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: | Agriculture, Conservation and Forestry | | | | |
| Department Contract Administrator or Grant Coordinator: | Allison Kanoti | | | | |
| (If applicable) Department Reference #: | | | | | |
| Agency Department Code: | 01A | Advantage CT / RQS #: | CT 01A 20260603000000002889 | | |
| Amount: (Contract/Amendment/Grant) | $405,484.56 | | | | |
| CONTRACT | Proposed/Original Start Date: | 3/27/2026 | Proposed/Most Recent End Date: | 12/31/2026 | |
| AMENDMENT | New Effective Date: | | New End Date (if Applicable): | | |
| GRANT | Project Start Date: | | Grant Start Date: | 3/27/2026 | |
| | Project End Date: | | Grant End Date: | 12/31/2026 | |
| Vendor/Provider/Grantee Name, City, State: | Solifor Timberlands, Inc<br>Old Town, ME | | | | |
| Brief Description of Goods/Services/Grant: | Maine eastern spruce budworm early intervention strategy grant cost-share. | | | | |

## PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

| | | | |
|---|---|---|---|
| ☐ | A. Competitive Process | ☒ | G. Grant |
| ☐ | B. Amendment | ☐ | H. State Statute/Agency Directed |
| ☒ | C. Single Source/Unique Vendor | ☐ | I. Federal Agency Directed |
| ☐ | D. Proprietary/Copyright/Patents | ☐ | J. Willing and Qualified |
| ☒ | E. Emergency | ☐ | K. Client Choice |
| ☐ | F. Higher Education Cooperative Project | ☐ | 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 contract is to partially reimburse 2026 insecticide treatments for the eastern spruce budworm (SBW) in Maine following an Early Intervention Strategy with the approved federal US Forest Service Spruce Budworm Grant. This program involves applying insecticide treatments on private forestland to reduce the economic and environmental damage from the SBW.
The critical window of execution for treating the spruce budworm impacted areas is mostly May-June. It has become urgent to process the spruce budworm agreements/subawards right away in FY26 so we can reimburse the landowners needing to treat the impacted areas of their properties. We had a delay in the award of federal funds and approval of sub awardees which did not leave much time to prepare the agreements for the urgent window of spruce budworm treatments.

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.

A total of $11.18 million in federal funds is available for this grant program. As required in the grant application, applicants showed evidence of an existing contract with appropriately licensed companies for treatment of eastern spruce budworm following an early intervention strategy in areas under environmental review for the treatment.

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

Funding awarded is congruent with the underlying federal grant; covering 90% of direct treatment costs (product, application, related contractor costs) for treatment of eastern spruce budworm under Early Intervention Strategy.
The application award amount was determined based on identified eligible acres planned for treatment and the anticipated cost per acre. Actual reimbursement of the cost of contracted treatment program work on private lands is capped at 90 percent. For example:
**Land ownership type:** Private
**Anticipated Cost/Acre:** $104.00/acre
**Total Acreage Planned for Treatment:** 5,000 acres
**Maximum Reimbursement Amount*:** $104.00/acre x 5,000 acres x 0.90 = $468,000.00
*Actual reimbursement amount will be based on a review of final acres-treated figures.

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

If a balance is available for future distribution in the federal grant or from future state or federal resources to cover early intervention strategy then, given resources, MFS will endeavor to facilitate a reimbursement program across operable acres with building budworm populations across the landscape.

## 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): | DocuSigned by: Nancy McBrady 9BB4B81276874FC... | | |
| Typed Name: | Nancy McBrady | Date: | 6/5/2026 |

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): | DocuSigned by: Nancy McBrady 9BB4B81276874FC... | | |
| Typed Name: | Nancy McBrady | Date: | 6/5/2026 |

****OSPS Section Only****

| | | | |
|---|---|---|---|
| Signature of DAFS Procurement Official: | | | |
| Typed Name: | | Date: | |