

Texas Department of Criminal Justice Project Agreement

UNIT: W-3

REGION: V

PROJECT NUMBER: W3-MISC-10-16-23

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

PROJECT REQUEST DATE: 08-04-2016

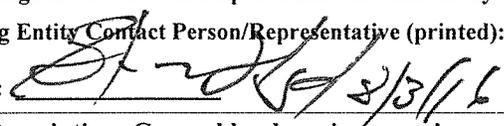
CITY, STATE/GOVERNMENT ENTITY: TPWD (Texas Parks & Wildlife Department) DPS (Department of Public Safety)
 TXDOT (Texas Department of Transportation) MISC (City/State/County/Gov't)

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): _____

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

Project Description: General landscaping, mowing, and weed eating, trimming trees and underbrush of area county parks and the W3 Work Camp, washing windows at the county library, poring cement when needed, general up keep and minor repairs in all W3 Buildings and Officers Living Quarters.

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

Projected Start Date: 10-01-2016

Projected Completion Date: 04-01-2017

ADDITIONAL REQUESTOR INFORMATION

Transportation provided by requesting entity: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate the method of transportation (indicate one): <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Other _____	Vehicle Capacity: 10
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Tools, supplies, and safety equipment to be used: Steel toed boots, gloves, eye protection, safety vests, all power tools, chain saws, pole saws, riding lawn mowers, push mowers, weed eaters, all hand tools, ladders, wheel barrows, axe, aggies, grubbing tools, maul splitter, bull float, trowels, hand joiner, 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):
Stephen 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:
Stephen 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 Work Projects."*

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: W-3	Region (if applicable): V	Project Number: W3-Misc-10-16-23
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Size of Offender Work Force: 5-10	Number of Correctional Staff Assigned: 1
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Special Needs, such as clothing or equipment: N/A

Mobile Communications: State Issued Nextel Phone	Armory: N/A
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Food Service: Provided by TDCJ-ID	Vehicles: Provided by Tom Green County
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Other: N/A

TDCJ Project Supervisor Name: Captain R. Almanza

Telephone Number: (325) 657-0439

Entity Project Responsibilities: All tools and materials.

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 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 entity 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 Work Projects."*

1. Warden/Facility Administrator: Signature: _____ Print name: _____	Date: _____
2. WSD Principal: Signature: _____ Print name: _____	Date: _____
3. Regional Director/Deputy Director of Operations for PFCMOD: Signature: _____ Print name: _____	Date: _____
4. Division Director or Designee: Signature: _____ Print name: _____	Date: _____
5. WSD Superintendent or Designee: Signature: _____ Print name: _____	Date: _____