



CT DEPARTMENT OF CORRECTION PROGRAM PROPOSAL FORM

Rev Date 5/15/2024

Any outside entity wishing to provide programming in partnership with the Connecticut Department of Correction must submit this form, in its entirety to the department for review. Forms can be sent directly to [DOC.Volunteerservices@ct.gov](mailto:DOC.Volunteerservices@ct.gov)

Please provide the details of the program you wish to run at facilities managed by the Connecticut Department of Correction. If additional space is needed Utilize Attachment A.

Program Name \_\_\_\_\_

Primary Program Contact Information

Primary Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Contact Email \_\_\_\_\_

Facility/Facilities of Interest

- |                |              |                  |
|----------------|--------------|------------------|
| Bridgeport CC  | Brooklyn CI  | Carl Robinson    |
| CI Cheshire CI | Corrigan CC  | Cybulski CI      |
| Garner CI      | Hartford CC  | MacDougal Walker |
| Manson YI      | New Haven CC | Osborn CI        |
| York CI        |              |                  |

Please choose the day(s) and shift(s) the program would ideally be scheduled.

Monday 1<sup>st</sup> shift (8:00am – 3:00pm)

Tuesday 2<sup>nd</sup> shift (3:00pm and 9:00pm)

Wednesday

Thursday

Friday

Saturday

Sunday



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**How many staff members or volunteers do you anticipate needing clearance?**

**Program Mission Statement/Needs statement (What is the goal of the program/organization? Why is it necessary?)**

**Funding needs / responsibilities**

**CT DOC responsible for cost associated with the program**

**Program responsible for securing funds either through grants, donors, organizational budget**

**Equipment needed to carry out program objectives (Desks, tables, chairs AV etc.?)**

**Please list.**

**Who will be expected to provide equipment?**

**Projected Outcomes (What will the direct and indirect results of running the program be? If the program has multiple stages, please provide a response for each stage. )**



**Indicators of Success (What quantifiable measures can be used in the duration of the program to assess whether it is having the effect you intended?)**

**Has this program been approved in other agencies or states? If so provide program outcomes and performance measures in an attachment along with contact info for each location, so that references can be checked.**

**Performance Evaluation Plan (How will the success of the program be measured after it is complete? What tangible measures will be utilized? Which organizations/individuals will hold program leaders responsible for achieving these goals? )**

**Activity and Program Schedule (How will the program work I.E. steps, classes, volunteer work etc. List in chronological order projected dates/timeframes and hours of instruction needed. Also list locations and parties responsible for each of the activities the program will entail.)**



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**Program Curriculum (Please attach a PDF version of the program curriculum; including handouts, links, media lists.)**

**Submitted by**

**Name (print):**

**Signature**

**Date**

**Email Address:**

**Phone Number**



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**Attachment  
A**