



**STATE OF TENNESSEE
DEPARTMENT OF CORRECTION**

**REQUEST FOR INFORMATION
FOR
SERVICE DOG TRAINING AND VOCATIONAL CARE**

**RFI # 32901-31424
07/09/2025**

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Correction issues this Request for Information ("RFI") for the purpose of expanding service dog training and vocational care program. We appreciate your input and participation in this process.

2. BACKGROUND:

The purpose of this Request for Information (RFI) is to gather comprehensive information and insights from programs who can offer education regarding the care, training, and grooming of canines at multiple Tennessee Department of Correction (TDOC) facilities. With a core goal of reducing the recidivism rate and providing continuing education and job training TDOC seeks to enhance its service dog training and vocational care program.

The objective of this RFI is to gain a clear understanding of the services you can provide, your experience in the dog training and education industry, and your ability to meet the specific requirements and expectations of our current program. We are particularly interested in services that offer more robust education, safety, and cost-effectiveness.

The program dictates that the vendor be responsible for the following:

- Creation of training curriculum for program.

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- Providing all required curriculum, program facilitators and support staff for inmates participating in the program.
- Providing the customary dog care supplies and equipment including but not limited to:
 - o Food and water containers for individual cells.
 - o Treats, toys, crates, leashes, collars, vests, and specialized training equipment as needed.
 - o Grooming supplies, shots, and all veterinary care.
- Providing community placements and transportation for outside activities for the assigned canines in the program that the designated State facility cannot provide.
- Providing rehabilitative counseling services in a therapeutic community-based model to all program participants at each designated facility.
 - o The therapeutic delivery model must be certified as evidence based.
 - o The services must be facilitated by a licensed behavioral health specialist with active licensure and credentials issued by the Tennessee Department of Mental Health and Substance Abuse Services.

3. COMMUNICATIONS:

- 3.1. Please submit your response to this RFI to:
 Cody Tracey, Contract Administrator
 Department of Correction
 cody.tracey@tn.gov
 o. 615-741-4792
 c. 615.925-1083
- 3.2. Please feel free to contact the Department of Correction with any questions regarding this RFI. The main point of contact will be:
- 3.3. Cody Tracey, Contract Administrator
 Department of Correction
 cody.tracey@tn.gov
 o. 615-741-4792
 c. 615.925-1083
- 3.4. Please reference RFI # 32901-31424 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		07/09/2025
2.	RFI Response Deadline	2 p.m.	08/09/2025

5. GENERAL INFORMATION:

- 5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.
- 5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.
- 5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

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TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3.	Years of experience in dog training:
4.	Years of experience in education:
5.	Years of experience dealing with incarcerated individuals:
6.	Please list any professional accreditation you may have:
7.	Please list any other professional level certificate programs that you offer:
8.	Please provide a narrative of your experience delivering similar or equal educational programming. Limit response to one (1) page or less:
9.	Please give a brief overview of your program. Limit response to three (3) pages or less:

COST INFORMATIONAL FORM	
1.	Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):
2.	Describe the typical price range for similar services or goods:
3.	Are there additional pricing elements we should consider:

ADDITIONAL CONSIDERATIONS	
1.	Please provide input on alternative approaches or additional things to consider that might benefit the State:
2.	Respondent may provide additional brochures, company literature, public facing website links, or digital media that may help the State of Tennessee in program understanding and development.