



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 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:	Professional and Financial Regulation – Bureau of Ins		
Department Contract Administrator or Grant Coordinator:	Maureen Conn Maureen.c.conn@maine.gov 207 624-8405		
(If applicable) Department Reference #:			
Amount: (Contract/Amendment/Grant)	\$ 244,000	Advantage CT / RQS #:	20241220 1620
CONTRACT	Proposed Start Date:	1/1/2025	Proposed End Date: 6/30/2025
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:	Results Marketing and Desing DBA Ethos 17 Ash Street Westbrook Maine, 04092		
Brief Description of Goods/Services/Grant:	Marketing to increase awareness of coverage options for reproductive and maternal health services through the State's health insurance marketplace (CoverME.gov) and Medicaid program (i.e., MaineCare).		

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.

The Provider shall develop and implement an integrated media campaign to educate Maine women on what reproductive healthcare coverage options, family planning services, and maternal health services are available through CoverME.gov and MaineCare coverage to support a woman’s ability to make safe and informed decisions regarding reproductive health and provide women with more flexibility regarding family planning. An aspect of the campaign will focus on helping women make informed decisions about their coverage options, as well as educate women about the value of coverage with the goal of increasing enrollment in coverage. The campaign will include advertising through traditional, digital and social media channels, as well as the creative development of printed materials and other marketing and outreach efforts, as appropriate. In addition, the campaign should include culturally and linguistically appropriate materials and tactics for reaching targeted populations.

The Provider shall conduct focus groups with target audiences to test components of the education campaign, methods of education, and key messages through a subcontractor. The first set of focus groups will be utilized to guide and inform message development and the types of outreach and educational materials to be developed. The second set of focus groups will be utilized to test draft outreach and educational materials. The provider will create outreach and educational materials, as well as a social media campaign, to increase knowledge and awareness among the target audiences.

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

The Vendor currently works with the Office of the Health Insurance Marketplace on other marketing needs and already understands CoverME.gov as well as the MaineCare program since they have previously worked with the Office of MaineCare services.

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

This funding was allocated to the Vendor through understanding the pricing for previous and current work done generally for the Office of the Health Insurance Marketplace. The vendor was originally retained by OHIM through an RFP process, where the vendor scored the highest in terms of service and proposed costs.

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

PART III: SUPPLEMENTAL INFORMATION

This is a one-time grant. Marketing and outreach for broader CoverME.gov and MaineCare marketing is subject to RFP.

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.

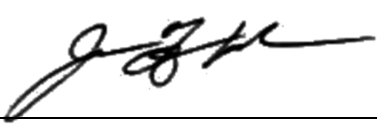
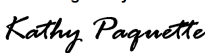
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Joan Cohen	Date:	1/23 /2025
Signature of DAFS Procurement Official:	<div style="border: 1px solid black; padding: 5px;"> <small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small> </div>		
Typed Name:	Kathy Paquette	Date:	2/5/2025