**REQUEST FOR PROPOSALS**

**RFP # DOC-RES/NON-RES-PS-2020-SM**

**Department of Correction**

**February 2020**

**FORM #3: Expansion to Existing Program Cover Sheet**

**Proposer’s Legal Name FEIN**

**Contact** Name **Title**

**Telephone Number** **Fax Number** **E-Mail Address**

**CURRENT PROGRAM INFORMATION:**

**Program Name Program Type Gender**

**Program Address**

**Total Current Beds in Program Total Current DOC Beds**

**PROPOSED EXPANSION INFORMATION:**

**# Beds/Slots Proposed for Expansion Date of Availability to DOC**

**Requested Startup Costs** **Annual DOC Cost of Expansion**

**Location of Proposed Beds**

I certify that to the best of my knowledge and belief, the information contained in this proposal is true and correct. The proposal has been duly authorized by the governing body of the proposer, the proposer has the legal authority to apply for this funding, the proposer will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the proposer.

**Signature of Authorizing Official: Date**

**Typed Name and Title**