



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:		Department of Agriculture, Conservation and Forestry Bureau of Parks and Lands		
Department Contract Administrator or Grant Coordinator:		Bill Patterson		
(If applicable) Department Reference #:				
Agency Department Code:	01A	Advantage CT / RQS #:	CT 20260424*2228	
Amount: (Contract/Amendment/Grant)		\$489,840		
CONTRACT	Proposed/Original Start Date:	5/4/2026	Proposed/Most Recent End Date:	9/1/2026
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:		Joe Brigham Inc. dba JBI Helicopter Services 720 Clough Mill Road Pembroke, NH 03275		
Brief Description of Goods/Services/Grant:		DACF service contract to conduct aerial spraying of Mimic and Bt for the control of Spruce Budworm on Approximately 4,710 total acres of Bureau of Parks and Lands forest along with small private ownerships recruited by Maine Forest Service in Northern Maine.		

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
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<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

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.	<p>Spruce Budworm (SBW) is a cyclical native forest pest in Maine. Monitoring data indicate that a major outbreak is imminent, and the BPL intends to participate in a landscape-scale, collaborative Early Intervention Strategy (EIS) spray program to control SBW populations. Failure to control SBW at the landscape level would lead to higher future spray costs to protect BPL trees and/or lead to extensive loss of fir and spruce trees worth millions of dollars to the State of Maine.</p>
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.	<p>A coordinated approach to the 2026 SBW spray program will cover approximately 68,091 acres of which the DACF acreage is less than 7%. A collaborative group of large landowners in Maine is working cooperatively on a regional spray program and has selected JBI Helicopter Services based on their experience in the region and capacity to mobilize the specialized aircraft, pilots, and pesticide applicator licenses at the substantial scale required. Significant efficiencies exist in using a single contractor across the entire area. It would not be cost-effective or practical for DACF to choose a separate contractor to spray the small percentage of State and small private ownership with a different contractor.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The negotiated application rates yield significant efficiencies and cost savings by having a single set of pilots, aircraft, and other equipment needed to treat the entire area. The per acre rate is higher than it was in 2025 because the smaller total spray area is more suitable to helicopter treatment than airplane treatment so the program has a higher per acre costs but lower total cost due to fewer acres.</p>
4. Describe the plan for future competition for the goods or services.	<p>Due to the efficiencies of collaboration, DACF intends to continue using a shared contractor with regional landowners to conduct SBW spray programs across the entire landscape in future years as needed. However, it is anticipated that the collaborative spray program will choose to put the process out to bid for 2027 and the following years, and DACF will likely participate in that process.</p>

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

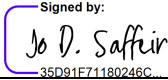
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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

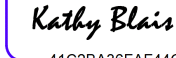
1. The signature below indicates approval of this procurement request.

Signature of requesting Department’s Commissioner (or designee):	 <p>Signed by: Jo D. Saffair 35D91F71180246C...</p>		
Typed Name:	Jo D. Saffair	Date:	5/4/2026

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:	 <p>Signed by: Kathy Blais 41C2BA36FAF44CD...</p>		
Typed Name:	Kathy Blais	Date:	5/7/2026