

Community Corrections Partnership Funding Request

Agency Name:

Contact Person:

Phone Number:

Email:

Amount of New Funding Request for Year 1:

Amount of New Funding Request for Year 2:

Amount of New Funding Request for Year 3:

Amount of New Funding Request for Year 4:

Amount of New Funding Request for Year 5:

Total Number of New Positions Requested:

Description of New Positions:

Target Population:

Projected Number to be Served:

Evidence-Based or Promising Practice:

Project Title and Description (Include agencies that will receive funding and general description):

Anticipated Outcomes:

Anticipated Recidivism Reduction: