



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

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SECTION 1: PROJECT INFORMATION

A. APPLICANT INFORMATION AND PROPOSAL TYPE				
COUNTY NAME San Francisco		STATE FINANCING REQUESTED \$ 70,000,000		
SMALL COUNTY (Below 200,000 GENERAL COUNTY POPULATION) <input type="checkbox"/>	MEDIUM COUNTY (200,000 - 700,000 GENERAL COUNTY POPULATION) <input type="checkbox"/>	LARGE COUNTY (700,001 + GENERAL COUNTY POPULATION) <input checked="" 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: BRIEF PROJECT DESCRIPTION				
FACILITY NAME 425 7 th Street Facilities (County Jail #2)				
PROJECT DESCRIPTION Renovation of current County Jail #2. Improvements will be made to inmate housing that maximizes facility safety, security and expands inmate programming and treatment services.				
STREET ADDRESS 425 Seventh Street				
CITY San Francisco		STATE CA	ZIP CODE 94013	
C. SCOPE OF WORK – INDICATE FACILITY TYPE AND CHECK ALL BOXES THAT APPLY.				
FACILITY TYPE (II, III or IV) II	<input type="checkbox"/> NEW STAND-ALONE FACILITY	<input checked="" type="checkbox"/> RENOVATION/ REMODELING	<input type="checkbox"/> 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.				
	A. MINIMUM SECURITY BEDS	B. MEDIUM SECURITY BEDS	C. MAXIMUM SECURITY BEDS	D. SPECIAL USE BEDS
Number of beds constructed, remodeled	0	0	48	8
TOTAL BEDS (A+B+C+D)	56	E. BEDS REMOVED/ DECOMMISSIONED		F. NET BEDS AFTER COMPLETED PROJECT
		0		400

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 Vicki Hennessy		TITLE Sheriff	
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 Jumoke Akin-Taylor		TITLE Project Manager	
DEPARTMENT San Francisco Public Works		TELEPHONE NUMBER (415) 557-4751	
STREET ADDRESS 30 Van Ness Street, Suite 4100			
CITY San Francisco	STATE CA	ZIP CODE 94102	E-MAIL ADDRESS jumoke.akin-taylor@sfdpw.org
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 Crispin Hollings		TITLE Chief Financial Officer	
DEPARTMENT Sheriff's Department		TELEPHONE NUMBER (415) 554-4316	
STREET ADDRESS 1 Dr. Carlton B. Goodlett Pl; City Hall, Rm. 456			
CITY San Francisco	STATE CA	ZIP CODE 94102	E-MAIL ADDRESS crispin.hollings@sfgov.org
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 Jumoke Akin-Taylor		TITLE Project Manager	
DEPARTMENT San Francisco Public Works		TELEPHONE NUMBER (415) 557-4751	
STREET ADDRESS 30 Van Ness Street, Suite 4100			
CITY San Francisco	STATE CA	ZIP CODE 94102	E-MAIL ADDRESS jumoke.akin-taylor@sfdpw.org