

State of Maine Procurement Justification Form

PART I: OVERVIEW

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|---|----------------------|--|-----------------------------|
| Department Office/Division/Program: | | DHHS/OADS/Administration: Ingrid Diamond | |
| Department Contract Administrator or Grant Coordinator: | | Nancy Tan & Kristen King | |
| (If applicable) Department Reference #: | | ADS-21-9304 | |
| Amount: (Contract/Amendment/Grant) | \$ 10,000.00 | Advantage CT / RQS #: | 10A 20210423*2912 |
| CONTRACT | Proposed Start Date: | 04/01/21 | Proposed End Date: 06/30/21 |
| 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: | | Maine Long-term Care Ombudsman | |
| Brief Description of Goods/Services/Grant: | | Coordinate development and delivery of paid media and public service announcements | |

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|----------|-----------------------------------|--|----------------------------------|
| | A. Competitive Process | | G. Grant |
| | B. Amendment | | H. State Statute/Agency Directed |
| X | C. Single Source/Unique Vendor | | I. Federal Agency Directed |
| | D. Proprietary/Copyright/Patents | | J. Willing and Qualified |
| | E. Emergency | | K. Client Choice |
| | F. University Cooperative Project | | L. Other Authorization |

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

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 agreement is to coordinate development and delivery of paid media and public service announcements that build public awareness of the immediate need for care provider staff at long term care and other healthcare facilities.

Maintaining adequate staffing is an ongoing and significant challenge for long term care and other healthcare facilities in Maine during the COVID-19 pandemic.

The Provider will engage a public media marketing and advertising resource, Ethos Marketing & Design, to assist in development and delivery of suitable paid media and public service announcements.

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PART III: SUPPLEMENTAL INFORMATION

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Department's Office of Aging and Disability Services (OADS) has worked closely with this Provider to coordinate the proposed media advertising procurement and related Public Service Announcement effort.

As the Maine Long Term Care Ombudsman, having statutory guaranteed unimpeded access to long term care facilities in Maine and authority to advocate for those living in those facilities, this Provider is uniquely positioned to help address the immediate and critical need for care provider staff in them.

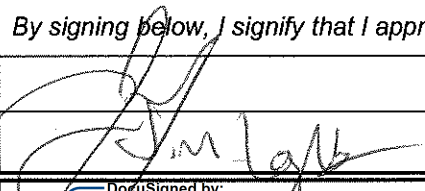
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The proposed contract rates for these services are consistent with standard industry rates for these services.

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

The Department does not intend to issue a competitive Request for Proposals, as this is a one-time service.

PART IV: APPROVALS

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|---|---|--------------|-----------|
| Signature of requesting Department's Commissioner (or designee): | <i>By signing below, I signify that I approve of this procurement request.</i> | | |
| Printed Name: |  | Date: | 7-Apr-21 |
| Signature of DAFS Procurement Official: | <small>DocuSigned by:</small> <i>Kathy Paquette</i> | | |
| Printed Name: | <small>41C2BA36FAF44CD</small> Kathy Paquette | Date: | 4/28/2021 |