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**CONTRACT REQUEST FORM**

***Revised January 2018***

Complete the indicated portions on the form and email the completed form to Megan Noble, ACA Specialist, at megann@aca.org. This form is fillable so you can type directly into the grey boxes.

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| **CONTRACT REQUEST FORM** |
| **Parent Agency** |      ***Please provide the name of your Agency.*** |
| **Facility** |      ***Please provide the “actual” name of the facility to be audited.*** |
| **Address** |       ***Physical address of facility to be audited.*** |
| **Contact Person** |      ***Name and title of person to receive the contract and invoice.*** |
| **Email Address** |      ***Email address of person to receive the contract and invoice.*** |
| **Phone Number** |      ***Phone number of person to receive the contract****.* |
| **Type of Audit** | [ ] **PREA**  |
| **Standards** | ***Please indicate which standards the facility will be audited under.***  |
| [ ]  Prisons and Jails  | [ ] Lockup   | [ ] Community Confinement  | [ ] Juvenile Facility  |
| **Number of Housing Units** | ***Please indicate the number of housing units within the facility. The definition of a housing unit can be found on the PREA Resource Center website at***  [***https://www.prearesourcecenter.org/node/3209***](https://www.prearesourcecenter.org/node/3209) |
| Number of Housing Units:       |
| **Inmate Population** | ***Please indicate the inmate population of the facility, at the time of the completion of this form.*** |
| Current Inmate Population:       |
| **Proposed** **Audit Dates** | *Please indicate when you would like to have your audit, include one set of alternative dates if the primary dates are not available.* **Primary Audit Dates:**       **Alternative Audit Dates**:       |
| **Back-to-Back Audits** | **Will this audit be conducted back-to-back with an ACA or PREA Audit?**      **If yes, please indicate the type of audit and the name of the facility.***A “back to back” audit arises when two audits occur in the same week; not concurrently but the audits are geographical close enough to be conducted in the same week.* |
| **STAFF USE ONLY BELOW THIS LINE** |
| **Accreditation Specialist** |       | **iMIS #:**       |
| **Fee** | **Cost:**       |
| **Fee Breakdown *(If Applicable):***       |