



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE PROCUREMENT SERVICES
 STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:		DHHS Office of the Health Insurance Marketplace (OHIM)	
Department Contract Administrator or Grant Coordinator:		Chris Moiles / Nicole Mitchell	
(If applicable) Department Reference #:		HIM-26-ACTIVE	
Agency Department Code:	10A	Advantage CT / RQS #:	RQS-20260316000000001457
Amount: (Contract/Amendment/Grant)		\$22,356.00	
CONTRACT	Proposed/Original Start Date:	3/7/2026	Proposed/Most Recent End Date: 3/6/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		VS0000031768 ActiveCampaign, LLC	
Brief Description of Goods/Services/Grant:		Direct-to-consumer annual marketing subscription.	

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. Higher Education 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 vendor provides the email communication tool our office uses to communicate via email to our enrollees and to individuals who have set up accounts or shopped for coverage in our system. This is essential for us to provide important updates, needs to take action, and reminders. Email is one of our primary communication tools to enrollees. The tool allows us to track email performance metrics, send targeted emails with customized information, and to send follow-up emails to consumers who did not open the first email.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Our team has been using this email vendor for a number of years and the functionality is familiar to the team. Using another vendor would require training for team members, which could delay necessary communication to consumers. In addition, the vendor’s product contains the functionality we need. OIT is currently vetting our use of the vendor. In this vetting, our team explored other products, spoke to SOM employees who use other systems and our team has determined the other vendors’ products would not meet our needs.

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

We have been paying the vendor monthly. This approval will allow us to pay an annual subscription, which will save our office money. In addition, when our team conducted the vetting above, it was determined this is the most cost-effective option for our needs and size of the population we need to communicate with.

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

We will continue to work with OIT on vetting of this vendor and its product. We will periodically review our needs and the email communication systems that are available to ensure we are using the most cost-effective product.

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) or (026) – 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's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

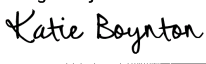
1. The signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	R. Todd Haber	Date:	3/18/2026

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	Signed by: 		
Typed Name:	Katie Boynton, Systems Analyst	Date:	4/24/2026