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: ____________________________________________

________________________________________________________

Division Manager Signature: _____________________________________

Division Manager Printed Name: ____________________________________

(R 6/17)