

Domestic Violence State Coordinating Council

Expansion Application Coversheet

Batterers' Intervention Program Expansion

Authority: Tennessee Code Annotated § 38-12-110

Name of Program _____

Date submitted ____/____/____

Address: _____

 _____ Zip Code _____

Telephone Number (____) _____

Fax Number (____) _____

Email Address _____@_____

New areas to be served: _____
 (Counties or Cities) _____

Name of Person Submitting the Application _____

Address (If different from above) _____

Telephone Number (____) _____

Fax Number (____) _____

Email Address _____@_____

Type of Program Non-profit Public/Governmental
 Private practitioner For Profit _____
 Other _____

 Executive's Name & Title

 Application Submitter

Office Use Only:
 Date designee received ____/____/____ Recertification expires ____/____/____