

ROCK NOBLES COMMUNITY CORRECTIONS

Sentenced to Service Project Proposal

Referral Agency: _____

Name/location: _____

Project Title: _____

Project Description: (Painting; Custodial work; landscaping; cleanup; removal)

Project size: (Acres, feet, etc.) _____

Preferred Completion Date: _____

Estimated Completion Time: (Hours, Days, Etc.) _____

Duration (Check One) Periodic/Seasonal _____ Continuous _____

Priority (Check One) Low _____ High _____

Special Requirements:

Time frame for completion: (Seasonal)

List any special tools or skills needed to complete the project:

List any special details or instructions which may require special planning or consideration:

Project Contact Person _____

Address and phone _____

Before beginning project, who should the crew leader contact:

Name: _____ Date: _____

Reviewed and signed by

Community Corrections Supervisor: _____ Date: _____

Please mail or fax all proposals to:

C/S Supervisor Michelle Morrison
Rock/Nobles Community Corrections
1530 Airport Rd
Worthington MN 56187
FAX (507) 372-8393