



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:		Office of the Public Advocate	
Department Contract Administrator or Grant Coordinator:		Susan W. Chamberlin, Senior Counsel	
(If applicable) Department Reference #:		Sole-Source re CMP Multiyear Rate Plan: Sales & Peak Load Forecast, Docket No. 2025-00218	
Agency Department Code:	07H	Advantage CT / RQS #:	20251105000000001090
Amount: (Contract/Amendment/Grant)	\$109,660.00		
CONTRACT	Proposed/Original Start Date:	11/1/2025	Proposed/Most Recent End Date: 10/31/2026
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Synapse Energy Economics, Inc. Cambridge, MA	
Brief Description of Goods/Services/Grant:		Provide unique expert consulting services	

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 checked="" 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 checked="" 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 purpose of this Sole-source contract is to provide unique consulting services in assisting the Office of the Public Advocate (OPA) in connection with the load forecast supporting Central Maine Power’s (CMP) proposed multiyear rate plan filed with Maine Public Utilities Commission (PUC), Docket No. 2025-00218.

Because the staff of the Office of the Public Advocate is composed primarily of attorneys, we rely on a consultant to provide expert advice and testimony on utility rate matters. This advice and testimony are critical to allowing the Office to effectively represent ratepayer interests in proceedings before the PUC

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.

The OPA is authorized by statute ([35-A M.R.S. ch. 17 §1702, §1706](#)) to represent the interests of Maine utility ratepayers in proceedings before the PUC; and may employ expert witnesses and pay appropriate compensation and expenses to employ the witnesses.

Time is of the essence in engaging a consultant. Per Procedural Order dated October 2, 2025, following PUC’s initial case conference on October 1st, the Commission has adopted an accelerated litigation schedule. Therefore, an expert consultant is needed to begin immediately.

The selected vendor has unique expert experience in utility regulation, analyzing sales and peak load forecasts, rate design and service quality metrics.

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

The vendor’s hourly rates compare favorably to other expert witness consultants that the Office has engaged in similar cases. For instance, Larkin & Associates Senior Associate hourly rate \$225 and Current Energy Group Senior Manager hourly rate \$300.60 compared to Synapse Senior Associate hourly rate \$280 and Senior Principal hourly rate \$365.

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

The Office of the Public Advocate routinely puts contracts for expert consulting services for proceedings before the PUC out to bid through the competitive RFP solicitation process. In this instance, the experience of the vendor, the reasonable price offered by the vendor, the lack of availability of other vendors contracted by the OPA, and the need to retain the consultant quickly supported the use of an emergency single-source contract.

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) or (026) – 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

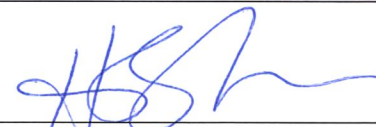
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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.

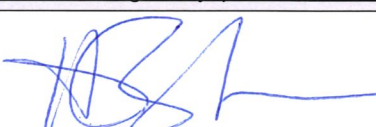
PART VI: APPROVALS

Governor/Department Commissioner or Designee

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

Signature of requesting Department's Commissioner (or designee):	<input checked="" type="checkbox"/> 	
Typed Name:	Heather Sanborn, Public Advocate	Date: <input checked="" type="checkbox"/> 11/5/25

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):	<input checked="" type="checkbox"/> 	
Typed Name:	Heather Sanborn, Public Advocate	Date: <input checked="" type="checkbox"/> 11/5/25

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 	
Typed Name:	Michael Hartmann	Date: 11/24/2025