



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:		Education in the Unorganized Territory/DOE	
Department Contract Administrator or Grant Coordinator:		Tona Lenhart	
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 6,406.00	Advantage CT / RQS #:	RQS 05C 20240830*0309
CONTRACT	Proposed Start Date:	5/7/2024	Proposed End Date: 11/7/2024
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:		VC100010163 BRANN & ISAACSON LLP Lewiston, ME	
Brief Description of Goods/Services/Grant:		Vendor will provide outside council for representation in a Due Process Hearing.	

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.	Outside council services as approved by the Attorney Generals office letter dated 5/8/2024 authorizing representation as legal council in a due process hearing following a student complaint.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Vendor was selected as a sole source based on the Attorney General authorization.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The firm has offered a reduced rate of \$270 per hour which was a negotiated rate discounted by \$220 per hour. Services are limited to a total cost of \$8,750.
4. Describe the plan for future competition for the goods or services.	Services will be completed prior to authorized date of 11/7/25 or the completion of hearing process.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> 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	
<i>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.</i>	
<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):			
Typed Name:	Daniel A. Chuhta	Date:	9/6/2024
Signature of DAFS Procurement Official:			
Typed Name:	william J.E. Allen	Date:	9/12/2024

NOI 0920241042 09/12/2024 - 09/19/2024

Certificate Of Completion

Envelope Id: 4B10E67A849240D8B3BA36A01B41B9E0	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 3	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.136
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 9/6/2024 9:48:03 AM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Daniel A. Chuhta
Daniel.Chuhta@maine.gov
Deputy Commissioner
Maine Department of Education
Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Drawn on Device
Using IP Address: 72.231.250.95

Timestamp

Sent: 9/6/2024 9:48:04 AM
Viewed: 9/6/2024 9:48:34 AM
Signed: 9/6/2024 9:49:02 AM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	9/6/2024 9:48:04 AM
Certified Delivered	Security Checked	9/6/2024 9:48:34 AM
Signing Complete	Security Checked	9/6/2024 9:49:02 AM
Completed	Security Checked	9/6/2024 9:49:02 AM

Payment Events

Status

Timestamps