Florida Department of Corrections

Bureau of Program Development
Program Clearinghouse Application

APPLICANT CONTACT INFORMATION

Applicant Name: _____ **Date:** _____
LAST   FIRST   M.I.

Address: _____
STREET ADDRESS   UNIT #

_____
CITY   STATE   ZIP CODE

Phone: _____ **EMAIL:** _____

PROGRAM INFORMATION

Title of Program/Service: _____

Intent of Program/Service: _____

What are you requesting from the Florida Department of Corrections? Please be specific (program implementation, purchase material, etc.) _____

	YES	NO
Has any portion of the program, or the program in its entirety, been created by an inmate(s)?	YES	NO
Are there any potential copyright violations associated with the program being applied?	YES	NO
Are you receiving grant funding for implementation?	YES	NO

*If **YES**, please provide the following information:*

Grant Title: _____

Agency: _____

Have you already been in contact with a representative from the facility regarding this program?   YES   NO

*If **YES**, please provide the following information:*

Name: _____

Title: _____

Facility: _____

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Do you intend for any portion of the curriculum to be taught or facilitated by an inmate?   YES   NO

At what institution(s) are you proposing to offer this program or service?

SUMMARY OF PROGRAM

Please provide a response to the following questions regarding the program/service being applied for and attach all applicable material.

1. Is there a structured curriculum, lesson plan, facilitator's guide, or outline that shows the overall objective of the program and the modules or topics covered in each session? If yes, please briefly describe and attach all applicable material.

2. Will any modifications be made to this program? (e.g., shortened or lengthened, changed topics/activities, or changed in any way). If yes, please explain.

3. What is the total number of program hours? Include number of days per week and number of hours per day.

4. What is the criteria for program completion?

5. What is the minimum and maximum number of participants in a group/class?

6. Who is your target audience/participants? Are there any exclusions or specific inclusion criteria?

7. Will you be providing the staff to deliver the program? If **no**, please describe who will facilitate the program.

8. Is training and/or credentialing required to facilitate the program? Please detail training requirements and/or possible credentials.

9. What teaching method(s) will be used to deliver the program?

10. How will the program delivery be monitored to ensure fidelity, by whom and what frequency? Attach any applicable monitoring tools.

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11. How will you monitor the outcomes and/or completion of the program? (e.g., surveys, pre/post-tests, and/or interviews).

12. Describe any benefits to the community, participant, and/or the Florida Department of Corrections.

13. Please list any other states or agencies that are currently (or previously) using this program.

14. Is there any other pertinent information you wish to provide?

EVALUATION STUDIES

In the field below, please provide any/all citations of evaluation studies conducted specifically on the program currently being applied. If you cannot provide evaluation studies, please explain.

SUBMISSION OF APPLICATION AND MATERIALS

Please ensure all supporting documentation and materials are included with the submission. Check any of the boxes below to indicate what materials are being submitted. Applications will only be reviewed once all applicable material is received.

- Complete Application
- Curriculum or lesson plans
- Facilitator's guide

- Pre-test and/or Post-test
- Letter of support from institution
- Participant manual/guide

- Credential, license, or training documentation for facilitator
- Fidelity monitoring tool

- Other program materials. Please specify:

The completed application and applicable materials can be emailed to:

ProgramClearinghouse@fdc.myflorida.com

<u>OR</u> sent by U.S. Mail to:

Florida Department of Corrections
Office of Programs and Re-Entry
Bureau of Program Development
501 South Calhoun Street
Tallahassee, FL 32399-2500

CERTIFICATION

Signature: _____ **DATE:** _____

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