

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 <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? Y N (If yes, please explain)	
For new proposals only. Activity/Program Components: Please list goals, objectives, and intended benefit to offenders, as well as evaluation methods or outcome measures to be utilized (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 936-437-4961.			

For RPD Office Use Only

Received Date:	Database Tracking #:	Date Forwarded:	Forward to Appropriate Dept:	Due Date:
Unit Chaplain Notified: Y N Chaplains Name:	Date:	Approved Y N	ED Code: Chaplaincy Track #: VS00 Dept Code	Approved by Authority: Date:
Unit Warden Notified: Y N Wardens Name:	Date:	Approved Y N	Meeting Needed: Y N To Include:	Effective/Begin Date: