

OKLAHOMA DEPARTMENT OF CORRECTIONS
Special Project Agreement Form

Requesting Agency: _____

State: _____ City: _____ County: _____ School District: _____ Other: _____

Project Number: _____ Request Date: _____

Contact Person: _____ Telephone Number: _____

Project Description: _____

Location: (Provide sufficient detail for emergency situation) _____

Projected Start Date: _____ Projected Completion Date: _____

ODOC Information

Host Facility: _____ Telephone Number: _____

ODOC Project Supervisor Assigned: _____

Note Agency Project Responsibilities: _____

Requesting Agency/Organization Information
(Community Corrections Only)

Transportation Provided By Requesting Agency: Yes _____ NO _____

Method of Transportation: Van _____ Pickup _____ Bus _____ Other (specify) _____

Vehicle Capacity: _____

Tools, Supplies, and Safety Equipment To Be Used: _____

Provisions for food and water: _____

Supervisors who will provide safety instructions and oversee work: _____

Provisions for access to restrooms: _____

Identify additional assistance by requesting agency: _____

Requesting Agency Project Supervisor Name & Phone Number: _____

Accommodations Provided by ODOC

Size of Inmate Work Force: _____

Number of Correctional Staff Assigned, if appropriate: _____

Special Needs (i.e., clothing, equipment): _____

Mobile Communications: _____

Food Service: _____

Vehicles: _____

Other: _____

Health and Safety Review

I have evaluated the above referenced project which has also been reviewed by certified personnel provided by the requesting entity. My decision regarding the project is as follows:

_____ Recommend Approve

_____ Disapprove

ODOC Facility Safety Consultant/Maintenance Superintendent

Project Authorization

Requesting Agency Representative Signature: _____

Requesting Agency Representative Printed Name: _____

Date: _____

Facility Head Signature: _____

Facility Head Printed Name: _____

Date: _____

THIS AGREEMENT WILL BE EFFECTIVE UPON SIGNATURE AND WILL REMAIN IN EFFECT UNTIL THE PROJECT COMPLETION DATE OR UNTIL SUCH TIME AS EITHER PARTY TERMINATES SAID AGREEMENT.

Additional Comments:

Project Extension
(Less than Six Weeks)

Project Number: _____

Give a detailed explanation of why an extension is needed on this project:

Agency Representative Signature Requesting Extension: _____

Agency Representative Printed Name: _____

Date of Extension Request: _____

The above extension is: _____ **Granted** _____ **Denied**

Reason for denial: _____

Facility Head Signature: _____

Facility Head Printed Name: _____

Date: _____

Extension Beyond Six Weeks

Give a detailed explanation of why an extension is needed on this project:

Facility Head Signature: _____

The above extension is: _____ **Granted** _____ **Denied**

Reason for denial: _____

Regional Director Signature: _____

Regional Director Printed Name: _____