

**Pine County Sheriff's
Sentencing to Service Program**

PROJECT PROPOSAL

REFERRAL ORGANIZATION: (Check one)

- State ORGANIZATION NAME/LOCATION: _____
- County ORGANIZATION NAME/LOCATION: _____
- City ORGANIZATION NAME/LOCATION: _____
- Federal ORGANIZATION NAME/LOCATION: _____
- Private ORGANIZATION NAME/LOCATION: _____
- Township
(Non-profit) ORGANIZATION NAME/LOCATION: _____
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PROJECT DATA:

Project Title (Name/Place): _____

Location: County _____ Section _____ Township _____ Range _____

Project Size (Acres, Feet, etc): _____

Crew Size Suggested: _____ Estimated Completion Time (Total hours) _____

Duration (check one) : Periodic/Seasonal Continuous Priority (check one) Low High

Estimate of Project Value (value to agency if done by contractor or agency): _____

SPECIAL REQUIREMENTS:

Time frame from completion (seasonal): _____

Special skills or training required or provided for crew members: _____

Special tools or equipment required or provided for crew members: _____

Are there any special details such as data privacy, right to know issues, safety/security concerns, etc., which may require special planning or consideration: No Yes If yes, please explain: _____

STS PROGRAM PROJECT PROPOSAL

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Project contact person: _____

Mailing address: _____

Phone number: _____

Before beginning project, who should the crew leader contact:

Project Rep – Name: _____ Phone: _____

Any projects undertaken by STS are done so with consideration to any impact it may have on local employers/contractors.

Explanation: _____

Sheriff's Signature (if needed): _____ Date: _____

Project Signature: _____ Date: _____

Reviewed by STS Supervisor: _____ Date: _____