



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/MCDCP/DID/MIP Caitlin Anton / Robert Chicoria	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Patricia Wall	
(If applicable) Department Reference #:		CD0-25-5252	
Amount: (Contract/Amendment/Grant)	\$ 130,000.00	Advantage CT / RQS #:	CT 10A 20240520000000003305
CONTRACT	Proposed Start Date:	7/1/2024	Proposed End Date: 6/30/2026
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:		Maine Association of Broadcasters Augusta, ME	
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. 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 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, especially COVID-19. 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 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 7/1/2024 through 6/30/2026.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP 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) – If Yes, please be aware of the requirements from awarding federal agencies.

No – If No, proceed to Part V.

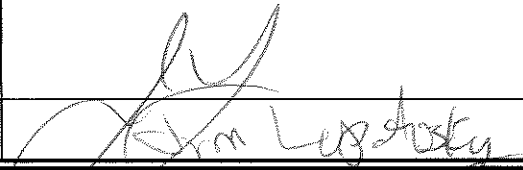

### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges MRS Title 5, §18-A, 2.

**PART VI: APPROVALS**

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Adam Legrosky	Date:	11-26-24
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	7/17/2024