



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:	Maine CDC/Disease Prevention and Control/Oral Health		
Department Contract Administrator or Grant Coordinator:	Stephanie Wood/Jennifer Levesque		
(If applicable) Department Reference #:	CD0-26-4516A		
Agency Department Code:	10A	Advantage CT / RQS #:	20250507000CD0264516
Amount: (Contract/Amendment/Grant)	Amend A: \$36,463.00 Revised: \$72,926.00		
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2026
AMENDMENT	New Effective Date:	1/13/2026	New End Date (if Applicable): 6/30/2027
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:	National Foundation of Dentistry for the Handicapped Denver, CO 80202		
Brief Description of Goods/Services/Grant:	Program and Service Delivery Coordination		

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. 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.

A significant number of individuals in Maine who are disabled, elderly and medically compromised have no public or private coverage for dental care and cannot otherwise afford to purchase the care they need. The Donated Dental Services Program, administered in at least 40 states by the National Foundation of Dentistry for the Handicapped dba Dental Lifeline Network (www.dentallifeline.org) provides essential dental care to such persons by soliciting volunteer dentists to provide services to eligible individuals, working through a part-time coordinator who matches patients to appropriate dental providers.

This purpose of this agreement is to continue to support a part-time referral coordinator position, employed by the Provider, to coordinate the administration of the Donated Dental Service program in Maine. The program in Maine, our relationship with NFDH, and this contract, established pursuant to PL Ch. 401 (119th Legislature), have been in place since 1999, and this contract has been funded consistently since then as a separate budget line item.

The renewal agreement will be submitted as a one-year renewal due to the funding source, Funds for Healthy Maine, ending 6/30/2026. Program intends to extend this contract to two years, pending the identification of funds to continue services.

This amendment is to increase the period of the agreement for an additional one year, now that funding for the Funds for Healthy Maine account has been verified for FY27.

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.

The Provider manages Donated Dental Services programs in 38 or more of the states with which it collaborates, many of which are also supported by their state governments, <https://dentallifeline.org/our-state-programs/>. There is no other entity that provides this kind of programmatic support, which includes training for the coordinator, centralized data management and support, and technical assistance. Because the Provider coordinates this function, it can do so cost-effectively and efficiently with centralized program management and localized program coordination.

In addition, it was the intent of the 119th Legislature that the Donated Dental Services program be implemented and managed by the Provider see LR2067(1) - App-Alloc (FHM) Part A Sec. 33

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

The contract arrangement with the Provider is for a part-time coordinator and a few associated expenses. The Provider makes the program budget fit what is available from the state, and seeks out supplemental funding from time to time, for example to offset dental laboratory costs if needed. The Provider's budgeted rates and use of funds are fair and reasonable, as evidenced by historical and current cost efficiency. In SFY24, for every \$1.00 spent supporting the program, \$4.75 worth of dental care was delivered to Maine people through volunteer professionals and donated

PART III: SUPPLEMENTAL INFORMATION

services. Administrative and operational costs account for 17% of total expenses, with 83% supporting direct delivery care. The program remained under budget while delivering over \$249,000 in donated services, demonstrating exceptional fiscal management, high return on public funds, and consistent alignment with the prior year's performance benchmarks.

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

The Department does not intend to RFP these services.

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

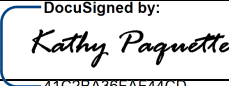
Governor/Department Commissioner or Designee

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

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

Typed Name:		Date:	
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 <u>designee specifically authorized to approve emergency procurement requests</u> .			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

****OSPS Section Only****

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA38F-AF44CD...		
Typed Name:	Kathy Paquette	Date:	3/20/2026