|  |
| --- |
| **SECTION 1: PROJECT INFORMATION** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. APPLICANT INFORMATION AND PROPOSAL TYPE** | | | | | | | | | | | | | | | | |
| **COUNTY NAME** | | | | | | | | | **STATE FINANCING REQUESTED** | | | | | | | |
|  | | | | | | | | | $ | | | | | | | |
| **SMALL COUNTY  (200,000 and UNDER GENERAL COUNTY POPULATION)** | | | | | **MEDIUM COUNTY (200,001 - 700,000 GENERAL COUNTY POPULATION)** | | | | | | | **LARGE COUNTY (700,001 + GENERAL COUNTY POPULATION)** | | | | |
| **TYPE OF PROPOSAL – iNDIVIDUAL cOUNTY FACILITY /REGIONAL FACILITY**  **please check one (only):** | | | | | | | | | | | | | | | | |
| **iNDIVIDUAL COUNTY FACILITY** | | | | | | | | | **REGIONAL FACILITY** | | | | | | | |
| **b: brief project DESCRIPTION** | | | | | | | | | | | | | | | | |
| **FACILITY NAME** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **PROJECT DESCRIPTION** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **STREET ADDRESS** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **CITY** | | | | | | | **STATE** | | | | | | | **ZIP CODE** | | |
|  | | | | | | |  | | | | | | |  | | |
| **c. Scope of Work – INDICATE FACILITY TYPE AND** **CHECK ALL BOXES THAT APPLY.** | | | | | | | | | | | | | | | | |
| **FACILITY TYPE (II, III or IV)** | | | **NEW STAND-ALONE**  **FACILITY** | | | | | | **RENOVATION/**  **REMODELING** | | | | | **CONSTRUCTING BEDS**  **OR OTHER SPACE AT**  **EXISTING FACILITY** | | |
| **d. Beds CONSTRUCTED – Provide the number of BSCC-rated beds and non-rated special use beds that will be subject to**  **construction as a result of the project, whether remodel/renovation or new construction.** | | | | | | | | | | | | | | | | |
|  | | 1. **MINIMUM SECURITY BEDS** | | | 1. **MEDIUM SECURITY BEDS** | | | | | 1. **MAXIMUM SECURITY BEDS** | | | | | 1. **SPECIAL USE BEDS** | |
| **Number of beds constructed** | |  | | |  | | | | |  | | | | |  | |
| **TOTAL BEDS (A+B+C+D)** |  | | | | | | | | | | | | | | | |
| **E. Applicant’s Agreement**  **By signing this application, the authorized person assures that: a) the County will abide by the laws, regulations, policies, and procedures governing this financing program; and, b) certifies that the information contained in this proposal form, budget, narrative, and attachments is true and correct to the best of his/her knowledge.** | | | | | | | | | | | | | | | |
| **PERSON AUTHORIZED TO SIGN AGREEMENT** | | | | | |  | | | | | | | | | |
| NAME | | | | | | TITLE | | | | | | | | | |
| AUTHORIZED PERSON'S SIGNATURE | | | | | | | | | | | | | DATE | | |
|  | | | | | | | | | | | | |  | | |
| **F. designated county construction administrator**  **This person shall be responsible to oversee construction and administer the state/county agreements. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors’ resolution.)** | | | | | | | | | | | | | | | |
| **COUNTY CONSTRUCTION ADMINISTRATOR** | | | | | |  | | | | | | | | | |
| NAME | | | | | | TITLE | | | | | | | | | |
| DEPARTMENT | | | | | | | | | | | | | TELEPHONE NUMBER | | |
|  | | | | | | | | | | | | |  | | |
| STREET ADDRESS | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | |  | | |
| CITY | | | | STATE | | | | | | | ZIP CODE | | E-MAIL ADDRESS | | |
|  | | | |  | | | |  | | | | |  | | |
| **G. designated project financial officer**  **This person is responsible for all financial and accounting project related activities. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors’ resolution.)** | | | | | | | | | | | | | | | |
| **PROJECT FINANCIAL OFFICER** | | | | | |  | | | | | | | | | |
| NAME | | | | | | TITLE | | | | | | | | | |
| DEPARTMENT | | | | | | | | | | | | | TELEPHONE NUMBER | | |
|  | | | | | | | | | | | | |  | | |
| STREET ADDRESS | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | |  | | |
| CITY | | | | STATE | | | | | | | ZIP CODE | | E-MAIL ADDRESS | | |
|  | | | |  | | | |  | | | | |  | | |
| **H. DESIGNATED PROJECT CONTACT PERSON**  **This person is responsible for project coordination and day-to-day liaison work with the BSCC. (Must be county staff, not a consultant or contractor, and must be identified in the Board of Supervisors’ resolution.)** | | | | | | | | | | | | | | | |
| **PROJECT CONTACT PERSON** | | | | | |  | | | | | | | | | |
| NAME | | | | | | TITLE | | | | | | | | | |
| DEPARTMENT | | | | | | | | | | | | | TELEPHONE NUMBER | | |
|  | | | | | | | | | | | | |  | | |
| STREET ADDRESS | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | |  | | |
| CITY | | | | STATE | | | | | | | ZIP CODE | | E-MAIL ADDRESS | | |
|  | | | |  | | | |  | | | | |  | | |