

Program Proposal Form for Service Providers

New Expansion to Additional Facilities

**Texas Department of Criminal Justice
Rehabilitation Programs Division
2 Financial Plaza Suite 410
Huntsville, TX 77340**

Phone: 936-437-7302
Fax: 936-437-7300
Email: program.proposal.form@tdcj.texas.gov

In order to best understand the activity, you are proposing, please complete this form and attach documentation as necessary. The completed form can be submitted electronically to program.proposal.form@tdcj.texas.gov or mailed to the above address:

Agency Name:		Job Title:	
Facilitator Name (Last, First, Middle):		Driver's License # (Last Four Numbers Only):	Office Telephone No.:
Address:		City/State:	Zip:
Web Address:		E-Mail Address:	Fax No.:
Type (please check appropriate box): Literacy/Education <input type="checkbox"/> Employment/Job Skills <input type="checkbox"/> Substance Abuse/Education <input type="checkbox"/> Reentry/Life Skills <input type="checkbox"/> Parenting <input type="checkbox"/> Medical Issues/Prevention <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Victim Awareness <input type="checkbox"/> Support Groups <input type="checkbox"/> Religious/Faith-Based <input type="checkbox"/> Other <input type="checkbox"/> (explain)			
Name of Activity/Program:		Geographic Preference or Facility Name:	
To the degree possible, the TDCJ will accommodate the scheduling needs of providers; however, the secure and orderly operation of the facility is imperative to the safety of offenders, staff and guests. For that reason, please indicate your scheduling preference in the boxes below:			
Preferred Length: 60 minutes <input type="checkbox"/> 90 minutes <input type="checkbox"/> 120 minutes <input type="checkbox"/> Other <input type="checkbox"/> (explain)		Preferred Duration: 6 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/> 18 weeks <input type="checkbox"/> Other <input type="checkbox"/> (explain)	
Preferred Time Schedule: A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	Preferred Hours:	Capacity:	Preferred Cycle: Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> (explain)
Target Population: State Jail <input type="checkbox"/> Institution <input type="checkbox"/> No Preference <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> No Gender Preference <input type="checkbox"/>	Is there selection criteria for offenders? <input type="checkbox"/> Y <input type="checkbox"/> N (If yes, please explain)	
For new proposals only. Activity/Program Components: Please list goals, objectives, and intended benefit to offenders (you may attach additional pages, if needed). Please list your expectation of services to be provided by the TDCJ. If your activity/program includes a curriculum, workbooks or handouts, please attach those items when submitting this request. You may use additional paper if necessary.			
Volunteer Application: In order to provide regularly scheduled services within secure facilities of the TDCJ, you must be an approved volunteer. For information on becoming an approved volunteer, go to the TDCJ website: http://www.tdcj.texas.gov and click on Volunteer Services or you may call Volunteer Services at 936-437-3026.			
For TDCJ Office Use Only			
Received Date:	Database Tracking #:	Date Forwarded:	Forward to Appropriate Dept:
Due Date:			
Programming Type: <input type="checkbox"/> Regular <input type="checkbox"/> Intensive Note:			
Unit Chaplain Notified: <input type="checkbox"/> Y <input type="checkbox"/> N Chaplains Name:	Date:	Approved <input type="checkbox"/> Y <input type="checkbox"/> N	ED Code: Chaplaincy Track #: VS00 Dept Code: Approved by Authority: Date:
Unit Warden Notified: <input type="checkbox"/> Y <input type="checkbox"/> N Wardens Name:	Date:	Approved <input type="checkbox"/> Y <input type="checkbox"/> N	Meeting Needed: <input type="checkbox"/> Y <input type="checkbox"/> N To Include: Effective/Begin Date: