



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/MCDCP/DID/MIP	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/ Stephanie Wood	
(If applicable) Department Reference #:		CD0-27-5252	
Agency Department Code:	10A	Advantage CT / RQS #:	20260401000CD0275252
Amount: (Contract/Amendment/Grant)	\$ 130,000.00		
CONTRACT	Proposed/Original Start Date:	7/1/2026	Proposed/Most Recent End Date: 6/30/2028
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:		Maine Association of Broadcasters Portland, ME 04330	
Brief Description of Goods/Services/Grant:		Maine Immunization Program will provide public service announcements to the Maine Association of Broadcasters which will send them out to all the TV and radio stations in the State of Maine for broadcast.	

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.

The public is not generally well educated on the need for children to receive all their immunizations on time, nor the need for adult vaccination. This results in children and adults not being vaccinated and not being protected from vaccine-preventable diseases. The Public Service Announcements (PSAs) intend to educate the public about the importance of receiving vaccines on time and encourage parents to bring their children to a healthcare provider to get vaccinated. The Maine Immunization Program (MIP) has limited funds available for the PSAs and needs to maximize the return on every dollar. The Maine Association of Broadcasters (MAB) will provide a minimum of \$524,000 worth of television and radio airtime for a cost to the program of \$130,000 for the period beginning 7/1/2026 through 6/30/2028.

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 vendor is the only entity representing and serving all radio and television stations of Maine and is part of a unique professional partnership that allows for the cost-effective delivery of public service messaging to a statewide audience.

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

The total cost of this contract is \$130,000. The total market value of the number of broadcast announcements being run is a minimum of \$524,000 in broadcast time, provided by television and radio stations licensed to the State of Maine. The value of the broadcast time is determined by each station's prevailing rate per announcement at the time of broadcast.

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

Currently, the vendor is the only state entity with the capacity to deliver these specific services. In the future, the program plans to again review program needs for other possible partners, including the RFP process, if needed.

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

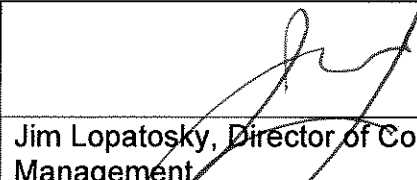
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

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:	Jim Lopatosky, Director of Contract Management	Date:	27-Apr-26

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:	Signed by: 		
Typed Name:	4162BA36FAF44GD... Kathy Blais	Date:	5/21/2026