



**SENATE BILL 844, ADULT LOCAL  
CRIMINAL JUSTICE FACILITIES  
CONSTRUCTION FINANCING  
PROGRAM  
PROPOSAL FORM**

*This document is not to be reformatted.*

**SECTION 1: PROJECT INFORMATION**

<b>A. APPLICANT INFORMATION AND PROPOSAL TYPE</b>				
COUNTY NAME El Dorado		STATE FINANCING REQUESTED \$ \$25,000,000		
SMALL COUNTY (Below 200,000 GENERAL COUNTY POPULATION) <input checked="" type="checkbox"/>	MEDIUM COUNTY (200,000 - 700,000 GENERAL COUNTY POPULATION) <input type="checkbox"/>	LARGE COUNTY (700,001 + GENERAL COUNTY POPULATION) <input type="checkbox"/>		
TYPE OF PROPOSAL – INDIVIDUAL COUNTY FACILITY /REGIONAL FACILITY PLEASE CHECK ONE (ONLY):				
INDIVIDUAL COUNTY FACILITY <input checked="" type="checkbox"/>		REGIONAL FACILITY <input type="checkbox"/>		
<b>B: BRIEF PROJECT DESCRIPTION</b>				
FACILITY NAME El Dorado Recovery Rehabilitation and Reentry Facility Expansion				
PROJECT DESCRIPTION Expand Placerville Jail facility to respond Program, Mental/Medical health and Female bed needs				
STREET ADDRESS 300 Forni Road				
CITY Placerville		STATE CA	ZIP CODE 95667	
<b>C. SCOPE OF WORK – INDICATE FACILITY TYPE AND CHECK ALL BOXES THAT APPLY.</b>				
FACILITY TYPE (II, III or IV) II	<input type="checkbox"/> NEW STAND-ALONE FACILITY	<input type="checkbox"/> RENOVATION/ REMODELING	<input checked="" type="checkbox"/> CONSTRUCTING BEDS OR OTHER SPACE AT EXISTING FACILITY	
<b>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.</b>				
	A. MINIMUM SECURITY BEDS	B. MEDIUM SECURITY BEDS	C. MAXIMUM SECURITY BEDS	D. SPECIAL USE BEDS
Number of beds constructed, remodeled	0	46	8	14
TOTAL BEDS (A+B+C+D)	68	E. BEDS REMOVED/ DECOMMISSIONED		F. NET BEDS AFTER COMPLETED PROJECT
		60		8

<b>E. APPLICANT'S AGREEMENT</b>			
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.			
<b>PERSON AUTHORIZED TO SIGN AGREEMENT</b>			
NAME	TITLE		
AUTHORIZED PERSON'S SIGNATURE	DATE		
<b>F. DESIGNATED COUNTY CONSTRUCTION ADMINISTRATOR</b>			
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.)			
<b>COUNTY CONSTRUCTION ADMINISTRATOR</b>			
NAME	TITLE		
DEPARTMENT	TELEPHONE NUMBER		
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
<b>G. DESIGNATED PROJECT FINANCIAL OFFICER</b>			
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.)			
<b>PROJECT FINANCIAL OFFICER</b>			
NAME	TITLE		
DEPARTMENT	TELEPHONE NUMBER		
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
<b>H. DESIGNATED PROJECT CONTACT PERSON</b>			
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.)			
<b>PROJECT CONTACT PERSON</b>			
NAME	TITLE		
DEPARTMENT	TELEPHONE NUMBER		
STREET ADDRESS			
CITY	STATE	ZIP CODE	E-MAIL ADDRESS