

## State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW			
Department Office/Division/Program:	Maine CDC / Division of Population Health/ Comprehensive Cancer Control Program		
Department Contract Administrator or Grant Coordinator:	Chris Moiles/Arlene Jones		
(If applicable) Department Reference #:	CD0-21-4536		
Amount: (Contract/Amendment/Grant)	\$ 60,000.00	Advantage CT / RQS #:	10A 20200604*3692
CONTRACT	Proposed Start Date:	7/1/2020	Proposed End Date: <span style="float: right;">6/29/2022</span>
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 04330		
Brief Description of Goods/Services/Grant:	Public Education Services – Deliver existing breast, cervical, colorectal cancer and lung cancer screening awareness promotion campaigns and a HPV vaccination promotion through radio and television Public Education Partnership (PEP) announcements.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents		J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
<b>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</b>
Maine CDC receives federal funds to both pay for the provision of services related to screening for breast, cervical, colorectal, and lung cancer as well as the promotion of the HPV vaccination to prevent certain cancers. This public education helps to increase awareness and completion of recommended cancer screenings, as well as for increasing awareness of the modifiable risk factors associated with increased cancer risk. Use of mass media to promote public awareness of cancer screening and prevention is necessary to meet the CDC requirements for these programs.

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## PART III: SUPPLEMENTAL INFORMATION

**2. Provide a brief justification for the selected vendor to supplement the response in Part II.**

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 cost-effective delivery of public service messaging to a statewide audience.

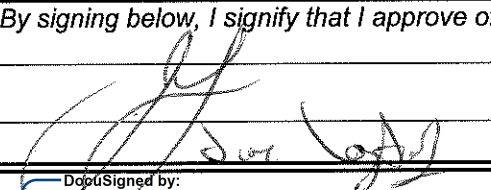
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

Department consulted with counterparts in other states to gain perspective on rates and fees for these services and determined that rates negotiated through this Agreement are reasonable. Furthermore, the vendor is responsible for securing a 3:1 match in donated broadcast time for messaging and has consistently delivered greater than a 5:1 match in donated broadcast time in previous Agreements. The monetary value of services provided through this Agreement routinely exceed the Agreement expenses.

**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, it is the program's plan to again review program needs for other possible partners, including RFP process, if needed.

## PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
<b>Printed Name:</b>			<b>Date:</b> 7-5-20
<b>Signature of DAFS Procurement Official:</b>	<small>Digitally signed by:</small> <i>Kathy Paquette</i>		
<b>Printed Name:</b>	<small>41C2BA36FAF44CD...</small> Kathy Paquette	<b>Date:</b>	8/7/2020