FEASIBILITY AND IMPLEMENTATION PLAN FOR EXTENSION COURSES

N. C. DEPARTMENT OF ADULT CORRECTION (revised: 5/2025)

INSTRUCTIONS: This form must be initiated by prison programs staff whenever a continuing education (non-credit) course is proposed to be conducted by a community college. It must be completed in its entirety. Its purpose is to document that all resources required for maintaining the course are available.

COLLEGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CORRECTIONAL FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURSE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. FEASIBILITY: (ref: A Plan for Appropriate Community College Education in North Carolina’s Correctional Institutions)

**Students**: The correctional facility has determined that its existing program structure allows for

**\_\_\_\_\_\_\_\_** (number of students) students to be available for this course, and that the class can be offered every \_\_\_\_\_ (number of weeks between start of new class) weeks. If the course is to be provided as an occasional class, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statewide need/job opportunities for completers**: Please use this section to show current job demand projections (citing source) for specific vocational skills training, or to briefly explain how the course will enhance the student’s workplace skills for courses that do not teach specific vocational skills. \_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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1. **SPACE REQUIREMENTS**: The college and correctional facility have determined that suitable space is available. Please provide a brief description of that space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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2. **START-UP COSTS**: Please use the following table to describe estimated start-up costs for the

first year of operation, and plans for funding sources:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | State(Community College) | State(NCDAC) | Federal | Special Grant/Other(Please Specify) |
| Personnel |  |  |  |  |
| Fringes |  |  |  |  |
| Computers/EquipmentOther Resources |  |  |  |  |
| Supplies |  |  |  |  |
| Textbooks |  |  |  |  |
| Furniture |  |  |  |  |
| Renovation Costs |  |  |  |  |
| Other (please specify) |  |  |  |  |

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#### N.C. DEPARTMENT OF ADULT CORRECTION (revised: 4/2025)

4. ONGOING COSTS: Please use the following table to describe the estimated costs of operation

 after the first year, and to project plans for funding sources:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | State(Community College) | State(NCDAC) | Federal | Special Grant/Other(Please Specify) |
| Personnel |  |  |  |  |
| Fringes |  |  |  |  |
| **Computers/Equipment****Other Resources** |  |  |  |  |
| Supplies |  |  |  |  |
| Textbooks |  |  |  |  |
| Furniture |  |  |  |  |
| Renovation Costs |  |  |  |  |
| **Other (Please specify)** |  |  |  |  |
| TOTAL |  |  |  |  |

5. PLAN APPROVALS: The following signatures indicate that the community college president and the correctional administrator (warden, correctional administrator, or superintendent) have reviewed and approved all aspects of the plan for course implementation as described in this form.

COLLEGE PRESIDENT’S NAME (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CORRECTIONAL ADMINISTRATOR’S NAME (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERINTENDENT OF EDUCATION’S NAME (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note to Correctional Staff**: The preceding signature by the Correction Administrator is intended to document that this proposal and the prison’s funding plan for the requested course have been discussed in advance with and approved by the facility’s Region Director and/or his/her designee, as well as with and by the Superintendent of Educational Services, Department of Adult Correction, if the start-up costs indicated in section 3 of the preceding were not included in the facility’s approved Educational Budget for the year in which the proposed course would begin, if approved. The administrator’s approval is also meant to signify that prison programs staff have met with community college staff to plan in detail for meeting the various logistical and financial requirements for implementing and maintaining the proposed course.

6. ASSISTANCE: Questions about completing this form or concerning the feasibility of implementing the course being proposed for approval should be directed to the Student Academic Specialist in Educational Services, Department of Adult Correction), or to the Superintendent of Educational Services, NCDAC Randall Building, telephone: 984-255-8169.