**LEON COUNTY SHERIFF OFFICE**

Application number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Internal use only)

**A picture containing text, clipart

Description automatically generatedINMATE PROGRAMS APPLICATION**

APPLICANT CONTACT INFORMATION

**Applicant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY STATE ZIP CODE

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM INFORMATION

**Title of Program/Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Intent of Program/Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration of Program/Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of participants in class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any potential copyright violations associated with the program being applied?

**Y/N** \_\_\_\_\_\_

Are you receiving grant funding for implementation?

**Y/N** \_\_\_\_\_\_

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

**Grant Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you already been in contact with a representative from LCSO regarding this program?

**Y/N** \_\_\_\_\_\_\_

If **YES**, please provide the following information: **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUMMARY OF PROGRAM

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

1. Is there 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, 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 minimum and maximum number of participants in a group/class?
5. Who is your target audience/participants? Are there any exclusions or specific inclusion criteria?
6. Will you be providing the staff to deliver the program? If **NO**, please describe who will facilitate the program/service.
7. Is training and/or credentialing required to facilitate the program? \_\_\_\_\_\_\_\_\_\_ Please detail training requirements and/or possible credentials.
8. What teaching method(s) will be used to deliver the program?
9. How will you monitor the outcomes and/or completion of the program/service? (e.g. surveys, pre/post test, and/or interviews).
10. Please list any other states or agencies that are currently (or previously) using this program/service?
11. Describe any benefits to the participant, community and/or the Leon County Sheriff’s Office.
12. Is there a cost related to this program/service? If so, please explain in detail
13. Is there any other pertinent information you wish to provide?

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 \_\_\_\_\_ Credentials, license or training \_\_\_\_\_ Participant manual/

Documents for facilitator guide

\_\_\_\_Other program materials. Please specify:

The completed application and applicable materials can be emailed, USPS or dropped off to:

**Email:** [hardink@leoncountyfl.gov](mailto:hardink@leoncountyfl.gov)

**Mail/drop:**

LEON COUNTY DETENTION FACILITY

535 Appleyard Dr, Tallahassee, FL 32304