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:	DHHS/OADS/DS Dental			
Department Contract Administrator or Grant Coordinator:	Jennifer Levesque/ Melinda Farrell			
(If applicable) Department Reference #:	Multiple, see attached			
Amount: (Contract/Amendment/Grant)	Multiple, see attached	Advantage CT / RQS #:	Multiple, see attached	
CONTRACT	Proposed Start Date:	**07/01/2023**	Proposed End Date:	06/30/2025
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:	Multiple, see attached			
Brief Description of Goods/Services/Grant:	Dental Services			

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Mark an "**X**" before the justification(s) that applies to this request. (Check all that apply.)			
☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☐	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☒	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. University Cooperative Project	☐	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.

One of the largest unmet needs within the developmental services populations served by OADS is dental services. The consumers served often cannot afford dental services and have no alternative means of getting them.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Historically, individuals served by OADS have not been able to identify dentists who are able and willing to accept new patients. The Provider is willing to accept new patients for dental hygiene and restorative dental services and provide these services under the terms of this contract.

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

The Provider delivers services in accordance with rate tables submitted to the Department. The costs for services are consistent with the rates charged to all patients who receive services from the Provider.

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

The Department does not intend to RFP this willing & qualified service.

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:	21-Jul-23
Signature of DAFS Procurement Official:	DocuSigned by: Kathy Paquette 41C2BA36EAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/28/2023

Office of Aging and Disability Services
Dental Services SFY-24

Agreement Number	Amendment Number	Contract Start Date	Contract End Date	Agreement Amount	Vendor Name
ADS-24-5836		7/1/2023	6/30/2025	$40,000.00	JOSEPH WHITE DMD
ADS-24-5844		7/1/2023	6/30/2025	$50,000.00	STEINKE & CARUSO DENTAL CARE dba CENTRAL MAINE SMILES