DEPARTMENT OF CORRECTIONS

Thank you for your interest in becoming a book[1] vendor for individuals in Minnesota Department of Corrections (DOC) facilities. Review DOC's Policies regarding Mail (302.020), Property (302.250), and Contraband (301.030) (also available in printed form on request), then complete the form below and submit it to Crystal Brakke, Deputy Commissioner of Client Services and Supports, at crystal.brakke@state.mn.us.

Requests will be reviewed on a quarterly basis by Minnesota Department of Corrections staff.

Name of your organization	
Website of your organization, if applicable	
Mailing address of your organization	
Are you seeking to donate books at no cost or to make books available for purchase?	
If purchase, what forms of payment do you accept?	
Describe the methods available to incarcerated persons to request and receive material from your organization.	
Describe the method your organization uses to fill orders or requests (USPS, Fedex, UPS, etc.).	
Based on your review of the DOC Contraband Policy (301.030) linked above, detail specific measures you have in place to ensure all materials sent to correctional facilities meet safety and security requirements.	
Are you willing and able to fulfill orders or requests in a way that complies with Minnesota DOC's policy on contraband?	

[1] This can include newsletters, pamphlets, booklets, or other reading material.

Do you currently provide books or other material to other correctional facilities? If so, list them.	
Has your organization ever been denied permission to mail books or other material to a correctional facility, had permission revoked, or otherwise been removed from a correctional facility's list of authorized vendors? If so, provide full details, including contact information for those facilities.	
Do you agree to comply with DOC policies, including the Contraband Policy?	

The DOC reserves the right to change or update its policies or approved vendor list at any time. The DOC may revoke approval for any vendor found to be in violation of DOC policy or to have misrepresented facts on this form and may bar reapplication for a period of up to two (2) years.

Form Submitted By (Name): _____

Email: _____

Phone Number: _____

Date Submitted: _____