|  |
| --- |
| **SECTION 1: PROJECT INFORMATION** |

|  |
| --- |
| **A. APPLICANT INFORMATION AND PROPOSAL TYPE** |
| **COUNTY NAME** | **STATE FINANCING REQUESTED** |
|       | $       |
| **SMALL COUNTY (200,000 and UNDER GENERAL COUNTY POPULATION)** [ ]   | **MEDIUM COUNTY(200,001 - 700,000 GENERAL COUNTY POPULATION)** [ ]  | **LARGE COUNTY(700,001 + GENERAL COUNTY POPULATION)** [ ]  |
| **TYPE OF PROPOSAL – iNDIVIDUAL cOUNTY FACILITY /REGIONAL FACILITY****please check one (only):** |
| **iNDIVIDUAL COUNTY FACILITY [ ]**  | **REGIONAL FACILITY [ ]**  |
| **b: brief project DESCRIPTION** |
| **FACILITY NAME**  |
|       |
| **PROJECT DESCRIPTION**  |
|       |
| **STREET ADDRESS** |
|       |
| **CITY** | **STATE** | **ZIP CODE** |
|       |       |       |
| **c. Scope of Work – INDICATE FACILITY TYPE AND** **CHECK ALL BOXES THAT APPLY.** |
| **FACILITY TYPE (II, III or IV)**        | **[ ]  NEW STAND-ALONE** **FACILITY** | **[ ]  RENOVATION/** **REMODELING** | **[ ]  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, whether remodel/renovation or new construction.**  |
|  | 1. **MINIMUM SECURITY BEDS**
 | 1. **MEDIUM SECURITY BEDS**
 | 1. **MAXIMUM SECURITY BEDS**
 | 1. **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 |
|       |       |       |       |