



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

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 Cl	Carl Robinson	
CI Cheshire CI	Corrigan CC	Cybulski Cl	
Garner CI	Hartford CC	MacDougal Walker	
Manson YI	New Haven CC	Osborn Cl	
York CI			
Please choose the day(s) and s			
Monday	1 st shift (8:00am –	1 st shift (8:00am – 3:00pm)	
Tuesday	2 nd shift (3:00pm a	2 nd shift (3:00pm and 9:00pm)	
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			



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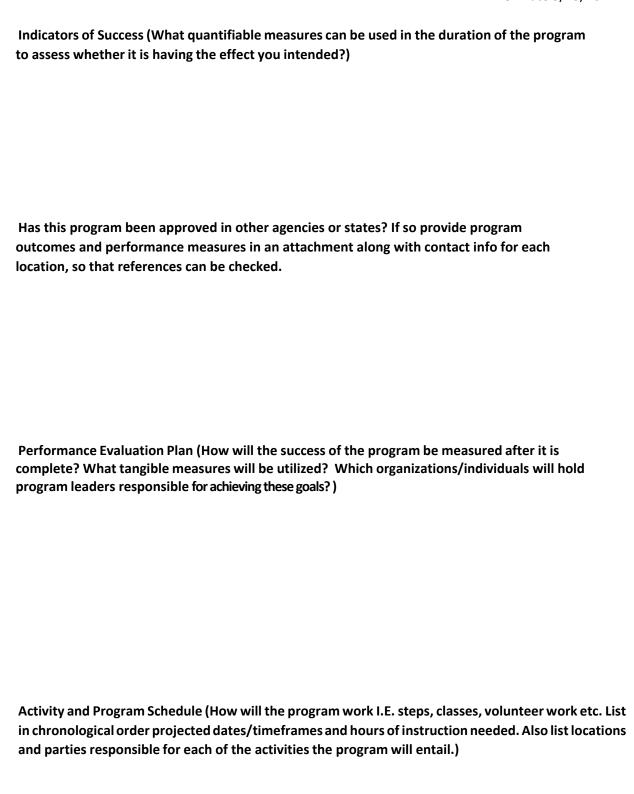
How many staff members or volunteers do you anticipate needing clearance?

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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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