



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 Department of Labor, Commissioner's Office		
Department Contract Administrator or Grant Coordinator:	Jess Picard		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$40,440	Advantage CT / RQS #:	20240213*2218
CONTRACT	Proposed Start Date:	8/28/2023	Proposed End Date: 8/23/2024
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:	Portland Radio Group, Portland, Maine		
Brief Description of Goods/Services/Grant:	Outreach and education campaign focusing on services for older workers and employers looking to hire them		

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.

With Maine being the oldest state in the nation, it has an aging workforce. The Maine Department of Labor is specifically trying to reach Mainers over the age of 55 and employers to let them know of workforce resources and opportunities available to them. In order to do so, we need to put messaging where they already are. As part of that outreach, we decided to do a year-long radio outreach campaign focusing on these services. We want to reach as many people as possible, and within that age cohort.

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

We were looking to reach people between the ages of 55-70, and Portland Radio Group runs three stations that have an audience fitting this age range: WGAN; Whoopie 100.9; and The Bay. More information on each station here: <https://portlandradiogroup.com/>. Their stations cover the most populated area of the state.

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

The monthly cost is in line with other radio stations, and includes a weekly total of 30 paid commercials and 30 more commercials at no cost.

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

The Department does not routinely purchase radio campaigns, but in these instances, the Department is open to any station that provides a good value and reaches the targeted audiences.

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).

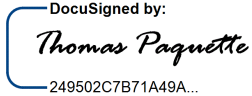
Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Kimberly Smith	Date:	2/1/2024

Signature of DAFS Procurement Official:	 DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	2/21/2024