



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:		Maine CDC/Disease Prevention and Control/Oral Health	
Department Contract Administrator or Grant Coordinator:		Chris Moiles/Stephanie Wood	
(If applicable) Department Reference #:		CD8-26-4511A	
Agency Department Code:	10A	Advantage CT / RQS #:	20250508000CD8264511
Amount: (Contract/Amendment/Grant)		Original Amt: \$178,980.00 Amendment A: \$21,020.00 Revised Amt: \$200,000.00	
CONTRACT	Proposed/Original Start Date:	7/1/2025	Proposed/Most Recent End Date: 6/30/2027
AMENDMENT	New Effective Date:	5/1/2026	New End Date (if Applicable): N/A
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, 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 checked="" 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.

The purpose of this amendment is to increase the contract amount by \$21,020, from \$178,980 to \$200,000, to support continued implementation and expansion of the Maine CDC's School Oral Health Program, consistent with the State's direction under LD1501. This funding will provide the personnel, administrative, and operational capacity necessary to expand access to school-based oral health services across Aroostook County while sustaining current service delivery and reporting requirements. The increase in funding will support implementation of the LD1501 requirement to expand the Maine CDC's School Oral Health Program to all schools and grade levels.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number 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 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) or (026) – 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.

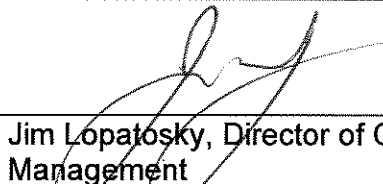
The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. 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: 29-Apr-26

2. Additional signature required **ONLY** if box E (Emergency) is selected in PART II. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.

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

Typed Name:

Date:

****OSPS Section Only****

Signature of DAFS Procurement Official:

Signed-by:

Kathy Blais

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Typed Name:

Kathy Blais

Date:

5/19/2026