



Pine County Sheriff's  
Sentence to Serve Program  
PROJECT PROPOSAL FORM

REFERRAL ORGANIZATION (Check One)

State  County  City  Federal Private Township (Non Profit)

ORGANIZATION NAME/LOCATION:

PROJECT INFO: \_\_\_\_\_

PROJECT TITLE ( Name/ Place ): \_\_\_\_\_

Location: \_\_\_\_\_ County: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

PROJECT SIZE (ACRES, FEET, ETC.): \_\_\_\_\_

CREW SIZE SUGGESTED: \_\_\_\_\_ ESTIMATED TIME TO COMPLETE (TOTAL HRS) \_\_\_\_\_

DURATION (Check One)     PERIODIC/SEASONAL     CONTINUOUS     ONE TIME ONLY

**ESTIMATE OF PROJECT VALUE (VALUE TO AGENCY IF DONE BY CONTRACTOR OR AGENCY) \$** \_\_\_\_\_

SPECIAL REQUIREMENTS: \_\_\_\_\_

TIME FRAME PRIORITY: (Check one)  LOW     HIGH     ASAP    BEFORE: \_\_\_\_\_

SPECIAL SKILLS, 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 WHICH MAY REQUIRE SPECIAL PLANNING OR CONSIDERATION? (CHECK ONE)  YES     NO    If yes, please explain:

STS PROGRAM PROJECT PROPOSAL (PAGE 2)

PROJECT CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BEFORE BEGINNING THIS PROJECT, WHO SHOULD THE CREW LEADER CONTACT:

PROJECT REP- NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(ANY PROJECTS UNDERTAKEN BY STS ARE DONE SO WITH CONSIDERATION WITH ANY IMPACT IT MAY HAVE ON LOCAL EMPLOYERS AND CONTRACTORS.)

EXPLANATION OF THE PROJECT:

SHERIFF'S SIGNATURE (IF NEEDED): \_\_\_\_\_ DATE: \_\_\_\_\_

PROJECT PROPOSER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWED BY STS SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE PROJECT COMPLETED: \_\_\_\_\_