



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:		Maine Commission for Community Service dba Volunteer Maine, Maine Department of Education		
Department Contract Administrator or Grant Coordinator:		Kirsten Brewer		
(If applicable) Department Reference #:		n/a		
Amount: (Contract/Amendment/Grant)		\$ 15,237.76	Advantage CT / RQS #:	20240412000001485
CONTRACT	Proposed Start Date:	4/16/2024	Proposed End Date:	5/25/2025
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:		Special Markets Insurance Consultants, Inc dba SMIC 1055 Main Street Suite 101 Stevens Point, WI 54481		
Brief Description of Goods/Services/Grant:		Monthly premium costs to insure enrolled members of the Maine Service Fellows 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
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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.

This requisition will cover the monthly premium costs necessary to insure enrolled members of the Maine Service Fellows program. Volunteer Maine is obligated by L.D. 1010 to provide health insurance to MSF members for the duration of their service term.

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

Limited-term health insurance for temporary service members is a small specialty sector, and SMIC is the only group our team could find that will work within MSF's limited budget in addition to its legal requirements to deliver health insurance to enrolled members. SMIC also has experience working with State of Maine-affiliated service programs such as Maine Conservation Corps.

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

This requisition's amount is based on existing quotes and invoices from SMIC and also takes an estimated 7% increase (industry average) in monthly premiums beginning in October 2024 into account. Per L.D. 1010, the amount being spent in this requisition does not exceed 2% of the overall costs of an individual MSF member's stipend amount.

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

When exploring future vendors for providing health insurance to MSF members, we will prioritize cost-efficiency and the vendor's ability to accommodate the budget and legal requirements of Maine Service Fellows.

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

Does the requesting Department signatory understand and acknowledge Maine's COI Statute?

Yes, the requesting Department understands and acknowledges [MRS Title 5, §18-A, 2.](#)

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Maryalice Crofton	Date:	Apr 12, 2024
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>2D5B8E39F57E44A...</small>		
Typed Name:	William J.E. Allen	Date:	5/2/2024

NOI 0520240515






Procurement Justification Form (PJF)_SMIC maine service fellows

Final Audit Report

2024-04-12

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