



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 CDC / Maine Immunization Program/ Geoff Miller		
Department Contract Administrator or Grant Coordinator:		Lora Blackwell / Chris Moiles		
(If applicable) Department Reference #:		CD0-22-5201		
Amount: (Contract/Amendment/Grant)		\$244,660.00	Advantage CT / RQS #:	CT 10A 2022042000000002544
CONTRACT	Proposed Start Date:	4/1/2022	Proposed End Date:	12/31/22
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:		Results Marketing & Design LLC, dba Ethos		
Brief Description of Goods/Services/Grant:		Marketing Campaign for Public Service Announcements related to COVID-19		

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 checked="" type="checkbox"/>	L. Other Authorization: COVID-19

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 agreement is to develop and execute creative concepts and execute an expanded media buy to encourage the parents/guardians of 6 mo. – 17-year-olds to get their children vaccinated against COVID-19. The goals of the campaign are to increase awareness that this group is eligible to get vaccinated, decrease hesitancy, and encourage parents and take the step to get their children (and teens) vaccinated. The work in this agreement builds off of the previous agreement OSA-18-4034 in which the provider developed COVID-19 related campaigns. This new agreement is to finish out this work.

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

The provider has current experience working on marketing and advertising campaigns focused on promoting public health, including during the COVID-19 pandemic. The Department's existing relationship provides the necessary rapid creation of the campaign as it builds on a previous campaign that the provider created and executed for both 5-11-year-olds and the 12-17-year-olds for the Department related to vaccinating for COVID-19 with confidence, and the vendor has previously demonstrated ability to work on extremely expedited timelines.

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

The rates are consistent with current contracts and the bulk of the funding will be used to develop and execute on the creative campaign as well as to quickly execute the media buy for campaign around education/outreach for parents of children 6 month – 5-year-olds and allow for greater media outreach for the developed television campaign promoting vaccine uptake for children.

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

The Department does not plan to RFP this service in the future, it is a one-time procurement for an urgent need specific to the COVID-19 pandemic.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

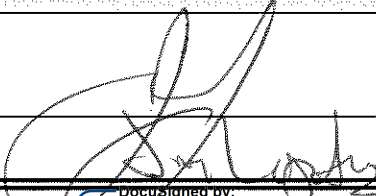
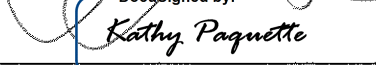
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:		Date:	2-May-22
Signature of DAFS Procurement Official:	DocuSigned by:  Kathy Paquette		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	5/4/2022