



SENATE BILL 863, ADULT LOCAL CRIMINAL JUSTICE FACILITIES CONSTRUCTION FINANCING PROGRAM PROPOSAL FORM

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SECTION 1: PROJECT INFORMATION

A. APPLICANT INFORMATION AND PROPOSAL TYPE				
COUNTY NAME		STATE FINANCING REQUESTED \$		
SMALL COUNTY (200,000 and UNDER GENERAL COUNTY POPULATION) <input type="checkbox"/>	MEDIUM COUNTY (200,001 - 700,000 GENERAL COUNTY POPULATION) <input type="checkbox"/>	LARGE COUNTY (700,001 + GENERAL COUNTY POPULATION) <input type="checkbox"/>		
TYPE OF PROPOSAL – INDIVIDUAL COUNTY FACILITY /REGIONAL FACILITY PLEASE CHECK ONE (ONLY):				
INDIVIDUAL COUNTY FACILITY <input type="checkbox"/>		REGIONAL FACILITY <input type="checkbox"/>		
B: BRIEF PROJECT DESCRIPTION				
FACILITY NAME				
PROJECT DESCRIPTION				
STREET ADDRESS				
CITY		STATE	ZIP CODE	
C. SCOPE OF WORK – INDICATE FACILITY TYPE <u>AND</u> CHECK ALL BOXES THAT APPLY.				
FACILITY TYPE (II, III or IV)	<input type="checkbox"/> NEW STAND-ALONE FACILITY	<input type="checkbox"/> RENOVATION/ REMODELING	<input type="checkbox"/> CONSTRUCTING BEDS OR OTHER SPACE AT EXISTING FACILITY	
D. BEDS CONSTRUCTED – Provide the number of BSCC-rated beds and non-rated special use beds that will be subject to construction as a result of the project, <u>whether remodel/renovation or new construction.</u>				
	A. MINIMUM SECURITY BEDS	B. MEDIUM SECURITY BEDS	C. MAXIMUM SECURITY BEDS	D. SPECIAL USE BEDS
Number of beds constructed				
TOTAL BEDS (A+B+C+D)				

E. APPLICANT'S AGREEMENT			
By signing this application, the authorized person assures that: a) the County will abide by the laws, regulations, policies, and procedures governing this financing program; and, b) certifies that the information contained in this proposal form, budget, narrative, and attachments is true and correct to the best of his/her knowledge.			
PERSON AUTHORIZED TO SIGN AGREEMENT			
NAME	TITLE		
AUTHORIZED PERSON'S SIGNATURE	DATE		
F. DESIGNATED COUNTY CONSTRUCTION ADMINISTRATOR			
This person shall be responsible to oversee construction and administer the state/county agreements. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors' resolution.)			
COUNTY CONSTRUCTION ADMINISTRATOR			
NAME	TITLE		
DEPARTMENT	TELEPHONE NUMBER		
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
G. DESIGNATED PROJECT FINANCIAL OFFICER			
This person is responsible for all financial and accounting project related activities. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors' resolution.)			
PROJECT FINANCIAL OFFICER			
NAME	TITLE		
DEPARTMENT	TELEPHONE NUMBER		
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
H. DESIGNATED PROJECT CONTACT PERSON			
This person is responsible for project coordination and day-to-day liaison work with the BSCC. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors' resolution.)			
PROJECT CONTACT PERSON			
NAME	TITLE		
DEPARTMENT	TELEPHONE NUMBER		
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS