



**HUBBARD COUNTY**  
**Sentencing to Service/Community Service**

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



Frank Homer, 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: \_\_\_\_\_