

**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:		Maine CDC / Division of Population Health / Comprehensive Cancer Control Program	
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque/Matt Galletta	
(If applicable) Department Reference #:		CD0-24-4538	
Amount: (Contract/Amendment/Grant)	\$ 35,000.00	Advantage CT / RQS #:	CT 10A 20231024000000001204
CONTRACT	Proposed Start Date:	1/1/2024	Proposed End Date: 6/29/2024
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 and lung cancer screening awareness and a HPV vaccination promotion through radio and television using the Maine Association of Broadcaster's Public Education Partnership (PEP) program.	

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 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 CDC receives federal funds to promote services related to screening for breast, cervical, colorectal, and lung cancer, and for the promotion of the HPV vaccination to prevent certain cancers. This public education helps to increase awareness and completion of recommended cancer screenings and increase 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.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

This vendor is the only entity in Maine authorized by the Federal Communications Commission to provide this cost-effective service through a public education partnership with the National Alliance of State Broadcasters Associations.

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, this vendor is the only state entity authorized to deliver the public education partnership program. 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: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

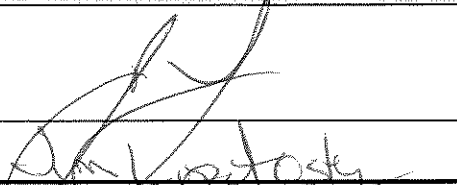

Does this request utilize ARPA/MJRP funds?

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:		Date:	8 - Dec - 23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette	Date:	12/13/2023