



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 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:	MECDC/Oral Health Program			
Department Contract Administrator or Grant Coordinator:	Chris Moiles / Melinda Farrell			
(If applicable) Department Reference #:	CD8-26-4511			
Agency Department Code:	10A	Advantage CT / RQS # :	CT 20250508000CD8264511	
Amount: (Contract/Amendment/Grant)	\$178,980.00			
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Aroostook County Action Program, Inc Presque Isle, Maine		
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. Higher Education 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 Aroostook 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 Aroostook 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 Aroostook County.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.

The Aroostook County Action Program has been providing this service for over 11 years and 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.

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

Aroostook County Action Program (ACAP) has consistently managed this program with a level-funded budget for over 11 years. ACAP'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.

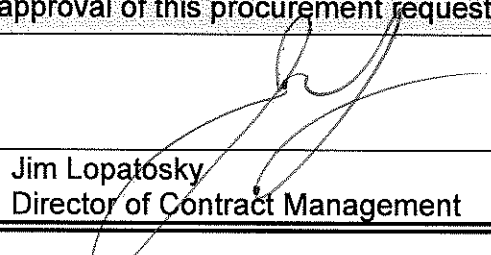
PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

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 signature below indicates approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:	Jim Lopatosky Director of Contract Management	Date:	1-Aug-25

PART VII: EMERGENCY – Required only if selecting E. Emergency Justification

The signature below indicates approval by the Commissioner or designee of this procurement request.

Signature of requesting Department's Commissioner (or designee):			
Typed Name:		Date:	

Signature of DAFS Procurement Official:	DocuSigned by:  41C2BA36FAF44CD...		
Typed Name:	Kathy Paquette	Date:	8/18/2025