



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.

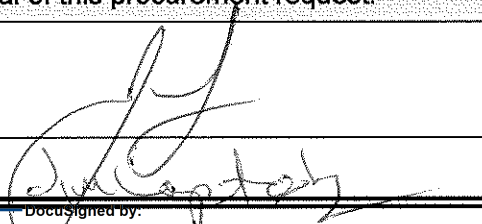
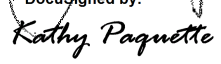
PART I: OVERVIEW			
Department Office/Division/Program:	MCDCP/Division of Disease Prevention/WIC Ginger Roberts-Scott / Darren Bean		
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Patricia Wall		
(If applicable) Department Reference #:	CD0-24-4679		
Amount: (Contract/Amendment/Grant)	\$ 27,209.00	Advantage CT / RQS #:	CT 10A 20230607000000003577
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date: 6/30/2025
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:	Rinck Advertising Lewiston, ME		
Brief Description of Goods/Services/Grant:	WIC video translation services with subtitles, voiceovers and ASL video.		

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. 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.
<p>All content created by Maine WIC is subject to USDA civil rights requiring all content be available to all people in their language as much as possible. Languages included in the contract agreement are listed in the order of priority based on a data driven decision derived from current translation services requested statewide.</p> <p>Maine WIC has two (2) videos that require voiceovers in translated language, subtitles and for the English version, a video attached to the current one that displays a person signing the spoken content with American Sign Language (ASL).</p>	
2.	Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
<p>RFQ MCDTCP202238 was published seeking qualified bidders through the Preferred Qualified Vendor List (PQVL). There were no responses to the request. The Department contacted qualified vendors directly to quote for services. The selected vendor responded and has previously supported a variety of public outreach campaigns for the Department.</p>	
3.	Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
<p>Maine WIC believes the quoted rates to be fair and reasonable when compared with pricing provided by a previous vendor who decided not to contract with the Department. The provider's quote is a better value in that includes an ASL recording and an additional Chinese dialect at a lower cost.</p>	
4.	Describe the plan for future competition for the goods or services.
<p>The Department will RFQ these services through the PQVL process if future procurement is required.</p>	

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):			
Typed Name:		Date:	28 - Jun - 23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	41C2BA36FAF44CD... Kathy Paquette	Date:	7/11/2023