



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES  
**DIVISION OF PROCUREMENT SERVICES**  
 STATE OF MAINE

**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.*

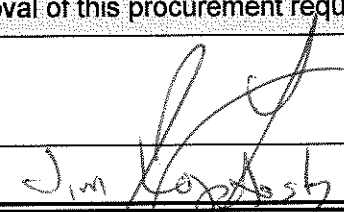

PART I: OVERVIEW			
Department Office/Division/Program:		DHHS/OBH/Maddison Bourassa/Stephanie Kadnar	
Department Contract Administrator or Grant Coordinator:		CM / Melinda Farrell	
(If applicable) Department Reference #:		OSA-23-7001B	
Amount: (Contract/Amendment/Grant)	Original: \$1,052,500.00 Amend: \$286,972.00 Revised: \$1,339,472.00	Advantage CT / RQS #:	CT 10A 20220627000000003497
CONTRACT	Proposed Start Date:	Proposed End Date:	
AMENDMENT	Original Start Date:	Effective Date:	8/14/2023
	Previous End Date:	New End Date:	12/31/2023
GRANT	Project Start Date:	Grant Start Date:	
	Project End Date:	Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		JSI Research and Training Institute, Inc. Boston MA	
Brief Description of Goods/Services/Grant:		Media Services	

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 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. University Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization – RFP Extended

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.	<p>The purpose of this Agreement is to provide media campaign services. The Provider will develop and implement a public health informational and intervention campaign with the primary goal of reducing fatal drug overdoses and secondary goals of connecting individuals with substance use disorder to harm reduction, treatment, and recovery resources; and reducing stigma. The OPTIONS Campaign aims to change the behavior of People Who Use Drugs (PWUD) to decrease the likelihood of a fatal overdose by informing them of available resources for harm reduction, recovery services, safe use practices, dangers of the current drug supply, and dangers of using alone. The campaign shall include a dedicated website, Social media component, traditional media component, and branded materials and promotional items for PWUD.</p> <p><b>The purpose of this amendment is to extend the end date and add funds while the RFP process is completed.</b></p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The Provider was selected through the RFP 202203025 process. This Procurement ended on 6/30/2023.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The cost of these services was deemed fair and reasonable during the budgetary review of the proposal awarded through the RFP 202203025 process and upon successful negotiations with the awarded Bidder.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department is competitively procuring these services through RFP #202306124 with an anticipated contract start date of 9/1/2023.</p>

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)	
Does this request utilize ARPA/MJRP funds?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> 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:	Jim Fogarty	Date:	12 - Sep - 23
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small> 		
Typed Name:	Kathy Paquette	Date:	10/10/2023