

**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 CDC WIC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Brianne Carrero		
(If applicable) Department Reference #:		CD0-23-4683		
Amount: (Contract/Amendment/Grant)		\$ 50,000.00	Advantage CT / RQS #:	RQS 10A 20220819000000000267
CONTRACT	Proposed Start Date:	10/1/2022	Proposed End Date:	9/30/2023
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:		Nursing Naturals Niskayuna, New York		
Brief Description of Goods/Services/Grant:		Nursing bra in sizes S+, M+, L+, XI+, 2XL + and 3XL, Alpha sizing, 32B/C to 46H.		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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.
 Maine WIC, as one of its pillars of services, supports breastfeeding/chestfeeding. WIC participants are at 185% or below income level. A proper nursing bra is essential to support breastfeeding/chestfeeding. WIC participants often cannot afford a nursing bra. The State of Maine has a current MA for nursing bras with Medela but the bras are extraordinarily small and do not fit 80% of our participants. This purchase is necessary to serve the entire population of WIC participants that cannot afford a high quality well-fitting nursing bra.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.
 The Medela bra size range is too small and does not serve our population appropriately. Many of the bras purchased are still in our stock inventory, because the largest size of the Medela nursing bras do not fit anyone. The Nursing Naturals line of bras are 95% cotton 5% spandex and a pulldown flap to promote skin to skin to the infant while feeding. This vendor has a wider range of bra sizes from small to 5XL. This product line should have a size available to meet the need and fit a greater percentage of the population of breastfeeding/chest feeding participants that are served by WIC.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.
 These bras are \$12.50 a piece compared to \$12 under the Medela Master Agreement. The Department finds the slight increase in cost of these bras reasonable because of the wider range of sizes available. The Medela nursing bra size range is too small and do not fit most women. As a result, there are bras in stock and cannot help people because the size range is limited and the sizes 'run small'. A less expensive nursing bra that doesn't fit anyone is not a value for the program.
4. Describe the plan for future competition for the goods or services.
 The Department does not intend to competitively bid at this time.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

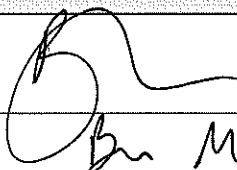

Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:	Ben Munn	Date:	7/19/22
Signature of DAFS Procurement Official:			
Typed Name:	AEEED9C7B3A8044E Justin Franzone	Date:	10/6/2022