

**ADVISORY:** Submission of proposals must be no earlier than January 1st and no later than February 14th. Proposals submitted late will not be considered.

# 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:**