



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 #:				
Amount: (Contract/Amendment/Grant)	\$15,237.76	Advantage CT / RQS #:	20240513000000003199	
CONTRACT	Proposed Start Date:	4/1/2024	Proposed End Date:	8/31/2024
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:	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

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>This contract 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.</p> <p>Corps member healthcare is the product of a multi-agency effort aimed at providing coverage at a reasonable rate that meets the requirements of the program. The agencies Volunteer Maine partners with for this coverage period are The Corps Network, Willis Tower Watson, Special Markets Insurance Consultants Inc, and Cigna</p>
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	<p>The collaboration of multiple organizations offers a unique blend of expertise. The Corps Network is a national membership organization that provides various services to its member corps, including sponsorship of The Corps Network Healthcare Insurance Plan. The Corps Network ensures that insurance coverage maintains compliance with federal regulations. Willis provides ongoing management of the insurance program, including monitoring federal healthcare initiatives and negotiating rates. Special Markets Insurance Consultants handles the administrative elements of the insurance coverage, is an approved vendor, and is the agency responsible for billing.</p> <p>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.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>To establish a rate for each program year the broker, Willis Tower Watson, negotiates with insurers for an appropriate figure that would cover expected claims, administrative costs, reserves, and risk margin. They developed a proprietary methodology of underwriting that they use to bolster their argument with insurers. It has traditionally resulted in a lower expected claims figure built into the rate (lower than carrier underwriting models calculate).</p>

PART III: SUPPLEMENTAL INFORMATION

Willis also requests bids from alternative carriers when appropriate, to assure the claims and administrative costs are competitive with the market and available data.

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

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:

Daniel A. Chuhta

Date:

6/7/2024

Signature of DAFS Procurement Official:	DocuSigned by: <i>Kathy Paquette</i> 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	6/12/2024

Certificate Of Completion

Envelope Id: B9279B6800944D70A4AA4A9FA59BCEA3	Status: Completed
Subject: Please Docusign This Document	
Source Envelope:	
Document Pages: 4	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Enabled	Envelope Originator: Daniel A. Chuhta Daniel.Chuhta@maine.gov
Envelopeld Stamping: Disabled	IP Address: 64.207.219.136
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

Status: Original 6/7/2024 12:15:34 PM	Holder: Daniel A. Chuhta Daniel.Chuhta@maine.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Maine Department of Education	Location: DocuSign

Signer Events

Daniel A. Chuhta
Daniel.Chuhta@maine.gov
Deputy Commissioner
Maine Department of Education
Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Drawn on Device
Using IP Address: 72.231.250.95

Timestamp

Sent: 6/7/2024 12:15:35 PM
Viewed: 6/7/2024 12:16:03 PM
Signed: 6/7/2024 12:16:37 PM
Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	6/7/2024 12:15:35 PM
Certified Delivered	Security Checked	6/7/2024 12:16:03 PM
Signing Complete	Security Checked	6/7/2024 12:16:37 PM
Completed	Security Checked	6/7/2024 12:16:37 PM

Payment Events

Status

Timestamps