



## 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 Commissioner's Office			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Nicole Mitchell			
(If applicable) Department Reference #:	COM-24-4100 E			
Agency Department Code:	10A	Advantage CT / RQS # :	20231215000000001730	
Amount: (Contract/Amendment/Grant)	Current: \$850,000.00 Amend E: \$162,000.00 Revised: \$1,012,000.00			
CONTRACT	Proposed/Original Start Date:	12/1/2023	Proposed/Most Recent End Date:	6/30/2025
AMENDMENT	New Effective Date:	5/1/2025	New End Date (if Applicable):	12/31/2025
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Broadreach Public Relations Portland, ME		
Brief Description of Goods/Services/Grant:		Media Campaign and Website		

### 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 checked="" 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.

"Be There for ME" is a website and campaign to support parents and caregivers in Maine and was developed as part of Maine's Child Safety and Family Well-Being Plan to keep children safe by keeping families strong. The campaign and website promote help-seeking for parents and caregivers and connects them to support. Visits to the website are driven significantly by paid promotion, social media promotion, and print materials.

**The purpose of this amendment is to extend the contract period and expand upon current paid promotional campaigns to further target caregivers with children newborn to age five.**

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

These services were initially procured through RFQ # OC20235 as a mini bid resulting from the RFP 202203034 PQVL for Marketing and Communication Services. This was the only vendor to provide a quote.

Vendor holds existing campaign materials which will be utilized and expanded upon to ensure the department can meet the existing need quickly utilizing designated expiring federal funding.

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

The costs are considered reasonable and in line with the rates established under the PQVL.

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

The department does not intend to competitively procure these services in the future.

### 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.

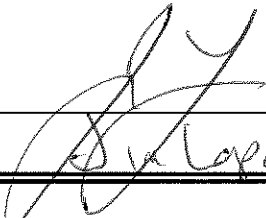
### PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

*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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**


The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<i>Kathy Paquette</i>	Date:	25-Aug-25

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	9/2/2025