



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.

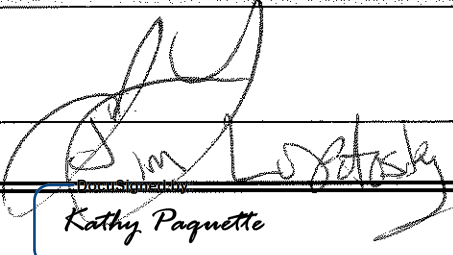

PART I: OVERVIEW				
Department Office/Division/Program:		Department of Health and Human Services / Office of the Health Insurance Marketplace		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell		
(If applicable) Department Reference #:		OMS-21-5000		
Amount: (Contract/Amendment/Grant)		Original: \$772,500.00 Amend: \$450,000.00 Revised: \$1,222,500.00	Advantage CT / RQS #:	2020072800000000292
CONTRACT	Proposed Start Date:		Proposed End Date:	
AMENDMENT	Original Start Date:	8/1/2020	Effective Date:	8/1/2020
	Previous End Date:	5/31/2022	New End Date:	2/28/2023
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		KIVVIT LLC New York, NY		
Brief Description of Goods/Services/Grant:		Marketing outreach related to promoting and accessing affordable health care coverage		

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. 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.	<p>The purpose of this Agreement is to engage in a marketing outreach campaign related to promoting and accessing affordable health care coverage, including MaineCare Expansion and the federal health insurance Marketplace. The outreach and advertising will be focused on the Marketplace open enrollment period of November-December 2021. The primary audience of this campaign is individuals who are anticipated to be eligible for MaineCare through Expansion, with the secondary audience being individuals who are eligible for health insurance through the federal Marketplace. The Provider shall design and implement a media campaign that includes commercial broadcast advertising and digital and social media, as well as the creative development of printed materials and other advertising and marketing efforts, as appropriate.</p> <p>The purpose of this Amendment is for promotion of Marketplace coverage among eligible consumers.</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>These services were originally procured under RFP 202003062 for 8/1/2020 – 9/30/2021. Given the importance of the State Based Marketplace, and as the Department closes in on enrollment period, it is essential to keep the current vendor providing the marketing outreach services. This vendor has specialized experience in the complex targeting and messaging the Marketplace requires. Utilizing this vendor for the campaign allows OHIM to repurpose existing creative assets and established strategies, maximizing the ability to invest in the advertising buy.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The vendor was initially selected in a competitive procurement process, and rates have remained in line with industry expectations.</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department will publish an RFP to re-procure these services for a 7/1/2023 contract start date under OC20222.</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 Lozitsky	Date:	10-16-23
Signature of DAFS Procurement Official:	 <small>41C2BA36FAF446D...</small>		
Typed Name:	Kathy Paquette	Date:	3/20/2023