

Texas Department of Criminal Justice Project Agreement

UNIT: W-3 San Angelo Work CampREGION: VPROJECT NUMBER: W3-48-15*Project Number is a unique number assigned by the unit for tracking purposes.***SECTION I:** *Instructions: This section is to be completed by the requesting agency in accordance with AD-07.11, "Use of Offender Labor for Community and Public Work Projects."*

PROJECT DETAILS

REQUESTING AGENCY: Tom Green County Maintenance Department / Parks DepartmentPROJECT REQUEST DATE: 10-21-2015CITY, STATE/GOVERNMENT AGENCY: TPWD (Texas Parks & Wildlife) DPS (Department of Public Safety)
 TXDOT (Texas Department of Transportation) MISC (City/State/County/Gov't)

NON-PROFIT ORGANIZATION (Must attach a 501[c][3] tax exempt "Letter of Determination" and a "Letter of Benefit")

 FB (Food Bank) HAB (Habitat for Humanity) NON (other non-profit organization)

The undersigned verifies that no profit shall be received by the corporation's clients, staff, board, or others as a result of this project.

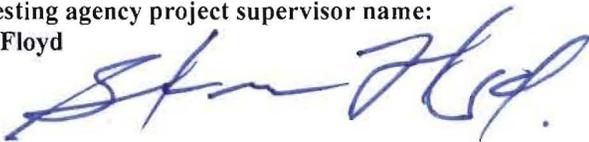
Requesting Agency Contact Person/Agency Representative (printed): Steve Floyd Signature: _____Title: County Judge Telephone #: (325) 653-3318Project Description: General Landscaping by mowing and weed eating, trimming trees and underbrush of area county parks and the San Angelo work camp, washing windows at county Library, pouring cement when applicable. General up keep, minor repairs, and minor construction of the Facility buildings to include the B.O.Q.
(provide sufficient detail for emergency assistance): Call unit for specific locationProjected Start Date: 11-1-2015Projected Completion Date: 4-1-2016

ADDITIONAL REQUESTOR INFORMATION

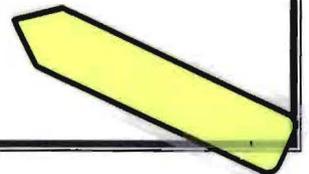
Transportation provided by requesting agency:

 YES NO

If yes, indicate the method of transportation (indicate one):

 Van Truck Bus Other _____Vehicle Capacity:
8-10Tools, supplies, and safety equipment to be used: Steel toed boot, gloves, eye protection, all power tools, ladders, wheel barrows, chain saws, pole saws, all hand tools, riding lawns mower and push mowers, weed eaters, aggies, axe, maul, bull float and trowels, hand joiner and hand floatsProvisions for food and water: Provided by TDCJ- IDRequesting agency supervisors who shall provide safety instructions and oversee work (identify names/telephone numbers):
Steve Floyd (325)653-3318Provisions for access to restrooms (identify type and location): Restroom on siteIdentify additional assistance being provided by requesting agency: All tools, and materials.Requesting agency project supervisor name:
Steve Floyd

Telephone number:

(325) 653-3318

SECTION II: Instructions: This section is to be completed by the TDCJ unit providing the work squad in accordance with AD- 07.11, "Use of Offender Labor for Community and Public Work Projects."

UNIT WORK CREW INFORMATION

Division Assigned Project (indicate one): CID <input checked="" type="checkbox"/> Windham School District (WSD) <input type="checkbox"/> Other <input type="checkbox"/>	Unit Name: W-3 San Angelo Work Camp	Region (if applicable): V
Size of Offender Work Force: 6-8		Number of Correctional Staff Assigned: 1
Special Needs (e.g., clothing, equipment): N/A		
Mobile Communications: AT&T Mobile Communication		Armory: N/A
Food Service: Provided by Requesting Agency		Vehicles: Provided by TDCJ-ID
Other: N/A		
TDCJ Project Supervisor Name: Capt. R. Almanza		
Telephone Number 325-657-0349		
Agency Project Responsibilities: Provide Safety and security of offenders.		

SECTION III: Instructions: This section is to be completed by the TDCJ Unit Risk Manager in accordance with AD-07.11, "Use of Offender Labor for Community and Public Work Projects."

HEALTH AND SAFETY REVIEW: (As required in accordance with AD-07.11)

I have evaluated the above referenced project which has also been reviewed by certified personnel provided by the requesting agency and find no health or safety concerns involved with this project.

TDCJ Unit Risk Manager (Signature): _____ Date: _____

SECTION IV: Instructions: This section is to be completed by the appropriate approval authorities in accordance with AD- 07.11 "Use of Offender Labor for Community and Public Work Projects."

1. Warden/Facility Administrator: (Required for ALL projects)	Date:
Signature: _____ Print name: _____	
2. WSD Principal: (Required for WSD projects only)	Date:
Signature: _____ Print name: _____	
3. Regional Director/Manager for Private Facilities: (Required for ALL projects lasting more than three (3) days involving major construction or non-profits)	Date:
Signature: _____ Print name: _____	
4. Division Director or Designee: (Required for ALL projects lasting more than 90 days involving major construction or non-profits)	Date:
Signature: _____ Print name: _____	
5. WSD Superintendent or Designee: (Required for WSD projects only)	Date:
Signature: _____ Print name: _____	