



Florida Department of Corrections

Program Review Application

Applicant Information

Contact Person Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Title of Program/Service: _____

What is the intended outcome of the program?

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

Is this request part of a grant funding opportunity? YES NO

Are program specific credentials or professional license required of the program facilitator? YES NO

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

If yes, with whom? _____

What institution(s) are you proposing to offer this program or service at?

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Evaluation Studies

Please provide citations of evaluation studies conducted on the program or other resources, which indicates it is an evidence-based practice for changing offender behavior.

Citation:

Citation:

Summary of Program

Please type a response to the following questions regarding the program/service and attach applicable material or supporting documents. Applications will only be reviewed once all applicable material is received.

1. Is there a structured curriculum, lesson plans, facilitators guide or outline that shows the overall objective of the program, the modules or topics covered in each session? If yes, please 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. How will the program be delivered? (e.g., lecture/discussion, role playing, videos, homework, etc.).
4. How will the program delivery be monitored to ensure fidelity, by whom and what frequency?
5. Who will be delivering/ facilitating the program? What credentials must s/he have? Is there a training requirement for the facilitator? If yes, please attach the credentials, licensure or training.
6. What will be the length of the program? Include times, hours and days requested to operate the program.
7. How will you monitor the success, outcomes and completion of the program? (i.e., assessments, pre/post surveys, interviews, etc.).
8. What is your target audience/ participants? Are there any exclusions or specific inclusion criteria?
9. Is there any risk to the participant? If so, please describe.
10. Has this program been certified by other states or agencies? Has this program been offered to any other criminal justice agency? Please include by what agency, when, and the outcomes of their program.
11. Is there any other pertinent information you wish to provide? You may attach additional letters or summaries.

Submission of Application and Materials

The completed application and applicable materials (e.g., Program curriculum, facilitators guide, monitoring plan, pre/post-tests) should be sent to ProgramClearinghouse@fdc.myflorida.com
OR by U.S. Mail to:

Applied Science, Research, and Policy
Division of Development: Improvement and Readiness
Florida Department of Corrections
501 South Calhoun Street
Tallahassee, FL 32399-2500

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____