



**Oregon Department of Corrections**  
Office of the Chief Financial Officer

**Other Fund Program  
Business Plan Proposal**

<b>Date:</b>	
<b>Program Name:</b>	
<b>Program Supervisor:</b>	
<b>Institution:</b>	
<b>Attachments:</b>	

**Business Plan Originator Contact Information**

<b>Submitted By:</b> <i>Name &amp; title of person submitting proposal</i>	
<b>Contact Number:</b>	
<b>Institution &amp; Mailing Address:</b>	
<b>Email Address:</b>	
<b>Comments:</b>	

**Program Description:**

- A. Describe the scope and purpose of the program.
- B. Describe the products or services being provided.
- C. How will products be made or developed?
- D. Identify customer base.

**General / Sustainability:**

- A. Describe how program supervisor(s) will assure the product or service is produced in a timely, cost-effective manner.
- B. What will be the benefits to AICs, DOC, other agency partners, and/or local communities?

**Program Area / Equipment:**

- A. Specify location / area program will operate in.
- B. List equipment that will be used.

**Access to DOC Facilities:**

- A. Will the program require the public to access the program location?
- B. What is the purpose of access (*if applicable*)?
- C. Describe frequency and duration of access (*if applicable*).
- D. Who will be responsible for LEDES verification and escorting (*if applicable*)?

**Marketing Strategy:**

Describe how the program will be promoted (*advertising, word-of-mouth, public events, DOC social media, brochure/catalogs, AIC Newsletter, etc.*).

**DOC Staffing:**

- A. What level of staffing will be needed for the program?
- B. Will the program require new positions?
- C. List responsibilities, schedule/hours of program employees, security personnel, and other support that is needed.
- D. Will any program employees require licenses or permits? If so, how will they be obtained?
- E. Will program employees need specific skill sets?

**AIC Assignments:**

- A. What positions will be available for AIC assignments and what level of PRAS points will each position be?
- B. What cost center will PRAS points be paid out of?
- C. What requirements will AICs need to meet to be qualified for the assignments?
- D. How many *new* positions for AICs will the program *create*?

**Pricing / Profit:**

- A. How will price points be determined?
- B. What is the projected profit margin (include calculations)?
- C. Who is responsible for maintaining consistency in price setting?

**Delivery:**

- A. How will the customer receive products?
- B. How will items be made available to customers for preview *(if applicable)*?

**\*\*\*Items will not be sold outside of Oregon\*\*\***

**Warranties:**

- A. Will there be a warranty offered on products sold?
- B. What are the terms and conditions offered for warranties *(if applicable)*?
- C. Describe the refund or credit process.

**Inventory Control:**

- A. Describe how the program will track inventory.
- B. List reoccurring supplies and raw goods required for the program operations.

**Records Management:**

- A. Describe how the program will manage all records (financial, inventory, etc.).
- B. Describe who will be responsible for maintaining financial records.

**Financial Management:**

- A. List cost center and administrative trust account (*if applicable*) information.
- B. Describe the sales process and the payment methods used.
- C. Describe financial reconciliation process.
- D. What vendors will be utilized?
- E. Describe contractual needs of the program.

**Financial Support:**

- A. Will the program require start-up funds?
- B. Identify where the start-up funds will come from (*if applicable*).
- C. What will the start-up funds be used for (*if applicable*)?

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## REVIEWS AND APPROVALS

### Program Supervisor

By signing below, I understand that it is my responsibility to ensure program compliance with applicable state & federal statutes, Oregon Administrative Rules, and DOC Policies. Should there be any questions or concerns, the Statewide Financial Programs Unit should be contacted.	
Comments:	
Signature:	Date:

### IT Manager

Approved     Denied

Comments:	
Signature:	Date:

### Statewide Financial Programs

Comments:	
Signature:	Date:

# Other Fund Program Business Plan Proposal

## REVIEWS AND APPROVALS

Superintendent

Approved

Denied

Superintendent Name:	
Institution:	
Comments:	
Signature:	Date:

Financial Services Administrator

Approved

Denied

Comments:	
Signature:	Date:

Institution Administrator

Approved

Denied

Comments:	
Signature:	Date:

# Other Fund Program Business Plan Proposal

## REVIEWS AND APPROVALS

Assistant Director of Operations

Approved

Denied

Comments:	
Signature:	Date:

Chief Financial Officer

Approved

Denied

Comments:	
Signature:	Date: