

Notice of Agency Rule-making Proposal

AGENCY: Efficiency Maine Trust

CHAPTER NUMBER AND TITLE: Chapter 1, Contracting Process for Service Providers and Grant Recipients

PROPOSED RULE NUMBER (*leave blank; assigned by Secretary of State*):

CONTACT PERSON FOR THIS FILING: Lucia Nixon, Efficiency Maine Trust, 19 State House Station, Augusta, ME, 04333-0019, (207) 287-2603, lucia.nixon@efficiencymaine.com

CONTACT PERSON FOR SMALL BUSINESS INFORMATION (if different):

PUBLIC HEARING (if any): 9:30am, August 26, 2010, Room 211, Cross Office Building, Augusta, ME 04330

COMMENT DEADLINE: September 7, 2010

BRIEF *SUMMARY:

This Chapter establishes the procedures governing the selection of service providers to deliver programs and the selection of projects to receive awards under grants administered by the Efficiency Maine Trust. Under this chapter, most service providers and grant recipients will be selected by means of a competitive bid process conducted by issuing Requests for Proposals or similar documents. Some service providers and projects may be selected without a competitive bid process, when sole-source procurement is the most efficient means to deliver the program or project. This Chapter also establishes the procedure to seek reconsideration of a selection decision. Upon adoption of Chapter 1, rule Chapter 381, Selection of Conservation Program Service Providers, formerly adopted by the Public Utilities Commission is repealed.

IMPACT ON MUNICIPALITIES OR COUNTIES (if any)

STATUTORY AUTHORITY FOR THIS RULE:

35-A MRSA §10105(4), §10105(5), §10110(3), §10111(13), §10119(3)

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different):

E-MAIL FOR OVERALL AGENCY RULE-MAKING LIAISON: lucia.nixon@efficiencymaine.com

** Check one of the following two boxes.*

The above summary is for use in both the newspaper and website notices.

The above summary is for the newspaper notice only. A more detailed summary / basis statement is attached.

Please approve bottom portion of this form and assign appropriate AdvantageME number.

APPROVED FOR PAYMENT _____ DATE: _____
(authorized signature)

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