



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

PROCUREMENT JUSTIFICATION FORM (PJF)

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 intranet site (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:		Maine Judicial Branch	
Department Contract Administrator or Grant Coordinator:		Barbara A. Cardone	
(If applicable) Department Reference #:		40A	
Amount: (Contract/Amendment/Grant)		\$ 25,000	Advantage CT / RQS #: 20230911*0705
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 1/1/2024
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:		Cabanne Howard – Augusta, Maine	
Brief Description of Goods/Services/Grant:		Committee Counsel to Maine Committee on Judicial Conduct	

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 checked="" type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input checked="" 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.

Vendor has been hired by the Maine Committee on Judicial Conduct to serve as Committee Counsel. He has the responsibility to investigate allegations of judicial misconduct, as detailed in the contract. .

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

Vendor is a member in good standing of the Bar of the State of Maine. He has extensive knowledge of the Canons of Judicial Responsibility. He has excellent analytical ability, strong interpersonal and communication skills, and excellent research and writing skills. He has over 50 years of experience in the practice of law in Maine.

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

The rates contracted for are significantly less than would be charged by an attorney in active private practice hired to do this work. A conservative estimate is that an attorney in private practice would charge double to triple the rates in the contract.

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

The position of Committee Counsel as an independent contractor will cease as of 1/1/2024.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

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

DocuSigned by:
Barbara Cardone
0C1C795210D9463...

9/25/2023

Typed Name:

Barbara Cardone

Date:

Signature of DAFS
Procurement Official:

DocuSigned by:
William J.E. Allen
2D5B6E39F57E44A...

Procurement Justification Form (PJF)

Typed Name:		william J.E. Allen	Date:	9/26/2023

NOI 0920231062 09/27/2023 - 10/03/2023