



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:		BRS/DOL	
Department Contract Administrator or Grant Coordinator:		Libby Stone-Sterling	
(If applicable) Department Reference #:		N/A	
Amount: (Contract/Amendment/Grant)	\$ 50,000	Advantage CT / RQS #:	20230912*0725
CONTRACT	Proposed Start Date:	10/1/2023	Proposed End Date: 9/30/2024
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:		Rebekah Smith, PO Box 912, Union, Maine 04862	
Brief Description of Goods/Services/Grant:		Respond, prepare, conduct and issue written decisions of Due Process hearings or mediations for DVR and DBVI applicants and clients statewide.	

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.

The purpose of this Contract is to provide mediation/due process hearing services to division of Vocational Rehabilitation applicants and clients.

The Provider shall respond, prepare, conduct and issue written decisions of Due Process Hearings or mediations for the Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired applicants and clients at locations Statewide as needed. These services will be charged at the rate of \$185 per hour. Services to start on 10/1/2023 and to end on 9/30/2024.

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

Federal and state Vocational Rehabilitation (VR) regulations require that agencies have qualified due process hearing officers available to respond to client appeals in a timely manner. It is difficult to attract individuals to work as hearing officers due to the specialized nature of the work as well as the infrequency and irregularity of requests.

The Division of Vocational Rehabilitation and the Division for the Blind and Visually Impaired have found that individuals who are qualified hearing officers for special education are well-placed to respond to be trained to respond to hearing requests through the two agencies.

Rebekah Smith is a high qualified hearing officer who serves as a due process hearing officer for special education and has received training and has effectively worked as a due process hearing officer for the Maine VR agencies.

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

Ms. Smith's costs reflect a standard rate that has also been approved for payment by the Maine Department of Education.

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

As noted above, the need for hearing officer services can be infrequent and this makes for a challenging competition. The agencies maintain low value contracts with other providers to allow for choice in the event of a conflict of interest or scheduling with Ms. Smith.

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


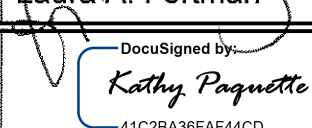
Does this request utilize ARPA/MJRP funds?

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):			
Typed Name:	Laura A. Fortman	Date:	10/5/2023
Signature of DAFS Procurement Official:	 <small>DocuSigned by: Kathy Paquette 41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	10/10/2023