



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.

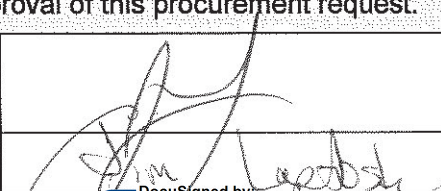
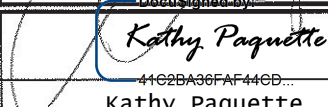
PART I: OVERVIEW				
Department Office/Division/Program:		MECDC/Oral Health Program		
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Melinda Farrell		
(If applicable) Department Reference #:		CD8-24-4511		
Amount: (Contract/Amendment/Grant)		\$89,490.00	Advantage CT / RQS #:	CT-10A-2023022100000002148
CONTRACT	Proposed Start Date:	07/01/2023	Proposed End Date:	06/30/2024
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:		Aroostook County Action Program, Inc Presque Isle, Maine		
Brief Description of Goods/Services/Grant:		Dental- Program and service delivery coordination		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "X" before 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 type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input checked="" 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.	The purpose of this contract is to support a county-wide Oral Health Education Program that provides coordination of and resources for school-based preventive oral health programming in elementary schools throughout Aroostook County and offers community wide resources for oral health promotion. School-based and school-linked oral health promotion and dental disease prevention programs are a proven and effective way of early intervention in dental disease, thus helping ultimately to have a positive impact on oral health status and access to care issues, and can be particularly effective in a large, mostly rural area that is generally underserved for dental care, such as Aroostook County. A centralized resource for these programs, as well as for broader community efforts (in coordination with hospitals or other community organizations) is a cost-effective and efficient way of providing programs and services the Department wishes to support in Aroostook County.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	The Aroostook County Action Program has been providing this service for over 10 years and they are the only entity with the established relationships that allow for access into the school and community settings. The provider is willing to provide the services and is qualified.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	Aroostook County Action Program (ACAP) has consistently managed this program with a level-funded budget for over 10 years. ACAP's internal expenses and salaries are reasonable, and the organization looks for ways to coordinate functions that will result in cost-savings to the agency and for this contract.
4. Describe the plan for future competition for the goods or services.	The Department is accepting Providers who are willing and qualified to provide the services required. 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?	
<input type="checkbox"/> Yes – If Yes, please attach the approved Business Case(s).	
<input checked="" type="checkbox"/> No – If No, proceed to Part V	

PART V: APPROVALS			
The signatures below indicate approval of this procurement request.			
Signature of requesting Department's Commissioner (or designee):			
Typed Name:	<small>DocuSigned by:</small> Jim Lepore	Date:	28 Mar 23
Signature of DAFS Procurement Official:			
Typed Name:	Kathy Paquette <small>4162BA36FAF446D...</small>	Date:	6/30/2023