



## 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:                     | DOL/BRS/DVR&DBVI              |                                                                                                                             |                                |           |
| Department Contract Administrator or Grant Coordinator: | Elissa Rowe                   |                                                                                                                             |                                |           |
| (If applicable) Department Reference #:                 |                               |                                                                                                                             |                                |           |
| Agency Department Code:                                 | 12A                           | Advantage CT / RQS #:                                                                                                       | 20260507*2479                  |           |
| Amount:<br>(Contract/Amendment/Grant)                   | \$42,500                      |                                                                                                                             |                                |           |
| CONTRACT                                                | Proposed/Original Start Date: | 5/26/2026                                                                                                                   | Proposed/Most Recent End Date: | 5/31/2027 |
| 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:              |                               | James Smith<br>Burlington, VT.                                                                                              |                                |           |
| Brief Description of Goods/Services/Grant:              |                               | Consultation Services related to performance management and Social Security cost reimbursement and Ticket to Work programs. |                                |           |

### 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 Rehabilitation Services Administration, who provides the federal funds needed to run both the Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired in the Department of Labor brought forth some data challenges that they saw in reporting. The Department would like to contract with this highly qualified vendor to help rectify these data challenges to avoid going under corrective action and assist in collecting and reporting the correct data to show verified and accurate outcomes.

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.

The Vendor's expertise in this area contains the following: Executive management of a large Vermont State Division with over 190 classified and contracted staff. The agency provided employment and career services for youth and adults with disabilities. HireAbility is recognized nationally as a highly innovative State/Federal Vocational Rehabilitation program. Responsible for the budget (\$20 million annually) and overall program operations. Oversaw various special programs with the Social Security Administration and various other government and non-profit partners. The Vendor became a nationally recognized expert on Social Security disability benefits. Testified before the US Congress twice on return-to-work policy and authored multiple papers and published articles on the topic.

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

The costs of this contract were negotiated between the vendor and the Department. The costs are reasonable and necessary for this highly specialized consultative service and are in line with similar services.

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

Due to the nature of this consultation service, there should be no need for future services of this nature.

### 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):

*Laura A. Fortman*

Typed Name: Laura A Fortman, Commissioner

Date:

*5/18/2026*

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*  
249602C7B71A49A...

Typed Name:

Thomas Paquette

Date:

5/26/2026