



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
OFFICE OF STATE 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 Office of State 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 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:		Chris Moiles / Kristen King		
(If applicable) Department Reference #:		CD7-26-4518		
Amount: (Contract/Amendment/Grant)	\$178,980.00	Advantage CT / RQS #:	CT 10A 20250508000CD7264518	
CONTRACT	Proposed Start Date:	7/1/2025	Proposed End Date:	6/30/2027
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:		Sunrise Opportunities Machias, ME		
Brief Description of Goods/Services/Grant:		Dental – Program and service Delivery Coordination		

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 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 is to provide essential public health services that preserve, promote, and protect the oral health of Maine people, through the ability to offer school based dental services to schools in Washington County, Maine. This agreement is to include implementation of the Maine CDC's School Oral Health Program, which provides coordination and resources for school-based preventive oral health programming in Maine schools. School-based and school-linked oral health promotion and 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. This strategy can be particularly effective in a large, mostly rural area that is generally underserved for dental care, such as Washington 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 Washington County.

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

The Provider is unique in that they were the only Provider to perform this service in this area of the state. As they have been providing this service for over 11 years, 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. It is crucial for coordination to be locally based and the Provider, providing county-wide services already, is accepted by schools and other organizations as a shared resource.

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

The Provider and its sub-program, Washington County Children's Program (WCCP) has consistently managed this program with a level-funded budget for over 11 years. WCCP'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?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

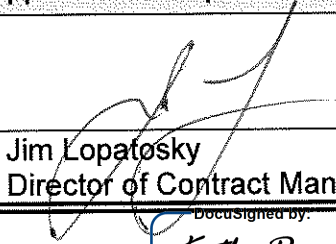
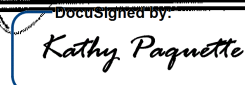
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS Title 5, §18 and §18-A, in harmony with MRS Title 17, §3104.

☒ The requesting department signatory understands and acknowledges Maine's Conflict of Interest statutes.

PART VI: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	16-Jul-25
Signature of DAFS Procurement Official:	<small>DocuSigned by:</small>  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Paquette	Date:	7/24/2025