings Officer with the Maine Department of Labor's Wage & Hour Division since 2011. His expertise and experience in Labor Industry and Law enables him to effectively and appropriately conduct hearings and issue recommendations to the Commissioner.

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 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.

The Department is reorganizing its internal appeals division and does not anticipate a long-term need for contractual support.

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.


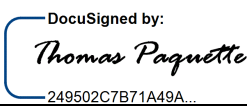
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Kimberly Smith	Date:	5/6/2025
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <i>Thomas Paquette</i> <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	5/7/2025