

Program Proposal Form for Service Providers

New Expansion to Additional Facilities

Texas Department of Criminal Justice
 Rehabilitation Programs Division
 861B IH-45
 Huntsville, TX 77320

Phone: 936-437-2180
 Fax: 936-437-6299
 Email: program.proposal.form@tdcj.state.tx.us

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.state.tx.us 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 Employment/Job Skills Substance Abuse/Education Reentry/Life Skills Parenting
 Medical Issues/Prevention Arts/Crafts Victim Awareness Support Groups Religious/Faith-Based Other (explain)

Name of Activity/Program:	Geographic Preference or Facility Name:
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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)
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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)
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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)
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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.state.tx.us> and click on Volunteer Services or you may call Volunteer Services at 936-437-3026.

For RPD 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 #:
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:	VS00 Dept Code:
			Approved by Authority:	Date:
			Effective/Begin Date:	