



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.

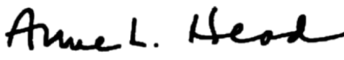
PART I: OVERVIEW				
Department Office/Division/Program:		DPFR/OPOR/Board of Dental Practice		
Department Contract Administrator or Grant Coordinator:		Anne L. Head, Commissioner		
(If applicable) Department Reference #:		20230824*523		
Amount: (Contract/Amendment/Grant)		\$ 15,000.00	Advantage CT / RQS #:	02A 20230824*0523
CONTRACT	Proposed Start Date:	8/21/2023	Proposed End Date:	6/30/2024
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:		Philip W. Higgins, D.M.D.		
Brief Description of Goods/Services/Grant:		Provide professional consulting services in the review of complaint cases pending before the Board.		

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. 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 services provided by Dr. Philip Higgins are critical to the Maine Board of Dental Practice in meeting its statutory authority by investigating allegations of either unprofessional conduct or incompetent practice of dental professionals licensed by the Board. The scope of work requires a licensed dentist with experience in the Board’s complaint process, experience in reviewing patient care cases, and experience working as a member of a complaint committee with the primary goal of presenting complaint cases to the Board for disposition.
2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.	Dr. Higgins is uniquely qualified to serve in the capacity as a complaint case reviewer based on his clinical professional work experience and his experiences as a former chair, former member, and former complaint officer for the Board of Dental Practice.
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	The Board has concluded that the cost of the services is fair and reasonable based on its rate provided to dentists performing similar services in preparation for adjudicatory hearings.
4. Describe the plan for future competition for the goods or services.	The potential opportunity to foster competition in the future depends upon the number of complaint cases pending before the Board.

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:	Anne L. Head	Date:	08/22/2023

Signature of DAFS Procurement Official:	 DocuSigned by: <i>Thomas Paquette</i> 249502C7B71A49A...		
Typed Name:	Thomas Paquette	Date:	9/8/2023