



HUBBARD COUNTY
Sentencing to Service/Community Service

301 Court Avenue
Park Rapids, MN 56470
Phone (218) 732-2516
Fax (218) 732-2550



Cory Aukes, Sheriff

Crew Leaders: **Randy Griess**
Mark Bethel

STS PROJECT PROPOSAL

REFERRAL AGENCY:

AGENCY NAME: _____

LOCATION: _____

STATE COUNTY CITY TOWNSHIP FEDERAL PRIVATE(non-profit)

CONTACT PERSON: _____ PHONE #: _____

DIRECTIONS TO SITE: _____

MAILING ADDRESS: _____

WHO TO CHARGE MATERIAL TO (IF NEEDED): _____

PROJECT DATA:

PROJECT TITLE: _____

LOCATION: COUNTY TOWNSHIP _____

PROJECT DESCRIPTION: _____

PROJECT SIZE (ACRES, FEET, ETC.): _____

CREW SIZE SUGGESTED: _____

ESTIMATED COMPLETION TIME: _____

DURATION (CHECK ONE) PERIODIC/SEASONAL CONTINUOUS ONCE

PRIORITY: LOW HIGH

ESTIMATED VALUE OF PROJECT: _____
(If done by contractor)

SPECIAL REQUIREMENTS:

TIME FRAME FOR COMPLETION: _____

SPECIAL SKILLS OR TRAINING REQUIRED: _____

SPECIAL TOOLS OR EQUIPMENT NEEDED: _____

ARE THERE ANY SPECIAL DETAILS SUCH AS DATA PRIVACY, RIGHT TO KNOW ISSUES, SAFETY/SECURITY CONCERNS, ETC. WHICH MAY REQUIRE SPECIAL PLANNING OR CONSIDERATION: YES NO IF YES, PLEASE EXPLAIN: _____

DO YOU WANT TO BE CONTACTED BEFORE BEGINNING PROJECT? YES NO

WHO WOULD YOU LIKE CREWLEADERS TO CONTACT?

NAME: _____ PHONE #: _____

ANY PROJECTS UNDERTAKEN BY STS, ARE DONE SO WITH CONSIDERATION TO UNION CONTRACTS. IF THIS PROJECT WOULD NORMALLY BE DONE BY REGULAR OR SEASONAL EMPLOYEES, AN EXPLANATION IS NECESSARY TO GAIN UNION SUPPORT.

EXPLANATION: _____

I certify that work performed on this project by inmates will not result in the displacement of currently employed workers or workers on seasonal layoff, including partial displacement such as reduction in hours of non-overtime work, wages, or other employment benefits. I also certify that I have so notified the appropriate union representative.

Project Manager: _____ Date: _____

Authorized Signature
(if needed): _____ Date: _____

Union Representative Notified: _____ Date: _____

Reviewed and assigned by STS Supervisor: _____ Date: _____

Crew leader assigned: _____ Date: _____

County: _____ Phone: _____

ANY MATERIALS – SPECIAL TOOLS – RENTAL EQUIPMENT – SUPPLIES NEEDED FOR THIS PROJECT WILL BE THE RESPONSIBILITY OF THE ORGANIZATION

SIGNATURE: _____ DATE: _____

WAIVER: _____ WILL NOT HOLD THE STS PROGRAM , IT'S CREWLEADERS, SHERIFF'S OFFICE., HUBBARD COUNTY, OR THE STATE OF MN RESPONSIBLE FOR OVERAGES ON ESTIMATES, DELAYS, DAMAGES, NEGLECT OR QUALITY OF WORK OR ANY OF OTHER CLAIMS.

SIGNED: _____