

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of 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 Division of Procurement Services website (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			
(If applicable) Department Reference #:				
Amount: (Contract/Amendment/Grant)	\$ 10,000	Advantage CT / RQS #:	CT 02N 20240517*3284	
<b>CONTRACT</b>	Proposed Start Date:	06/01/2024	Proposed End Date:	05/31/2025
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	F. Mark Terison, Falmouth, ME			
Brief Description of Goods/Services/Grant:	Hearing Officer			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
<b>X</b>	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
Adjudicatory hearings for the State Board of Nursing as scheduled throughout the year on an as-needed basis.

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### PART III: SUPPLEMENTAL INFORMATION

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

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 this office and other state agencies as needed; his rate is \$180/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: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
			
<b>Printed Name:</b>	Kim Esquibel	<b>Date:</b>	5-17-2024
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> <i>Thomas Paquette</i>		
	<small>249502C7B71A49A...</small>		
<b>Printed Name:</b>	Thomas Paquette	<b>Date:</b>	6/7/2024