



*Court Services and Offender Supervision Agency  
Faith Based Partnership*



**CSOSA FAITH COMMUNITY PARTNERSHIP  
AGREEMENT/APPLICATION**

**Section I Agreement**

The parties agree that the participating Service Provider shall be responsible for the following:

1. Providing information as requested on the existing services their institutions will offer to offenders;
2. Accepting referrals and making placements of offenders into their existing programs;
3. Ensuring that their staff and volunteers attend training sessions as mentors and program coordinators, **IF NECESSARY**;
4. Reporting to the Lead Faith-Based Institution on the number of referrals, the status and discharges of offenders in their programs as well as the progress and best practices of their programs;
5. Attending Cluster Coordinating Council meetings, **IF NECESSARY**;
6. Scheduling and aiding in the logistics of periodic meetings of mentors in their programs;
7. Guiding the Lead Faith-Based Institution on how existing capacity can be expanded to serve offenders; and
8. Assisting the Lead Faith-Based Institution in developing resources for expanding their programs.

**This application/agreement shall constitute the understanding between the parties regarding the implementation of the Faith Based Re-entry Initiative only and shall not affect other formal relationships between the parties. This application/agreement shall expire as of the expiration date of the contract between CSOSA and the Lead Faith-Based Institution unless extended in writing.**

\_\_\_\_\_  
Name of Partnering Service Provider

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name of Lead Faith Based Institution

\_\_\_\_\_  
Authorizing Signature of Lead Faith Based Institution

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Out Reach Coordinator Signature

\_\_\_\_\_  
Date Signed

## SERVICE PROVIDER APPLICATION /AGREEMENT

### Section II: Background

Legal Name of Organization: \_\_\_\_\_

Faith Leader Name \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Program Coordinator Name: \_\_\_\_\_

Telephone (if different from secondary contact person): \_\_\_\_\_

### Section III: Facility

Will the service(s) be physically located at the address given on the cover page of this application?

YES  NO

If "no", where will the service(s) be provided?

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

### Section IV: Services Provided

#### List services offered:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Mentoring          | <input type="checkbox"/> Relapse Prevention | <input type="checkbox"/> Addiction Counseling  |
| <input type="checkbox"/> Job Readiness      | <input type="checkbox"/> Literacy/GED       | <input type="checkbox"/> Vocational Counseling |
| <input type="checkbox"/> Job Training       | <input type="checkbox"/> Parenting          | <input type="checkbox"/> Anger Management      |
| <input type="checkbox"/> Job Placement      | <input type="checkbox"/> Referral Services  | <input type="checkbox"/> Emergency Assistance  |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Life Skills        | <input type="checkbox"/> Other: _____          |

*For CSOSA Use Only:*

Date Received: \_\_\_\_\_

PSA: \_\_\_\_\_ Ward: \_\_\_\_\_