



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 Commission on Public Defense Services	
Department Contract Administrator or Grant Coordinator:		Darcy Fisher	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 72,750.00	Advantage CT / RQS #:	20250108000000001702
CONTRACT	Proposed Start Date:	6/9/2025	Proposed End Date: 6/13/2025
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:		Gideon's Promise, Inc. 101 Marietta Street, NW, Suite 250, Atlanta, Georgia 30303	
Brief Description of Goods/Services/Grant:		5-day trial skills training.	

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.

This service is needed because Department is statutorily obligated to develop training programs for assigned and employed counsel. See 4 MRSA § 1804(3)(D). This service will aid Department in fulfilling that duty by providing a high-quality, relevant, training presented by nationally recognized experts in the field. The vendor will provide a 5-day (all day) training in or near Lewiston/Auburn, Maine on June 9-13, 2025.

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

Vendor is unique because it is a leading national organization in training in the specific field of client-centered, zealous, public defense representation.

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

The negotiated costs are fair and reasonable, particularly given the expertise of the vendor, the type of interactive workshop training that will be provided, the number of faculty the vendor is providing, and the fact that the vendor will incur expenses to provide those faculty.

Vendor is providing 10 faculty who are all experienced attorneys and are all travelling from other states to serve as trainers in this program. They will need to be here for at least six full days. Vendor is assuming all travel costs and payment to those trainers. In addition to the time and expertise for the training itself, vendor has spent time preparing for the training by developing the content and planning sessions with Department. Another national speaker customarily charges \$9,000 plus travel expenses for one six-hour lecture with no breakout groups. At that rate, it would cost \$90,000 plus expenses for a five-day training with 10 trainers. PDS was recently quoted \$60,000 for a three-day trial skills training; this training is for five days. Both of those options would be more expensive than this vendor.

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

In the future, Department will continue to identify the most qualified vendors at the most fair and reasonable rates.

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).

<input type="checkbox"/> Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

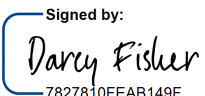
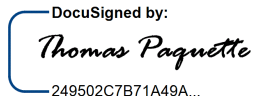
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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](#).

<input checked="" type="checkbox"/> 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):	 <p>Signed by: Darcy Fisher 7827810FEAB149F...</p>		
Typed Name:	Darcy R. Fisher	Date:	5/20/2025
Signature of DAFS Procurement Official:	 <p>DocuSigned by: Thomas Paquette 249502C7B71A49A...</p>		
Typed Name:	Thomas Paquette	Date:	5/22/2025