



## 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 CDC/Disease Prevention and Control/Oral Health			
Department Contract Administrator or Grant Coordinator:		Jennifer Levesque / Melinda Farrell			
(If applicable) Department Reference #:		CD0-24-4516			
Amount: (Contract/Amendment/Grant)		\$72,926.00	Advantage CT / RQS #:		CT 10A 20230622000000003748
CONTRACT	Proposed Start Date:	7/1/2023	Proposed End Date:	6/30/2025	
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:		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

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 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.

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](http://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.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP 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 administrative costs were only 11% of total program expenses in SFY 2019 and the program is operated efficiently. The Department considers the cost for providing these services fair and reasonable. In SFY19, volunteers donated \$8.06 worth of care for every dollar spent supporting contributed services. In SFY20, this figure was \$ 5.76 and in SFY 21, \$4.80 worth of care for every dollar spent supporting contributed services (during COVID).

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)

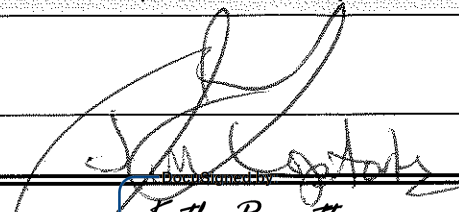
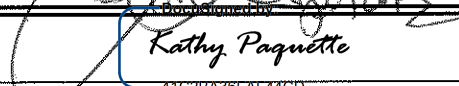
Does this request utilize ARPA/MJRP funds?

Yes – If Yes, please attach the approved Business Case(s).

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:		Date:	10-Aug-23
Signature of DAFS Procurement Official:	 41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/17/2023