



**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.*

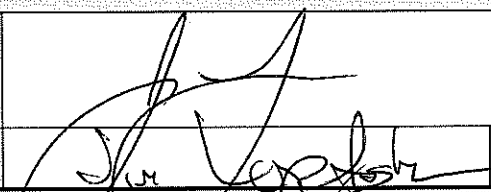
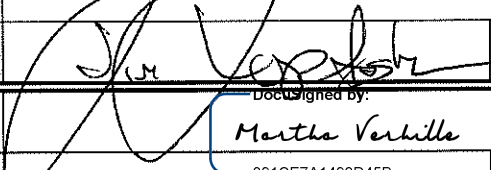
PART I: OVERVIEW				
Department Office/Division/Program:		DHHS/OBH/Robert Porter/Stephanie Kadnar		
Department Contract Administrator or Grant Coordinator:		Jeanne Garza		
(If applicable) Department Reference #:		OSA-23-7003		
Amount: (Contract/Amendment/Grant)	\$18,079.25	Advantage CT / RQS #:	RQS 10A 20230130*0875	
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	3/31/2023
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:		Authentic Promotions.com Carmichael, CA		
Brief Description of Goods/Services/Grant:		Media Services		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.	The purpose of this DO is to order additional supplies for the OPTIONS marketing campaign initiative supported by Gov. Mills with the primary goal of reducing fatal drug overdoses and secondary goals of connecting individuals with substance use disorder to harm reduction, treatment, and recovery resources; and reducing stigma. The OPTIONS Campaign aims to engage individuals in our communities who may be at risk of overdose in a meaningful and practical manner. This order will consist of branded materials and promotional items for those individuals and community partners.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	This provider was the previously selected vendor for marketing material for the OPTIONS medial campaign. OBH would like to use the same vendor to ensure that the branding ordered is identical to previously ordered items to guarantee consistency across our distribution and outreach efforts. Authentic Promotions products are high quality, and we expect that money and time will be saved from not having to re-negotiate, re-design and quality control items from another vendor.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The prices were consistent with the previous order (minus the setup fee) with the Vendor which was negotiated in 2021.
4. Describe the plan for future competition for the goods or services.	At this time, OBH does not intend to re-order for the duration of FY23 however the intention is to allocate funds for FY24 for another supply order.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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):			Date: 6-Apr-23
Typed Name:			
Signature of DAFS Procurement Official:			Date: 4/13/2023
Typed Name:	Martha Verhille	891CE7A1493D45B...	