

#11

Texas Department of Criminal Justice Project Agreement

UNIT: W3

REGION: V

PROJECT NUMBER: W3-Misc-04-16-07

Project Number shall include the unit alpha code, project type code, two digit month code, and two digit year code. (Example: AD-HAB-07-15)

SECTION I: *Instructions: This section is to be completed by the requesting entity in accordance with AD-07.11, "Use of Offender Labor for Community Work Projects."*

PROJECT DETAILS

REQUESTING ENTITY: Tom Green County Building Maintenance / Parks Department

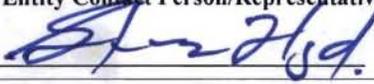
PROJECT REQUEST DATE: 03-07-16

CITY, STATE/GOVERNMENT ENTITY: TPWD (Texas Parks & Wildlife Department) 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 Entity Contact Person/Representative (printed): Stephen C. Floyd

Signature:  Title: County Judge Telephone #: 325-653-3318

Project Description: General Landscaping by mowing and weed eating, trimming trees and under brush of area county parks and the San Angelo work camp, washing windows at the county library, pouring cement when applicable, general up keep, minor repairs at the facility buildings to include the B.O.Q.

Location (provide sufficient detail for emergency assistance): Contact Work Camp for Directions

Projected Start Date:
04-02-16

Projected Completion Date:
10-02-16

ADDITIONAL REQUESTOR INFORMATION

Transportation provided by requesting entity: YES NO

If yes, indicate the method of transportation (indicate one):
 Van Truck Bus Other _____

Vehicle Capacity:
8-10

Tools, supplies, and safety equipment to be used: Steel toed boots, gloves, eye protection, all power tools, ladders, wheel barrows, chain saws, pole saws, all hand tools, riding lawn mowers, push mowers, weed eaters, axe, aggies, grubbing tools, maul, bull float and trowels, hand joiner, safety vests, shovels, paint brushes .

Provisions for food and water: Provided by TDCJ-ID

Requesting entity supervisors who shall provide safety instructions and oversee work (identify names/telephone numbers):
Steve Floyd 325-653-3318

Provisions for access to restrooms (identify type and location): Restrooms on site

Identify additional assistance being provided by requesting entity: All tools and Materials

Requesting entity project supervisor name:
Steve Floyd

Telephone number:
325-653-3318

SECTION II: <i>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 Work Projects."</i>			
UNIT WORK CREW INFORMATION			
Division Assigned Project (indicate one): CID <input checked="" type="checkbox"/> Windham School District (WSD) <input type="checkbox"/> Private Facilities (PFCMOD) <input type="checkbox"/> Other _____ <input type="checkbox"/>	Unit Name: W3	Region (if applicable): V	Project Number: W3-Misc-04-16-07
Size of Offender Work Force: 5-10		Number of Correctional Staff Assigned: 1	
Special Needs, such as clothing or equipment: N/A			
Mobile Communications: Nextel Mobile Phones		Armory: N/A	
Food Service: Provided by TDCJ-ID		Vehicles: Provided by Tom Green County	
Other: N/A			
TDCJ Project Supervisor Name: Captain R. Almanza			
Telephone Number: 325-657-0439			
Entity Project Responsibilities: All tools and materials			
SECTION III: <i>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 Work Projects."</i>			
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 entity and find no health or safety concerns involved with this project.			
TDCJ Unit Risk Manager (Signature): _____ Date: _____			
SECTION IV: <i>Instructions: This section is to be completed by the appropriate approval authorities in accordance with AD-07.11 "Use of Offender Labor for Community Work Projects."</i>			
1. Warden/Facility Administrator:			Date:
Signature: _____ Print name: _____			
2. WSD Principal:			Date:
Signature: _____ Print name: _____			
3. Regional Director/Deputy Director of Operations for PFCMOD:			Date:
Signature: _____ Print name: _____			
4. Division Director or Designee:			Date:
Signature: _____ Print name: _____			
5. WSD Superintendent or Designee:			Date:
Signature: _____ Print name: _____			