

## **Letter of Support Protocol**

## Instructions

Please complete the entire form. The information requested in this form will allow the agency to evaluate your request for a letter of support. The form should be completed as a Word document and emailed to DAC LetterofSupportProtocol@dac.nc.gov

## Requests for letters of support must be submitted at least 30 days in advance of the date you need the letter.

Questions may be addressed by email or the postal address below:

North Carolina Department of Adult Correction Division of Strategy, Innovation, and Analysis Letter of Support Protocol 5201 Mail Service Center Raleigh, NC 27699-5201 **Proposed Program Overview** 

A1.	Program Name:	
A2.	Program/Organization Mission Statement	
A3.	Is this a new or existing program?	
A4.	Program Contact:	
	Name	
	Title	_
	Address	_
	City/State	
	Phone	
	email	
	☐ Community residential care/rehabilitation ☐ Secure Prison Setting Custody Level(s):	
A6.	What populations will the program serve? (double click on the	check hox and select "checked" if true)
1101	Former offenders (not under supervision)	
	☐ Probationers/Parolees/Post-Releasees ☐ Ma	les Females
	☐ Inmates ☐ Ma	les Females
	☐ Non-Offenders ☐ Ma	les Females
	What is the proposed length of the program, i.e., weeks, n years?	nonths,
<b>A</b> 7		<del></del>
A7.	What are the specific enrollment criteria?	
A8.	Provide an overview of the program (250 words).	

Role	of the	NC	<b>DAC</b>	in	Your	Req	uest

B1.	Describe any assistance you require from the Department of Adult Correction to establish or continue the program (e.g., letters of support, client referrals, access to facilities, etc). If you are seeking a letter of support from the agency you <u>must</u> complete the section on funding sources and sustainability.
NC	DAC Contact
C1.	List all NC DAC contacts with whom you have previously collaborated or whom you are currently working with in relation to your proposed program.
Org	anizational Experience
D1.	Describe the programs that your agency has developed in the past. Provide information on the name of the program(s), the length of time in operation, and the amount of time each program was in development before it began accepting clients.

D2.	How many years has your agency been in operation?
D3.	What is the target population for your existing programs?
D4.	In what setting(s) are your current programs delivered?
Pro	gram Development
E1.	Describe the process your organization used to establish need or demand for the program. Pay particular attention to describing any surveys or focus groups that were conducted.
Pro	gram Characteristics
F1.	What crime producing risk/needs factors will be targeted by program services, interventions, and/or therapy? ( <i>add more rows if necessary</i> )
	a
	b. c.
	d.
	e
	f
	g. h.
	н.

F2.	Please describe the treatment methodology that will be provided or contracted by the program (e.g., classical conditioning, operant conditioning, social learning, self-efficacy, cognitive behavioral, boot camp, self-esteem building, psycho-educational, psychotherapy, case management, scared-straight).
F3.	Please answer the following questions about your program:  a. Are manuals used that describe in detail the treatment and activities of participants?   Yes No  (List any that are used, including those developed by the program).  1.  2.  3.  4.
F4.	List all materials that will be used as a part of this program, i.e., curriculum, manuals, workbooks, handouts, webinars, guest speakers, etc.

**Collaborative Partnerships** G1. Describe the process that will be used to refer participants to services that are not available within the program. Provide a detailed description of the existing partnerships / collaborative efforts in place to G2. support this project (200 words). **Evaluation and Performance Measures** H1. Describe how participant progress will be monitored and how overall program goals and outcomes will be tracked and measured. Include any outcome measures that have been developed. (150 words)

**Sustainability** 

I1.	Provide a detailed sustainability plan for the project. Please include any current or future funding sources (150 words).	
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**Funding Sources** 

J1.	Complete all	applicable	information	about the source	e of program	funding.
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Application Deadline	
Solicitation/Announcement/RPF Name	

Funding Agency Name

Contact Person

Address 1

Address 2
City, State, Zip Code

Phone Fax

J2. Please provide a brief budget summary.

email

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Personnel	\$
Equipment/Supplies	\$
Travel	\$
Contractual Services	\$
Other (explain)	\$
Other (explain)	\$
Total Budget	\$

Explanation (if necessary)	
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