STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

APPROVED INMATE ORGANIZATION
REVIEW OF REQUEST – SPECIAL PROJECTS AND/OR SPECIAL EVENTS

Organization Name	Facility	Date of Application
Project or Event		

Facility Review

Please review the attached Form #3089. Your recommendation will assist the Superintendent in formulating a final decision.

Recommendation: Date Received:_____

_____ _____

Signature – Staff Advisor of Inmate Organization Date

Recommendation: Date Received:_____

_____ _____

Signature – Inmate Organization Coordinator Date

Recommendation: Date Received:_____

_____ _____

Signature - Area Staff Person (if applicable) Date

Recommendation: Date Received:_____

_____ _____

Signature – Deputy Superintendent for Administrative Services Date

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

APPROVED INMATE ORGANIZATION
REVIEW OF REQUEST – SPECIAL PROJECTS AND/OR SPECIAL EVENTS

Organization Name	Facility	Date of Application
Project or Event		

Facility Review (continued)

Please review the attached Form #3089. Your recommendation will assist the Superintendent in formulating a final decision.

Recommendation: Date Received:_____

_____ _____
Signature – Deputy Superintendent for Security Services Date

Recommendation: Date Received:_____

_____ _____
Signature – Deputy Superintendent for Programs Date

Recommendation: Date Received:_____

_____ _____
Signature – First Deputy Superintendent Date

Decision: Date Received:_____

Approve ☐ Disapprove ☐ Place full response on attached Form #3089, side 2.

_____ _____
Signature – Superintendent Date

CENTRAL OFFICE REVIEW

Recommendation: Date Received:_____

Approve ☐ Disapprove ☐

_____ _____
Signature – Director of Education Date