



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
OFFICE OF STATE PROCUREMENT SERVICES  
STATE OF MAINE

## PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:                     |                               | Workers' Compensation Board                                                                          |                                |            |
| Department Contract Administrator or Grant Coordinator: |                               | Bryan Ouellette                                                                                      |                                |            |
| (If applicable) Department Reference #:                 |                               |                                                                                                      |                                |            |
| Agency Department Code:                                 | 90C                           | Advantage CT / RQS #:                                                                                | CT 90C 20260515*2615           |            |
| Amount:<br>(Contract/Amendment/Grant)                   |                               | \$ 50,000                                                                                            |                                |            |
| CONTRACT                                                | Proposed/Original Start Date: | 6/1/2026                                                                                             | Proposed/Most Recent End Date: | 12/31/2026 |
| AMENDMENT                                               | New Effective Date:           |                                                                                                      | New End Date (if Applicable):  |            |
| GRANT                                                   | Project Start Date:           |                                                                                                      | Grant Start Date:              |            |
|                                                         | Project End Date:             |                                                                                                      | Grant End Date:                |            |
| Vendor/Provider/Grantee Name, City, State:              |                               | Maurice Libner, ESQ<br>8 Hemlock RD<br>Brunswick, ME 04011                                           |                                |            |
| Brief Description of Goods/Services/Grant:              |                               | Mentor WCB advocates on how to manage client expectations & ID weaknesses that make cases vulnerable |                                |            |

| 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. Higher Education 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 Board's Advocate Division ("Division") is staffed with 12 advocates who provide representation to private litigants before mediators and at evidentiary hearings in front of administrative law judges. Since the pandemic, high turnover and retention problems have cut into the staff's institutional knowledge and created a "brain drain." Currently, a significant number of advocates with little to no experience in workers' compensation law need instruction on how to efficiently navigate the workers' compensation dispute resolution process. The purpose of the contract will be to retain an experienced litigation attorney to train and mentor new advocates.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Click or tap here to enter text. Using licensed attorneys with in-depth knowledge of workers' compensation law is the most efficient way to provide the training for representation required by the statute to injured workers and reduce the case load at the mediation and formal hearing stages. Mr. Libner has extensive experience in the workers' compensation field and recently retired from our organization giving him further experience in our operations.

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

The Vendor is willing to provide temporary contract services and offer savings at the hourly rate as a public service.

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

None at this time; the contract addresses a temporary need to training the Advocate staff and services will be provided by Advocate program staff in future.

### 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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

## PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting  
Department's Commissioner  
(or designee):



Typed Name:

Bryan Ouellette

Date:

5/22/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting  
Department's Commissioner  
(or designee):

Typed Name:

Date:

## \*\*OSPS Section Only\*\*

Signature of DAFS  
Procurement Official:

DocuSigned by:

Thomas Paquette

249502C7B71A49A...

Typed Name:

Thomas Paquette

Date:

5/26/2026