



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**OFFICE OF STATE PROCUREMENT SERVICES**  
 STATE OF MAINE

**PROCUREMENT JUSTIFICATION FORM (PJF)**

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State 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 Procurement Services intranet site (Forms page) for additional instructions.*

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS CDC WIC	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Stephanie Wood	
(If applicable) Department Reference #:		CD0-26-4623	
Agency Department Code:	10A	Advantage CT / RQS #:	20260421000000001634
Amount: (Contract/Amendment/Grant)		\$70,360.00	
CONTRACT	Proposed/Original Start Date:	<b>4/1/2026</b>	Proposed/Most Recent End Date: <b>9/30/2026</b>
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		Nursing Naturals Niskayuna, New York	
Brief Description of Goods/Services/Grant:		Nursing bras and nursing/pumping bras in a range of sizes from S to 5XL	

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. Higher Education 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.

Maine WIC, as one of its pillars of services, supports lactation. WIC participants are at 185% or below income level. A proper nursing bra is essential to support lactation. WIC participants often cannot afford a nursing bra. The State of Maine has a current MA for nursing bras with Medela but the bras are extraordinarily small and do not fit 80% of our participants. This purchase is necessary to serve the entire population of WIC participants that cannot afford a high-quality well-fitting nursing bra.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

The company we have a master agreement with is Medela but their bra size range is too small and does not serve our population appropriately. The Nursing Naturals line of bras are 95% cotton 5% spandex and a pulldown flap to promote skin to skin to the infant while feeding. This vendor has a wider range of bra sizes from small to 5XL. This product line should have a size available to meet the need and fit a greater percentage of the population of lactating participants that are served by WIC. These bras are made in America.

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

These bras are comparable in price to the bras under the Medela Master Agreement. The Department finds the slight increase in the cost of these bras reasonable because of the wider range of sizes available. A less expensive nursing bra that doesn't fit anyone is not a value for the program.

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

The Department will evaluate available competitive options when it becomes necessary to purchase more nursing bras in the future.

**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) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

**PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE**


Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

**PART VI: APPROVALS**

Governor/Department Commissioner or Designee


1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	R. Todd Haber	Date:	4/27/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

**\*\*OSPS Section Only\*\***

Signature of DAFS Procurement Official:	DocuSigned by: 		
Typed Name:	Michael McNeil	Date:	5/1/2026

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