

NEW YORK STATE - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
**APPROVED OFFENDER ORGANIZATION**  
**REQUEST FOR APPROVAL OF SPECIAL PROJECTS AND/OR SPECIAL EVENTS**

Please Type or Print One Copy Only

Requested by (Approved Inmate Organization)	
Facility _____ Date of Application _____	
New Request <input type="checkbox"/> Re-approval <input type="checkbox"/>	
Name of Proposed Special Project	Name of Special Event
If ongoing, please Indicate <input type="checkbox"/>	
Date (s) From _____ <input type="checkbox"/> AM TO _____ <input type="checkbox"/> AM	Date (s) From _____ <input type="checkbox"/> AM TO _____ <input type="checkbox"/> AM
Date (s) From _____ <input type="checkbox"/> PM TO _____ <input type="checkbox"/> PM	Date (s) From _____ <input type="checkbox"/> PM TO _____ <input type="checkbox"/> PM
Community Sponsor of Inmate Organization or Group involved in request:	
Name: _____	Contact Person.: _____
Address: _____	Telephone No.: _____
Describe program plans fully (Review Directive #4760, Section IV) (Attach additional sheets if necessary)	
Physical Requirements (space, equipment, etc).	
Finances (supplies, refreshments, etc.) (specify cost and source(s) of funds)	
Define in detail the extent of Participation as Follows:	
No. of Organization Members -	No. of Other Inmates as Guests -
No. of Inmate Family Members -	No. of Other Community Guests -
No. of Staff Attending As Guests -	Total No. of People Involved -
Inmate Organization Representatives' Signatures	
_____	_____
President	Date
_____	_____
Treasurer	Date
Signatures indicate approval by Executive Board or General Membership on _____	
Date	

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Date (s) From _____ <input type="checkbox"/> PM TO _____ <input type="checkbox"/> PM	Date (s) From _____ <input type="checkbox"/> PM TO _____ <input type="checkbox"/> PM
<b>ACTION OF SUPERINTENDENT</b> <span style="float: right;">Date Received _____</span>	
Decision: Approved (as follows) <input type="checkbox"/> <span style="margin-left: 100px;">Disapproved (as follows) <input type="checkbox"/></span>	
_____	_____
Superintendent	Date
If disapproved by Superintendent, Forms #3089 and #3090 must be forwarded to Director of Education for Central Office review.	
<b>ACTION OF DEPUTY COMMISSIONER - PROGRAM SERVICES</b> <span style="float: right;">Date Received _____</span>	
Decision: <span style="margin-left: 20px;">Approved <input type="checkbox"/></span> <span style="margin-left: 100px;">Disapproved <input type="checkbox"/></span> <span style="margin-left: 100px;">Returned <input type="checkbox"/></span>	
_____	_____
Deputy Commissioner - Program Services	Date