AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO.	5 PROJECT NO (il applicable)			
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8 NAME AND ADDRESS OF CONTRACTOR (No., stree	t county, State and ZIP Code)	Laguna Niguel CA 92677				
CANYON COUNTY OF 1115 ALBANY ST CALDWELL ID 836053522		9B DATED (SEE ITEM 11) × 10A MODIFICATION OF CONTRACT/ORDER 10B DATED (SEE ITEM 13)	RNO			
CODE 0977633200000	FACILITY CODE	05/29/2012				
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D OTHER (Specify type of modification	n and authority)	×				
E. IMPORTANT: Contractor is not.	Is required to sign this document a	and return1 copies to the is:	suing office			
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 097763320 COR: 801- ACOR: 208-685-	-886-	including solicitation/contract subject matter where fe	asublo)			
a.) The purpose of this m	odification is to ch	nange the detainee day rate	e from			
b.) The effective date of	the increase is Oct	cober 1, 2018.				
c.) The County will not b for three years from the ef: Continued Except as provided heren, all terms and conditions of	fective date.	quitable adjustment to the				
15A NAME AND TITLE OF SIGNER (Type or print)	- 1 - 20		OFFICER (Type or pant)			
(Signature of person authorized to sign)	Sheriff 15C DATE SIGNED 15C DATE SIGNED	16B UNITED STATES OF AMERICA	16C DATE SIGNED			
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

IGSA/HEL-9413/P00001

PAGE OF
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NAME OF OFFEROR OR CONTRACTOR CANYON COUNTY OF

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A)	(B)	(C)	(D)	(E)	(F)
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	By:				
	To: Exempt Action: N Sensitive Award: NONE				
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	Reason for Modification : Other Administrative				
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			×	10A. MODIFICATION OF CONTRACT/ORDER IGSA/HEL-9413	NO.		
				10B. DATED (SEE ITEM 13)			
CODE 09	77633200000	FACILITY CODE		05/29/2012			
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	C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT TO A	AUTHO	PRITY OF			
	D. OTHER (Specify type of modification	and authority)					
Х	Bilateral Modificati	on / FAR 43.103(a)					
E. IMPORTANT	T: Contractor is not.	x is required to sign this document ar	nd retu	rn1_ copies to the issuir	ng office.		
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	rided herein, all terms and conditions of the	e document referenced in Item 9 A or 10	_	heretofore changed, remains unchanged and in A. NAME AND TITLE OF CONTRACTING OFFI		160	
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STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

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2. AMENDMENT/MODIFICATION NO		3. EFFECTIVE DATE	I A DE	QUISITION/PURCHASE REQ. NO.	E 00	1 3		
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8. NAME AND ADDRESS OF CONTRACTOR CANYON COUNTY OF 1115 ALBANY ST CALDWELL ID 836053522	(No., street	, county, State and ZIP Code)	91	A. AMENDMENT OF SOLICITATION NO B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDE GSA/HEL-9413	ER NO			
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E. IMPORTANT: Contractor	is not,	x is required to sign this docume	ent and return	n1 copies to the is	suing office			
14 DESCRIPTION OF AMENDMENT/MODIF DUNS Number: 097763320 COR: 208 This modification is do COVID-19 Safety Protoco	801- -685- ne to	886-	the co			ring Adequate		
52.223-99 Ensuring Adeq	uate	COVID-19 Safety P	rotoco	ls for Federal Contrac	tors			
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CONTINUATION SHEET

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PAGE OF

3

NAME OF OFFEROR OR CONTRACTOR CANYON COUNTY OF

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	(a) Definition. As used in this clause-			
	United States or its outlying areas means—			
	(1) The fifty States;			
	(2) The District of Columbia;			
	(3) The Commonwealth of Puerto Rico and the			
	Northern Mariana Islands;			
	(4) The territories of American Samoa, Guam, and			
	the United States Virgin Islands; and			
	(5) The minor outlying islands of Baker Island,			
	Howland Island, Jarvis Island, Johnston Atoll,			
	Kingman Reef, Midway Islands, Navassa Island,			
	Palmyra Atoll, and Wake Atoll.			
	(b) Authority. This clause implements Executive			
	Order 14042, Ensuring Adequate COVID Safety			
	Protocols for Federal Contractors, dated	1 1 1		
	September 9, 2021 (published in the Federal			
	Register on September 14, 2021, 86 FR 50985).			
	(c) Compliance. The Contractor shall comply with			
	all guidance, including guidance conveyed through Frequently Asked Questions, as amended during the			
	performance of this contract, for contractor or			
	subcontractor workplace locations published by			
	the Safer Federal Workforce Task Force (Task			
	Force Guidance) at			
	https:/www.saferfederalworkforce.gov/contractors/			
	(d) Subcontracts. The Contractor shall include			
	the substance of this clause, including this paragraph (d), in subcontracts at any tier that			
	exceed the simplified acquisition threshold, as			
	defined in Federal Acquisition Regulation 2.101			
	on the date of subcontract award, and are for			
	services, including construction, performed in			
	whole or in part within the United States or its			
	outlying areas.			
	Naha Eha COUTE Clause			
	Note: The COVID Clause requires covered			
	contractors to comply with Executive Order 14042 and all guidance issued by the Safer Federal			
	Workforce Task Forced "as amended during the			
	performance of the contract," which requires the			
	contractor be aware of and comply with changing			
	guidance throughout performance. This requirement			
	shall be applicable to all subcontractors and to			
	all existing and future orders.			
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CONTINUATION SHEET	IGSA/HEL-9413/P00003	3

NAME OF OFFEROR OR CONTRACTOR

CANYON COUNTY OF

EM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Period of Performance: 06/01/2012 to 05/31/2030	-			
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OF

AMENDMENT OF SOLICITAT	/MODIFICATION		II. CONTRACT ID	CODE	1 1
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PUR	ASE REQ. NO.	5. PROJECT N	iO. (If applicable)
ONE (1)	12/01/1998	IGSA / HEL -			
6. ISSUED BY		7. ADMINISTERED BY	(If other than Item t	CODE L	
District Director U.S. Immigration and Naturaliz 2800 Skyway Drive Helena, Montana 59604 - 1230	ation Service	Same as bl	lock number (6	
8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and	ZIP Code)	(/) 9A. AMENDM	MENT OF SOLIC	ITATION NO.
Dale G. Haile Detention Center 1115 Albany Street, Caldwell, Correspondence: 219 North 12th	•		9B. DATED (S	SEE ITEM 11)	ONTRACT/ORDER
Caldwell, Idaho 83605			IGSA	/ HE: - 94	13
			l L	(SEE ITEM 13)	
CODE	FACILITY CODE	· · · · · · · · · · · · · · · · · · ·		ber 7, 199	
		AMENDMENTS OF SO		Jet 7, 199	
The above numbered solicitation is amended as so tended.	et forth in Item 14. The h	nour and date specified for i	receipt of Offers	is extended,	is not ex-
Offers must acknowledge receipt of this amendment p	rior to the hour and date	specified in the solicitation	or as amended, by	one of the follow	wing methods:
(a) By completing Items 8 and 15, and returning submitted; or (c) By separate letter or telegram which MENT TO BE RECEIVED AT THE PLACE DESIGNAIN REJECTION OF YOUR OFFER. If by virtue of letter, provided each telegram or letter makes reference	h includes a reference to ATED FOR THE RECEIF this amendment you desi e to the solicitation and t	the solicitation and amendo PT OF OFFERS PRIOR TO re to change an offer alread	ment numbers, FAIL THE HOUR AND (by submitted, such ch	.URE OF YOUR DATE SPECIFIE hange may be ma	R ACKNOWLEDG- ED MAY RESULT ade by telegram or
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A. THIS CHANGE ORDER IS ISSUED PURSUA				4 ARE MADE I	THE CON-
B. THE ABOVE NUMBERED CONTRACT/ORD appropriation date, etc.) SET FORTH IN ITE	DER IS MODIFIED TO R	EFLECT THE ADMINIST	RATIVE CHANGES	S (such as change	es in paying office,
C. THIS SUPPLEMENTAL AGREEMENT IS EN					
		<u>:</u>			
D. OTHER (Specify type of modification and au					
X Contractual Daily Detention	Cost				
E. IMPORTANT: Contractor X is not,	-	is document and return			
14. DESCRIPTION OF AMENDMENT/MODIFICATION	ON (Organized by UCF se	ction headings, including so	olicitation/contract s	subject matter w	here feasible.)
This Integovernmental Service A manday cost from per day the Agreement remain unchanged.	y to per	reby amended to day. All other			
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Except as provided herein, all terms and conditions of tend effect.	he document referenced	In Item 9A or 10A, as here	tofore changed, rema	alns unchanged a	and in full force
15A. NAME AND TITLE OF SIGNER (Type or print)	:	16A. NAME AND TITLE	OF CONTRACTING	3 OFFICER (Ty	pe or print)
		Administrator	0664		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	Administrati	ve UII1cer	16	C. DATE SIGNED
					/ /
(Signature of person authorized to sign)	-1	BY _		- /	407/98

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AMENDMENT OF SOLICITATION	MODIFICATIO	N OF CONTRACT		1 1 1 1	
2. AMENOMENT/MODIFICATION NO.	EFFECTIVE DATE	4. REQUISITION/PUR	E REQ. NO.	5. PROJECT NO. (If applicable	,
ONE (1)	10/01/98	IGSA / H	HEL - 9413		
6. ISSUED BY CODE		7. ADMINISTERED B		GODE	
District Director			•		
U.S. Immigration and Naturalizat	ion Service	Cama .	as block numb	or 6	
2800 Skyway Drive		Same a	as block numb		,
Helena, Montana 59602 - 1230					7
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8. NAME AND ADDRESS OF CONTRACTOR (No., s	treet, county, State a	nd ZIP Code)	(/) SA. AMENDI	MENT OF SOLICITATION NO.	_
Dale G. Haile Detention Center		N.	11.		
1115 Albany Street, Caldwell, Id	laho 83605	141 131	9B DATED	SEE ITEM 11)	_
CORRESPONDENCE:				, , , , , , , , , , , , , , , , , , ,	
219 North 12th		\$\frac{1}{2}.		ICATION OF CONTRACT/ORDE	R
Caldwell, Idaho 83605	•		NO.		
			IG	SA / HEL - 9413	
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tended.					
Offers must acknowledge receipt of this amendment pri					
(a) By completing Items 8 and 15, and returningsubmitted; or (c) By separate letter or telegram which	copies of the amer	ndment; (b) By acknowledg	ing receipt of this and	endment on each copy of the off LURE OF YOUR ACKNOWLEDS	er G-
MENT TO BE RECEIVED AT THE PLACE DESIGNAL	TED FOR THE REC	EIPT OF OFFERS PRIOR T	O THE HOUR AND	DATE SPECIFIED MAY RESUL	T.
IN REJECTION OF YOUR OFFER, If by virtue of the letter, provided each telegram or letter makes reference	his amendment you do	esire to change an offer alrea	ady submitted, such of	change may be made by telegram of the control of th	or
12. ACCOUNTING AND APPROPRIATION DATA (II		o tria directioniciti, and is rec	corrad prior to the op		-
12. Addoction Alto Alto Alto Republication Break (1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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IT MODIFIES TH	E CONTRACT/OF	RDER NO. AS DESCRIB	SED IN ITEM 14.		
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TRACT ORDER NO. IN ITEM 10A.		Aria Aria			
B THE ABOVE NUMBERED CONTRACT/ORD	FR IS MODIFIED TO	REFLECT THE ADMINIS	TRATIVE CHANGE	S (such as changes in paying offic	- د
B. THE ABOVE NUMBERED CONTRACT/ORDI appropriation date, etc.) SET FORTH IN ITEM					_
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D. OTHER (Specify type of modification and auti					٠.
X Extension of Contractual Dai	ly Detention	• 17			
E. IMPORTANT: Contractor X is not,	is required to sign	this document and return	n conie	s to the issuing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATIO	is required to sign	eaction headings including	solicitation/contract	subject matter where feasible.)	-
"The expiration date of this Ag	roomant is be	reby extended in	definitely w	ntil either party	
terminates it by written notic	reement is ne	r in accordance	with the pro	redures outlined	
in the Agreement, or until sup	e to the othe erseded by a	new Agreement of	the parties	. This modification	
is confirmed as being in effec	t retroactive	to the previous	expiration (of the Agreement by	
mutual agreement and actions o	f the parties	thereto."		,	
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except as provided herein, all terms and conditions of the	e document reference	ed in item 9A or 10A, as her	retofore changed, ren	nains unchanged and in full force	
ind effect. SA. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITL	E OF CONTRACTIN	G OFFICER (Type or print)	-
Abel "Abe" Vasquez		33 3			
Chairman, Board of Commissi	oners	Administrat	ive Officer		_
SB CONTRACTON/OFFEROR	15C. DATE SIGNI	19		16C. DATE SIGNE	ο,
The Vaso.	12-3-98	BY		nlrowlad	,
(Signature of person authorized to sign)		95		11/17/98	_
		10.05	ST	ANDARD FORM 30 (REV. 10-83	,

CANCON COUNTY COMMISSIONERS



Pat Galvin DISTRICT 1

Zelda Nickel DISTRICT 2

Abel "Abe" Vasquez DISTRICT 3

1115 Albany Street •

Caldwell, Idaho 83605 • Telephone: (208) 454-7507 • Fax: (208) 454-7336

December 3, 1998

Harry A. Thomas, District Director U. S. Immigration and Naturalization Service 2800 Skyway Drive Helena, Montana 59602 - 1230



Amendment of Solicitation/Modification of Contract

Dear Mr. Thomas:

Enclosed please find an executed Amendment of Solicitation/ Modification of Contract which extends the current Agreement as of October 1, 1998.

A current analysis concludes that our actual per diem cost for housing an inmate is an amount commensurate with what some other county jails in Idaho are already charging, and the exact amount Canyon County has been charging other counties for the past year. The increase from per inmate day is or an average of per year over the five-year period of the previous Agreement.

The present Dale G. Haile Detention Center is operating at full capacity, and reconditioning of the old Canyon County Jail is expected to be completed next summer, making room for up to 100 additional inmates at a cost of about

We feel we are in a position to continue meeting the needs of the U.S. Department of Justice Immigration and Naturalization Service in housing illegal aliens. We simply request that the per diem reimbursement rate be increased to to cover the actual cost of housing those inmates.

If you have any questions regarding this matter, please contact the sheriff's chief administrative deputy, at 208 454-Your favorable consideration of this request for an increase in the per diem rate would be appreciated.

Sincerely,

Abel Vasquez, Chairman

Board of County Commissioners

Deportation Officer, U.S. I.N.S.



U.S. Department of Justice Immigration and Naturalization Service

HEL 50/10.10-C

2800 Skyway Drive Helena, Montana 59602 - 1230

November 19, 1998

Sheriff George W. Nourse Dale G. Haile Detention Center 1115 Albany Street Caldwell, Idaho 83605

Dear Sheriff Nourse:

An Intergovernmental Service Agreement (IGSA) that the U.S. Immigration and Naturalization Service at Helena, Montana, and the Dale G. Haile Detention Center had entered into during October of 1993; expired this past September. The U.S. Immigration and Naturalization Service has a continual need for housing of detainees and we have been utilizing the Dale G. Haile Detention Center on a routine basis.

The Central Region Administrative Finance Center in Dallas, Texas, must have in their record the attached "Amendment of Solicitation / Modification of Contract" prior to the releasing of funds to compensate the service provider for the bedspace that we use. The compensation of funds is retroactive to the time that the IGSA expired. In part, this attachment indicates, the IGSA may be modified or terminated by either party.

The intention of the U.S. Immigration and Naturalization Service of the Helena District, is to continue the unabated use, as in the past, of your facility. If at any time, you wish review of this IGSA, for either rate increase or other issues, please contact this office so that we may raise those concerns.

At this juncture, there is no action that your office need take with this attached document, other than retaining it with the IGSA you already have on file.

Thank you very much for your continued support with our detained aliens.



Deputy District Director

, AMENDMENT OF SOLICITA	/MODIFICATION (1 1	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ.	NO. 5. PROJECT NO. (If applicable)	
ONE (1)	10/01/98	IGSA / HEL - 9413		
6. ISSUED BY CODE		7. ADMINISTERED BY (If other tha	code L	
District Director U.S. Immigration and Naturaliza 2800 Skyway Drive	ntion Service	Same as block	number 6	
Helena, Montana 59602 - 1230				
8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and Z	IP Code) (v) 9A. Al	MENDMENT OF SOLICITATION NO.	
Dale G. Haile Detention Center 1115 Albany Street, Caldwell, 1	Idaho 83605		,	
CORRESPONDENCE:	A	98. DA	ATED (SEE ITEM 11)	
219 North 12th			MODIFICATION OF CONTRACT/ORDER	
Caldwell, Idaho 83605			NO	
outandary admin object			IGSA / HEL - 9413	
		' I I' '	DATED (SEE ITEM 13)	
	FACILITY CODE		November 09, 1998	
11. THIS ITEM	ONLY APPLIES TO A	MENDMENTS OF SOLICITATI	ONS	
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Offers must acknowledge receipt of this amendment p				
(a) By completing Items 8 and 15, and returning submitted; or (c) By separate letter or telegram which MENT TO BE RECEIVED AT THE PLACE DESIGN IN REJECTION OF YOUR OFFER. If by virtue of letter, provided each telegram or letter makes reference.	th includes a reference to the ATED FOR THE RECEIPT this amendment you desire	ne solicitation and amendment number OF OFFERS PRIOR TO THE HOU! To change an offer already submitted	rs, FAILURE OF YOUR ACKNOWLEDG R AND DATE SPECIFIED MAY RESULT I, such change may be made by telegram of	
12. ACCOUNTING AND APPROPRIATION DATA	If required)			
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IT MODIFIES T	HE CONTRACT/ORDE	FICATIONS OF CONTRACTS/C ER NO. AS DESCRIBED IN ITER	M 14.	
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B. THE ABOVE NUMBERED CONTRACT/OR appropriation date, etc.) SET FORTH IN ITE	DER IS MODIFIED TO RE EM 14, PURSUANT TO TH	FLECT THE ADMINISTRATIVE CHE AUTHORITY OF FAR 43.103(b).	HANGES (such as changes in paying office,	
C. THIS SUPPLEMENTAL AGREEMENT IS E	NTERED INTO PURSUAN	T TO AUTHORITY OF:		
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X Extension of Contractual Da	aily Detention.	: = -		
E. IMPORTANT: Contractor X is not,	is required to sign this	s document and return	copies to the issuing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATE "The expiration date of this A	ion (organized by UCF see	hy extended indefinite	alv until either party	
terminates it by written noti	ce to the other	in accordance with the	procedures outlined	
in the Agreement, or until su	perseded by a ne	w Agreement of the par	ties. This modification	
is confirmed as being in effe	ct retroactive t	o the previous expirat	ion of the Agreement by	
mutual agreement and actions	of the parties t	hereto."		
	* V*			
	N.			
Except as provided herein, all terms and conditions of and effect.	the document referenced l	n Item 9A or 10A, as heretofore chan	ged, remains unchanged and in full force	
15A. NAME AND TITLE OF SIGNER (Type or print	,	16A. NAME AND TITLE OF CONTE	RACTING OFFICER (Type or print)	
		Administrative Offi	icer	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	168. 0	I /	
(Signature of person authorized to sign)		BY -	11/18/98	

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

301 SO. PARK, ROOM NO. 512

FEDERAL OFFICE BLDG - DRAWER 10036

HELENA, MONTANA 59626

PLEASE ADDRESS REPLY TO

AND REFER TO THIS FILE NO.

HEL 20/3-C IGSA HEL/113

September 28, 1993

Sheriff George W. Nourse Dale G. Haile Detention Center, 1115 Albany. Caldwell, Idaho 83605

Dear Sheriff Nourse:

To comply with our Immigration And Naturalization Service Headquarters (Washington, D.C.) request regarding the disbursement of funds for services rendered at your detention facility; we have been instructed to disseminate the attached for Intergovernmental Service Agreement, (IGSA) consideration. Further, we have been advised that this Agreement must be emplaced by October 1, 1993 (The beginning of Fiscal Year 1994) or before we may be permitted to utilize your facility.

This is an informal Agreement entered into by your Office and the Immigration and Naturalization Service. If this Agreement is not acceptable to your needs, please contact Deportation Officer at (406) 449- to further discuss your requirements.

We are hopeful that we may continue our business relationship with your detention facility. Please contact you have any further concerns.

Sincerely,

Donald M. Whitney District Director

F# 208.454.7253 Al-

Agreement No: IGSA / HEL 113

INTERGOVERNMENTAL SERVICE AGREEMENT
BETWEEN THE U.S. IMMIGRATION AND NATURALIZATION SERVICE
AND THE DALE G. HAILE DETENTION CENTER, CALDWELL, IDAHO.

PURPOSE

The purpose of this Intergovernmental Service Agreement (IGSA) is to establish a formal binding relationship between the United States Immigration and Naturalization Service (hereafter referred to as the "Service") and the DALE G. HAILE DETENTION CENTER, CALDWELL, IDAHO (hereafter referred to as the "Provider") for the detention and care of persons charged with violations of the Immigration and Nationality Act (INA), as amended and related criminal statutes.

For the purpose of administering this Agreement, the Service will be represented by the District Director or Chief Patrol Agent of the INS area in which the services are provided. Designation, coordination and execution of facility inspections shall be directed by the Service representative.

SUPPORT AND MEDICAL SERVICES

The Provider agrees to accept and provide for the secure custody, care, and safekeeping of Service detainees in accordance with Federal, State and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The Provider agrees to provide Service detainees with the same level of medical care and services provided local prisoners including the transportation and security for Service detainees requiring removal from the facility for emergency medical services.

The Provider shall notify the designated contact person at the local Service office within twelve (12) hours of all medical emergencies requiring removal of a detainee from the facility. Service authorization will be obtained prior to removal of a detainee from the facility for non-emergency medical services in accordance with procedures to be established and mutually agreed upon. For medical care provided outside the facility, the Service retains the option of designating a medical provider for non-emergency care if the Service determines that an alternative provider is more cost effective, or more aptly meets the needs of the Service.

All costs associated with hospital or health care services provided outside the Provider's facility, will be billed to and paid directly by the Service. The health care provider shall be advised to invoice the Service directly for services provided, addressing itemized bills to the Service representative.

The United States Public Health Service is under contract to the Service to help insure preservation of the health of detainees as an integral part of the INS Health Care Program. For purposes of oversight, the relationship of the INS Health Care Program to the detainee shall be likened to that of physician to patient. generally applicable to the release of this light, restrictions information by the Provider will not be applicable representatives of the INS Health Care Program, who will be the authority regarding the health of Service detainees. Additionally, the provider agrees to make a reasonable effort to obtain completed Service form I-813, INS Health Care Program Authorization for Disclosure of Information, from detainees being referred for outside medical treatment, and provide the executed forms to the Service.

RECEIVING AND DISCHARGE

The Provider agrees to accept as Service detainees those persons committed by Service officers for violations of the Immigration and Nationality Act and related criminal statutes only upon presentation by the officer of proper INS credentials.

The Provider agrees to release Service detainees only to Service officers or agents specified by the Service; the officer or agent must present proper credentials. Any questions, regarding any individual presenting himself as having such authority, should be addressed to the contact persons, identified later in this document, before releasing any detainee(s).

Service detainees may not be released from custody or placed in the custody of other jurisdictions for any reason except for medical or other emergent situations or in response to a Federal Writ of Habeas Corpus. If a Service detainee is sought for state or local court proceedings, only the Service representative, or his designee, can authorize release of the detainee. The Service representative shall be immediately advised regarding any such request.

MINIMUM STANDARDS

The Provider agrees to meet the following minimum standards:

- 1. 24 hour supervision of detainees, either visual or auditory.
- Meet or exceed all applicable fire and/or life safety codes and will have and maintain appropriate smoke/fire detection equipment in the facility.
- 3. A minimum of three, nutritionally balanced meals in a 24 hour period for each detainee. No fewer than 1,500 calories total per 24 hours and, if detention exceeds four (4) days no fewer than 2,000 calories per day thereafter. There will also be no more than 14 hours between meals.
- 4. Appropriate 24 hour emergency medical care, and emergency evacuation procedures.
- 5. When detained overnight, each detainee will be provided a mattress and when appropriate, a blanket.

FACILITY LOCATION

The Provider shall provide detention services for aliens at the following institution(s):

DALE G. HAILE DETENTION CENTER
1115 ALBANY
CALDWELL, IDAHO 83605
ATTN: GEORGE W. NOURSE
SHERIFF

INSPECTION

The Provider agrees to allow periodic inspections of the facility by Service jail inspectors. Findings will be shared with the facility administrator in order to promote improvements to facility operations or conditions of confinement. Failure to maintain at least the minimum standards, discussed above, will be sufficient cause for suspension of this Agreement.

FINANCIAL PROVISIONS

The per diem rate under this Agreement per manday. The rate covers one person per day. The government may not be billed for two days when an alien is admitted one evening and removed the following morning. The Provider may bill for the day of arrival but not for the day of departure.

The Provider shall prepare and submit an itemized invoice for the services provided each month, in arrears. The invoice is to be submitted to the following location:

U.S. Department Of Justice
Immigration And Naturalization Service
900 North Montana Avenue
Helena, Montana 59601
ATTN: Donald M. Whitney
District Director

The Prompts Payment Act, Public Law 97-177 (96 Stat: 85, 31 USC 1801) is applicable to payments under this Agreement and requires the payment to the Provider of interest on overdue payments. Determination of interest due will be made in accordance with the provisions of the Prompt Payment Act and the Office of Management and Budget Circular A-25.

Payment under this Agreement will be due the thirtieth (30) calendar day after receipt of a proper invoice in the office designated to receive the invoice. The date of the check issued in payment shall be considered to be the date the payment is made.

Original invoices shall be submitted monthly to the Service office designated to receive invoices. Invoices should be submitted within the first ten working days of the month following the calendar month in which the services are provided. The invoice must include the name, title, phone number and complete mailing address of the official submitting the invoice. In addition, it shall list each Service detainee, the specific dates of detention for each, the total number of days, the daily rate and the total amount billed (total mandays multiplied by the daily rate). Each invoice must also include the complete IGSA number and the delivery order number that generated the invoice.

PAYMENTS WILL BE ISSUED FROM:

IMMIGRATION AND NATURALIZATION SERVICE FINANCE OFFICER BISHOP HENRY WHIPPLE FEDERAL BUILDING,

1 FEDERAL DRIVE FORT SNELLING, MINNESOTA 55111-4007

This Agreement shall be in effect upon execution by both parties, and shall remain in effect for five years from the date of execution, unless terminated sooner in writing, by either party, as discussed below.

Should conditions of an unusual nature occur making it impractical or undesirable to continue to house aliens, either party may suspend or restrict the use of the facility by the Service by giving written notice of such intent to the other party. Such notice will be provided 30 days in advance of the effective date of a formal termination and at least two weeks in advance of suspension or restriction of use unless an emergency situation requires the immediate relocation of aliens.

The provider may initiate a request for a rate increase or decrease by notifying the local office of the Service in writing at least 60 days prior to the desired effective date of the adjustment. Any rate increase must be justified in writing to the local Service office prior to being approved. Adjustments will be evaluated on the justification provided and the reasonableness of the proposed price increase. Changes in rates or other terms and/or conditions of this Agreement, shall be effected by the issuance of either an amendment to this Agreement, or the execution of a new Agreement.

MODIFICATIONS/DISPUTES

Either party may initiate a request for modification to this Agreement in writing. All modifications negotiated will be approved by the Service representative and the Provider. Service approval will be shown through issuance of an amendment to this Intergovernmental Service Agreement or execution of a new Agreement.

Disputes, questions or concerns pertaining to this Agreement will be resolved between the Service and the Provider or authorized agent. Unresolved issues are to be directed to:

Regional Counsel
Immigration and Naturalization Service
Northern Regional Office
Whipple Federal Building
1 Federal Drive
Ft. Snelling, Minnesota 55111-4007

ORDERING OFFICE

The following Service office at the address shown may place Intergovernmental Service Agreement Delivery Orders for detention related services in accordance with this agreement:

U.S. Immigration And Naturalization Service
900 North Montana Avenue,
Helena, Montana 59601
ATTN: Donald M. Whitney
District Director

U.S. Border Patrol Sector Headquarters
P.O. Box 112
Havre, Montana 59501
ATTN:
Chief Patrol Agent

CONTACT PERSON(S)

The Provider is advised to contact the following representative(s) at the local Service office(s) for assistance in matters related to this Agreement:

Name: Deportation Officer

Phone: (406) 449-

Name: Donald M. Whitney Title: District Director

Phone: (406) 449-

The Service may contact the following representative of the Provider for assistance in matters related to this Agreement:

Name: CAPTAIN

Phone: (208) 454-

Name:

Title: CAPTAIN Phone: (208) 454-

THIS AGREEMENT is subject to the availability of congressionally appropriated funds to the Service.

SIGNATURES & EXECUTION

IN WITNESS, the parties have caused this Agreement to be executed on the day written below.

U.S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE

DONALD M. WHITNEY DISTRICT DIRECTOR

DALE G. HAILE DETENTION CENTER 1115 ALBANY, CALDWELL, IDAHO 83605

GEORGE W. NOURSE SHERIFF Name of Person Authorized to Sign on Behalf of the Provider

Signature

09/28/93

Date Signed'

Signature

Date Signed