RFP Number: 19-RFP-014644-JJXVendor:

**ATTACHMENT K: CBI CURRICULUM**

**VENDOR MUST COMPLETE AND RETURN FOR EACH COUNTY WITH THEIR PROPOSAL SUBMISSION**

**COUNTY:**

**Name of CBI Curriculum:**

*(Vendor must complete and submit this attachment for each curriculum to be used. If curriculum is not listed in the Scope of Work, then additional evidence-based documentation must be submitted.)*

**Please provide the following program characteristics regarding the curriculum named above:**

|  |  |
| --- | --- |
| 1.Ideal group size based on curriculum specifications |  |
| 2.Length of group session (in hours) |  |
| 3.Number of times a group meets per week |  |
| 4.Number of weeks needed to successfully complete the curriculum |  |
| 5.Number of facilitators required to lead a group session |  |
| 6. Are the groups open ended or closed ended? |  |

**PHYSICAL LOCATION OF SERVICES TO BE PERFORMED:**

Address:

City, State Zip:

County:

**STAFF CREDENTIALS AND TRAINING**

Vendor must provide the following information for any staff member who will be delivering direct services to Offenders. **Resumes will not be accepted.** If you have staff hired at the time of RFP submission, this form must be completed and submitted for each staff person delivering services. If you do not have staff hired at the time of RFP submission, this form must be completed and returned as soon as available but no later than 60 days from date of award notification.

If needed, additional sheets may be added. **Vendor must include any negative or adverse actions cited on any staff licensure.** Vendor shall respond on this form.

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**(Add additional pages as required)**

|  |  |
| --- | --- |
| Name: | If required by the program being offered, will this person be a Lead Facilitator or Co-Facilitator? |
| Highest level of education completed: | |
| Field of study and School/University attended (if applicable): | |
| Total years of experience working with Offender population facilitating CBI: | |
| Formal CBI Training in proposed curriculum Completed: Check one:  Yes or  No | |
| Training Dates: | Dates of Employment with Vendor: |
| Location: | |
| Provided By: | |
| Credentials, if applicable (i.e. certificate, licensure certification number, etc). **Copies of credentials must be attached to this form:** | |

|  |  |
| --- | --- |
| Name: | If required by the program being offered, will this person be a Lead Facilitator or Co-Facilitator? |
| Highest level of education completed: | |
| Field of study and School/University attended (if applicable): | |
| Total years of experience working with Offender population facilitating CBI: | |
| Formal CBI Training in proposed curriculum Completed: Circle one:  Yes or  No | |
| Training Dates: | Dates of Employment with Vendor: |
| Location: | |
| Provided By: | |
| Credentials, if applicable (i.e. certificate, licensure certification number, etc). **Copies of credentials must be attached to this form:** | |