



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 \$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:		DACF, Public Lands	
Department Contract Administrator or Grant Coordinator:		Bill Beeaker	
(If applicable) Department Reference #:		N/A	
Agency Department Code:	01A	Advantage CT / RQS #:	2026042900000002276
Amount: (Contract/Amendment/Grant)		\$33,000	
CONTRACT	Proposed/Original Start Date:	<b>5/10/2026</b>	Proposed/Most Recent End Date: 12/31/2026
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:		High Peaks Alliance, P.O. Box 987, Farmington, ME 04938	
Brief Description of Goods/Services/Grant:		Maintenance and monitoring of Public Lands recreation infrastructure.	

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. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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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 Bureau of Parks and Public Lands (BPL) is responsible for the management of the recreation infrastructure on but not limited to the Bigelow Preserve, Dead River Peninsula, Chain of Ponds, Bald Mtn. Rangeley, Mt. Abraham, Flagstaff, Wyman, and Tumbledown Public Lands. These Public Lands contain approximately 46 miles of hiking trails, 60 campsites and several boat launches. Brookfield Hydro provides BPL with more than \$24,000 annually for maintenance of recreation facilities around Flagstaff Lake, and the Tumbledown Alliance provides BPL with \$15,000 annually for recreation management at Tumbledown. As Public Lands have grown in the region (e.g., Oberton), BPL has recognized the value of external partners in managing and monitoring recreational use. The High Peaks Alliance is well-positioned to provide this role.

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 High Peaks Alliance (HPA) is a regional conservation non-profit that is uniquely suited due to overlapping geography and has the experience and the extensive network to recruit, train, and supply qualified Recreation Rangers. HPA manages adjacent lands and trails and so offers a great deal of efficiency in providing this recreation management capacity. The HPA is highly familiar with BPL Conserved lands and prior to beginning this cooperative agreement in 2024, has assisted in the planning, promotion, maintenance, and enhancement of the region's campsites, and backcountry trails both motorized and non-motorized, since 2007.

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

The rate negotiated was based on a cooperative, open book development of the actual staff time, travel, and administrative costs for the specific work and does not include any margin of profit for HPA. As a result, the rates were determined fair and reasonable by Jeff Bartley, (Western Region Manager) Stephen Richardson, (Southern Region Manager), Bill Beeaker, (Outdoor Recreation Specialist) and Bill Patterson (Deputy Director).

4. Describe the plan for future competition for the goods or services.

BPL will seek to maintain an ongoing, cooperative agreement with HPA or similar conservation partners that may have the capacity to provide recreation management services in the future if they become available

**PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)**

Does this request utilize ARPA/MJRP funds?
<input type="checkbox"/> Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).
<input type="checkbox"/> Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.
<input checked="" type="checkbox"/> No – If No, proceed to Part V.

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

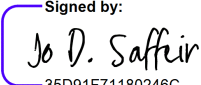
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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):	Signed by:  <small>35D91F71180246C</small>		
Typed Name:	Jo D. Saffair	Date:	5/1/2026

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:  <small>41C2BA36FAF44CD...</small>		
Typed Name:	Kathy Blais	Date:	5/5/2026