



**COURT SERVICES AND OFFENDER SUPERVISION
AGENCY for the DISTRICT of COLUMBIA**

**Community Justice Programs
Faith Based Initiative**

PROGRAM ORGANIZATION APPLICATION

Section I: Background

Legal Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Program Coordinator Name: _____

Telephone (if different from above): _____

Section II: 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)

Note: Please provide one (1) copy of the certificate of occupancy for all sites where services will be provided.

Does your organization have liability insurance?

YES NO

Note: Please include a copy of your liability insurance.

Certification:

"I certify that I have reviewed this application and that, to the best of my knowledge and belief, all the information provided in this application is true."

Signature of Authorized Representative

Date Signed

Print Name and Title

Section III: Additional Services

List any additional services offered (this section is for informational purposes only):

- | | | |
|---|---|--|
| <input type="checkbox"/> Life Skills | <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"/> Other: _____ | |

<p><i>For CSOSA Use Only:</i></p> <p>Date Received: _____</p> <p>PSA: _____ Ward: _____</p>
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