



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:		Maine State Board of Nursing	
Department Contract Administrator or Grant Coordinator:		Kim Esquibel, PhD, MSN, RN	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	CT 02N 20250516*2742
CONTRACT	Proposed Start Date:	6/1/2025	Proposed End Date: 5/31/2026
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			
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.

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

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

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 the Board of Nursing and other Boards under the Department of Professional & Financial Regulation (PFR) as needed. Some of the PFR Boards pay \$200/hour. Ms. Smith's rate is \$185/hour, which is comparable to hearing officer rates for the Board of Licensure in Medicine and the Board of Osteopathic Licensure. Given the numerous hearings conducted by the Board of Nursing, which can last several days, a second hearing officer is also contracted with the same rate of \$185/hour. Her paralegal's rate is \$60/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: 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.


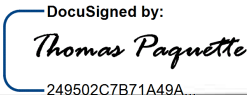
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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:	Kim Esquibel, PhD, MSN, RN	Date:	5-16-2025
Signature of DAFS Procurement Official:	 <small>DocuSigned by:</small> <small>249502C7B71A49A...</small>		
Typed Name:	Thomas Paquette	Date:	5/21/2025