



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 Commission on Indigent Legal Services		
Department Contract Administrator or Grant Coordinator:	Jim Billings		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 9,000	Advantage CT / RQS #:	2024040900000002758
CONTRACT	Proposed Start Date:	7/19/2024	Proposed End Date: 7/19/2024
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:	LS Pozner, PLLC		
Brief Description of Goods/Services/Grant:	Larry Pozner, the leading expert in cross-examination, will present a training and allow Department to record it.		

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.

Larry Pozner, the leading expert in cross-examination, will present a training, "Pozner on Cross", in-person in Portland on 7/19/24. The training will include written materials provided by Mr. Pozner. Mr. Pozner will also allow Department to record the training and have the rights to replay the same.

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

Mr. Pozner is the leading expert in cross-examination. He is well-known for the effectiveness of his cross-examination technique, which he teaches throughout the country.

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

Mr. Pozner has agreed to provide a significant discount on his services and waive his recording fee. The fact that Department will have the recording of the training makes the costs even more reasonable. The Department anticipates getting a lot of use out of the recording and written materials.

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

Because Mr. Pozner is a unique vendor, there is no plan for future competition. Department will continue to make its best effort to provide high-quality trainings at an affordable cost to the State.

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) – 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); PURCHASES BY THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department signatory understands and acknowledges [Title 17, Chapter 101, §3104](#).

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Billings	Date:	2/15/2024
Signature of DAFS Procurement Official:			
Typed Name:	Thomas Paquette	Date:	7/24/2024