

State of Maine Procurement Justification Form

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 website (Forms page) for additional instructions.

PART I: OVERVIEW				
Department Office/Division/Program:		Maine CDC / Disease Prevention and Control/ Oral Health Program		
Department Contract Administrator or Grant Coordinator:		Shawn Belanger Jennifer Levesque		
(If applicable) Department Reference #:		CD0-22-4516		
Amount: (Contract/Amendment/Grant)	\$72,926.00	Advantage CT / RQS #:	CT 10A 20210604*3596	
CONTRACT	Proposed Start Date:	7/1/2021	Proposed End Date:	6/30/2023
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		
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.)			
	A. Competitive Process		G. Grant
	B. Amendment		H. State Statute/Agency Directed
X	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

PART III: SUPPLEMENTAL INFORMATION
Please respond to ALL of the following:
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 38 states by the Provider 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 contract supports the coordinator's position in Maine and helps to offset certain other expenses. The program in Maine, our

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PART III: SUPPLEMENTAL INFORMATION

relationship with the Provider, 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.

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 program be implemented and managed by the Provider see LR2067(1) - App-Alloc (FHM) Part A Sec. 33.

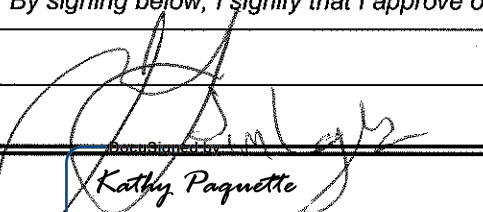

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

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: APPROVALS

Signature of requesting Department's Commissioner (or designee):	<i>By signing below, I signify that I approve of this procurement request.</i>		
Printed Name:		Date:	21-Sep-21
Signature of DAFS Procurement Official:			
Printed Name:	Kathy Paquette <small>41C2BA36FAF44CD...</small>	Date:	10/21/2021