

OKLAHOMA DEPARTMENT OF CORRECTIONS
Special Project Agreement

Requesting Agency: _____

City: _____ State: _____ County: _____

School District: _____ Other: _____

Project Number: _____ Request Date: _____

Contact Person: _____ Telephone Number: _____

Project Supervisor: _____ 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: _____

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

☐ Recommend Disapprove

ODOC Facility Safety Consultant/Maintenance Superintendent

Project Authorization

Requesting Agency Representative Printed Name: _____

Signature

Date

Facility Head Printed Name: _____

Signature

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 Printed Name: _____

Agency Representative Signature

Date

The above extension is: ☐ Approved ☐ Denied

Reason for denial: _____

Facility Head Printed Name: _____

Facility Head Signature

Date

Project Extension
(Beyond six weeks)

Project Number: _____

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

Agency Representative Printed Name: _____

Agency Representative Signature

Date

The above extension is: ☐ Approved ☐ Denied

Reason for denial: _____

Administrator of Institutional Operations Printed Name: _____

Administrator of Institutional Operations Signature

Date