



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:		Agriculture, Conservation and Forestry/Maine Conservation Corps	
Department Contract Administrator or Grant Coordinator:		Sara Knowles	
(If applicable) Department Reference #:			
Agency Department Code:	01A	Advantage CT / RQS #:	20250825000000000332
Amount: (Contract/Amendment/Grant)		\$ 55,028.88	
CONTRACT	Proposed/Original Start Date:	9/1/2025	Proposed/Most Recent End Date: 8/31/2026
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:		Special Markets Insurance Consultants, INC Stevens Points, WI	
Brief Description of Goods/Services/Grant:		Required health care coverage for Maine Conservation Corps participants.	

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
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Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>	
<b>1.</b>	<p>Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p> <p>The Maine Conservation Corps (MCC) is a State AmeriCorps program and recipient of federal funds via the Corporation for National and Community Service (AmeriCorps). AmeriCorps requires grantees to provide healthcare coverage to members of AmeriCorps programs.</p> <p>Typically, MCC hosts approximately 80 corps members each year and offers health insurance to those serving in a full-time capacity who are not covered under a pre-existing policy. If MCC does not offer insurance, the program would be noncompliant with federal regulations and face the loss of funds.</p> <p>Corps members, as per Maine Statute and AmeriCorps regulations, are not considered employees and are not eligible for state health benefits. Therefore, the MCC must seek an outside carrier to fulfill the federal regulation. Corps member healthcare is the product of a multi-agency effort aimed at providing coverage at a reasonable rate that meets the requirements of AmeriCorps. The agencies MCC partners with for this coverage period are The Corps Network, Willis Tower Watson, Special Markets Insurance Consultants Inc, and Cigna.</p>
<b>2.</b>	<p>Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.</p> <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 AmeriCorps. Willis Tower Watson 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 and is the agency responsible for billing.</p>
<b>3.</b>	<p>Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p> <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> <p>Willis Tower Watson also requests bids from alternative carriers when appropriate, to ensure the claims and administrative costs are competitive with the market and available data.</p>
<b>4.</b>	<p>Describe the plan for future competition for the goods or services.</p> <p>Each year, MCC reviews the process with The Corps Network. Because of the intensive research done by the broker, with other carriers to compare rates and benefits, we agree that The Corps Network's choice of using Special Markets Insurance Consultants is the best option nationwide.</p>

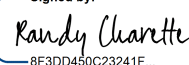
**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

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'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):Signed by:  
  
8F3DD450C23241F...

Typed Name:

Randy Charette

Date:

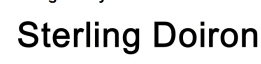
8/29/2025

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):

N/A

Typed Name:

Date:

**\*\*OSPS Section Only\*\***Signature of DAFS  
Procurement Official:Signed by:  
  
4C537C52B586437...

Typed Name:

Sterling Doiron

Date:

9/2/2025

Certificate Of Completion

Envelope Id: A7F87887-4461-40F4-86D1-E2B27874EC2E		Status: Completed
Subject: Complete with Docusign: PJF_SMIC_Member_Insurance_2025-2026.docx.pdf		
Source Envelope:		
Document Pages: 3	Signatures: 1	Envelope Originator:
Certificate Pages: 1	Initials: 0	Sterling Doiron
AutoNav: Disabled		77 State House Station
Envelopeld Stamping: Disabled		111 Sewall Street
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Augusta, ME 04333
		Sterling.Doiron@maine.gov
		IP Address: 198.182.163.121

Record Tracking

Status: Original	Holder: Sterling Doiron	Location: DocuSign
09/02/2025   09:27	Sterling.Doiron@maine.gov	

Signer Events

Sterling Doiron  
Sterling.Doiron@maine.gov  
Sterling Doiron  
Security Level: Email, Account Authentication (None)

Signature

Signed by:  
**Sterling Doiron**  
4C537C52B586437...  
  
Signature Adoption: Pre-selected Style  
Using IP Address: 198.182.163.121

Timestamp

Sent: 09/02/2025 | 09:27  
Viewed: 09/02/2025 | 09:27  
Signed: 09/02/2025 | 09:27  
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	09/02/2025   09:27
Certified Delivered	Security Checked	09/02/2025   09:27
Signing Complete	Security Checked	09/02/2025   09:27
Completed	Security Checked	09/02/2025   09:27

Payment Events

Status

Timestamps