



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**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:		Maine Office of Community Affairs, Maine Coastal Program	
Department Contract Administrator or Grant Coordinator:		Samantha Horn/Jocelyn Runnebaum	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	07E	Advantage <u>CT</u> / RQS #:	20250923000000000548
Amount: (Contract/Amendment/Grant)		\$20,000	
CONTRACT	Proposed/Original Start Date:	<b>5/5/2025</b>	Proposed/Most Recent End Date: <b>11/30/2025</b>
AMENDMENT	New Effective Date:	<b>10/27/2025</b>	New End Date (if Applicable): <b>9/30/2026</b>
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Kathleen Leyden- Hallowell, ME	
Brief Description of Goods/Services/Grant:		Consultation Services for Maine Coastal Program, Budget Management	

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 checked="" type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input 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 Maine Coastal Program (MCP) recently transitioned from being under the Department of Marine Resources to the Maine Office of Community Affairs (MOCA). With this transition, there has not been adequate time to train the new director of MCP. MCP has very complex budgets that require extensive knowledge of budget scenario development.

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.

Due to MCP being under a new department, with a new director, it is crucial to have Ms. Leyden’s knowledge and deep familiarity with the complex budgets of MCP. There is no other potential contractor who has a comparable level of relevant expertise in the state or region.

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

Ms. Leyden's hourly rate is commensurate with her rates for other clients, and on the low end of the range for similar consultants in this field, so is competitive and reasonable. However, there is no one else with this level of relevant experience, or anything even close to it, available at any cost.

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

There is no anticipated need for future competition for this service once the new director has become familiar with MCP budgets.

**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

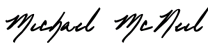
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Samantha Horn, Director of MOCA	Date:	10/27/25

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:	<small>DocuSigned by:</small> 		
Typed Name:	<small>7008796FB36A449...</small> Michael McNeil	Date:	10/31/2025

NOI 1020250990 10/31-11/6






# PJF- CT 07E 20250501-2574 Amendment

Final Audit Report

2025-10-27

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