OKLAHOMA DEPARTMENT OF CORRECTIONS
Special Project Agreement Form

Requesting Agency: __________________________________________

City: _______________  State: ___________  County: _______________________

School District: _______________________  Other: _________________________

Project Number: ________________________  Request Date: _______________

Contact Person: ________________________  Telephone Number: __________

Project Supervisor: ________________________  Telephone Number: __________

Project Description: _______________________________________________

Location: (Provide sufficient detail for emergency situation) ______________________

Projected Start Date: _______________  Projected Completion Date: _______________

ODOC Information

Host Facility: ________________________  Telephone Number: __________

ODOC Project Supervisor Assigned: ________________________________

Note Agency Project Responsibilities: ______________________________________

Requesting Agency/Organization Information
(Community Corrections Only)

Transportation Provided By Requesting Agency:  □ Yes  □ No

Method of Transportation:  □ Van  □ Pickup  □ Bus  □ Other (specify) __________

Vehicle Capacity: _________________

Tools, Supplies, and Safety Equipment To Be Used: _______________________________

Provisions for food and water: ________________________________________________

Supervisors who will provide safety instructions and oversee work: ___________________
Provisions for access to restrooms: 

Identify additional assistance by requesting agency: 

Accommodations Provided by ODOC

Size of Inmate Work Force: 

Number of Correctional Staff Assigned, if appropriate: 

Special Needs (i.e., clothing, equipment): 

Mobile Communications: 

Food Service: 

Vehicles: 

Other: 

Health and Safety Review

I have evaluated the above referenced project, which has also been reviewed by certified personnel provided by the requesting entity. My decision regarding the project is as follows:

☐ Recommend Approve
☐ Recommend Disapprove

ODOC Facility Safety Consultant/Maintenance Superintendent

Project Authorization

Requesting Agency Representative Printed Name: 

Signature .................................................. Date ..................................................

Facility Head Printed Name: 

Signature .................................................. Date ..................................................

THIS AGREEMENT WILL BE EFFECTIVE UPON SIGNATURE AND WILL REMAIN IN EFFECT UNTIL THE PROJECT COMPLETION DATE OR UNTIL SUCH TIME AS EITHER PARTY TERMINATES SAID AGREEMENT.

Additional Comments:
Project Extension
(Less than six weeks)

Project Number: ______________________

Give a detailed explanation of why an extension is needed on this project:

________________________________________________________________________

________________________________________________________________________

Agency Representative Printed Name: ____________________________

Agency Representative Signature ____________________________ Date

The above extension is:  ☐ Approved  ☐ Denied

Reason for denial: _____________________________________________

________________________________________________________________________

Facility Head Printed Name: ____________________________

Facility Head Signature ____________________________ Date

Project Extension
(Beyond six weeks)

Project Number: ______________________

Give a detailed explanation of why an extension is needed on this project:

________________________________________________________________________

________________________________________________________________________

Agency Representative Printed Name: ____________________________

Agency Representative Signature ____________________________ Date

The above extension is:  ☐ Approved  ☐ Denied

Reason for denial: _____________________________________________

________________________________________________________________________

Administrator of Community Corrections Printed Name: ____________________________

Administrator of Community Corrections Signature ____________________________ Date

(R 04/22)