



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 Corrections	
Department Contract Administrator or Grant Coordinator:		Laura Rodas	
(If applicable) Department Reference #:			
Agency Department Code:	03A	Advantage <u>CT</u> / RQS #:	20251218*1439
Amount: (Contract/Amendment/Grant)		\$57,370.03	
CONTRACT	Proposed/Original Start Date:	1/26/2026	Proposed/Most Recent End Date: 2/29/2028
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:		Franklin Covey Client Sales, Inc. Draper, UT	
Brief Description of Goods/Services/Grant:		Employee Service Training	

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

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>The Maine Department of Corrections has identified a need to strengthen the leadership skills of supervisors and managers who must build and sustain trust with employees in a high-security, high-impact, and highly complex operating environment. Correctional leaders are expected to make fast, consequential decisions, maintain safety and security, communicate clearly across shifts and facilities, and guide staff through continual operational challenges.</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>The Department sought a Provider who had an evidence-based program for leadership skill improvement focused on credibility and behavior management in correctional settings with a train-the-trainer model. The Department identified FranklinCovey as the only Provider with a program that met all of these requirements. While there are several vendors that provide similar leadership development courses, all other Providers do not share their license for Department staff to teach other these leadership skills. In addition, the Provider is willing to provide executive leadership with a report on Department cultural and organizational opportunities.</p>
3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.	<p>The rates for the three-day training and reporting sessions are comparable to other training consultants the Department has used on a per day basis (e.g. LivingWorks, Gerlicher Group, and others).</p>
4. Describe the plan for future competition for the goods or services.	<p>The Department will use the competitive process when it finds other leadership consultants with the qualifications and willingness to provide a license for these training materials.</p>

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

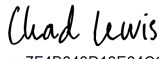
Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

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):	DocuSigned by:  7F4B643D13E64CC...		
Typed Name:	Chad Lewis	Date:	1/16/2026

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:	DocuSigned by:  7008796FB36A449...		
Typed Name:	Michael McNeil	Date:	1/21/2026

NOI 0120260056 1/22-1/28