

## 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:	MCDC/DID/MIP			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Arlene Jones			
(If applicable) Department Reference #:	CD0-21-5252			
Amount: (Contract/Amendment/Grant)	\$130,000.00	Advantage CT / RQS #:	10A 20200603*3669	
<b>CONTRACT</b>	Proposed Start Date:	<b>7/1/2020</b>	Proposed End Date:	<b>6/30/2022</b>
<b>AMENDMENT</b>	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
<b>GRANT</b>	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:	The Maine Immunization Program will provide public service announcements to the Maine Association of Broadcasters which will send it out to all the TV and radio stations in the State of Maine for broadcast.			

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
<b>X</b>	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>

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## PART III: SUPPLEMENTAL INFORMATION

The public is not generally well educated on the need for children to receive all their immunizations on time, nor on the need for adult vaccination. This results in children and adults not vaccinated and not protected from vaccine preventable disease. The intent of the Public Service Announcements (PSAs) is to educate the public about the importance of receiving vaccines on time and to encourage parents to bring their children to a health care 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 \$648,950 worth of television and radio airtime for a cost to the program of \$130,000 for the period beginning 7/1/2020 through 6/30/2022

**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.

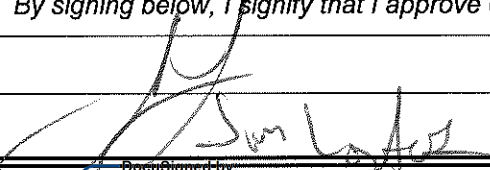
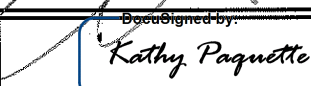
**3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.**

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 \$648,950 in broadcast time, provided by television and radio stations licensed to the State of Maine.  
Value of the broadcast time is determined by each station's prevailing rate per announcement at 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, 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>	8-21-20
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small> 		
<b>Printed Name:</b>	41C2BA36FAF44CD... Kathy Paquette	<b>Date:</b>	8/7/2020