



CT DEPARTMENT OF CORRECTION PROGRAM PROPOSAL FORM

Rev Date 1/16/2025

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.OffenderPrograms@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

Osborn Cl

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

Monday **1st shift (8:00am – 3:00pm)**

Tuesday 2nd 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.)



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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