# 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:

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitator Name (Last, First, Middle):</td>
<td>Driver’s License # (Last Four Numbers Only):</td>
</tr>
<tr>
<td>Address:</td>
<td>City/State:</td>
</tr>
<tr>
<td>Web Address:</td>
<td>E-Mail Address:</td>
</tr>
</tbody>
</table>

- **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: |

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  
  - 90 minutes  
  - 120 minutes  
  - Other (explain)

- **Preferred Duration:**  
  - 6 weeks  
  - 12 weeks  
  - 18 weeks  
  - Other (explain)

- **Preferred Time Schedule:**  
  - A.M.  
  - P.M.  

- **Preferred Hours:**  

- **Capacity:**  

- **Preferred Cycle:**  
  - Weekly  
  - Bi-Weekly  
  - Monthly  
  - Quarterly  
  - Annually  
  - Other (explain)

<table>
<thead>
<tr>
<th>Target Population:</th>
<th>Male</th>
<th>Female</th>
<th>No Gender Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Jail Institution</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (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](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**

<table>
<thead>
<tr>
<th>Received Date:</th>
<th>Database Tracking #:</th>
<th>Date Forwarded:</th>
<th>Forward to Appropriate Dept:</th>
<th>Due Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programming Type:</td>
<td>Regular</td>
<td>Intensive</td>
<td>Note:</td>
<td></td>
</tr>
</tbody>
</table>

**Unit Chaplain Notified:**

<table>
<thead>
<tr>
<th>Chaplains Name:</th>
<th>Date:</th>
<th>Approved</th>
<th>ED Code:</th>
<th>Chaplaincy Track #:</th>
<th>VS00 Dept Code:</th>
<th>Approved by Authority:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Warden Notified:</td>
<td>Date:</td>
<td>Approved</td>
<td>Meeting Needed:</td>
<td>To Include:</td>
<td>Effective/Begin Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Appendix V – Program Proposal Form for Service Providers**  
Revised 7-2018