AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1 CONTRACT I	D CODE	PAGE OF PAGES		
2 AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 REQUISITION/PURCH	ASE REO NO	1 2 5 PROJECT NO (If applicable)		
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6 ISSUED BY CODE	ICE/DM/DC-LAGUNA	7 ADMINISTERED BY	If other than Item 61	CODE TOP / DM / DC-1 NO		
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24000 Avila Road,	Mene	24000 Avila H	quisition Mana	dement		
Laguna Niguel CA 92677		Attn: Laguna Niguel	(949) 425-			
8 NAME AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(x) 9A AMENDMENT OF				
459 OVERLAND AVE		9B. DATED (SEE ITE	M 111			
URLEY ID 833181862		DATE OF THE	**11)			
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4 DESCRIPTION OF AMENDMENT/MODIFICATION (	Organized by UCF section headings, in	cluding soliotetion/contract s	subject matter where feasibl	9)		
UNS Number: 028433647						
OR: 801-8 COR: 208-685-	386-					
.) The purpose of this mo	dification is to ch	ange the detair	nee day rate f	rom		
.) The effective date of	the increase is Octo	ober 1, 2018.				
.) The County will not be	eligible for an equ	uitable adjustm	ment to the de	tainee day rate		
or three years from the effe	ective date.					
ontinued						
xcept as provided herein, all terms and conditions of the FA NAME AND TITLE OF SIGNER (Type or print)	document referenced in Item 9 A or 10	A ne beretelere ebaneed ee		d offect		
SECTION OFFEROR	Undersheris	ì		er pnnt)		
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STANDARD FORM 30 (REV 10-83) Prescribed by GSA FAR (48 CFR) 53 243

PAGE 2	OF 2
	2

NAME OF OFFEROR OR CONTRACTOR COUNTY OF CASSIA

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14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  15. Number: 028433647  15. COR: 801-886-  15. COR: 208-685-  15. Che purpose of this modification is to change the standards from National Detention it andards (NDS) 2000 to NDS 2019 (https://www.ice.gov/detention-standards/2019).  16. It other terms and conditions remains the same.  17. Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15. NAME AND TITLE OF SIGNER (Type or print)  15. NAME AND TITLE OF SIGNER (Type or print)  15. DATE SIGNED  15. DATE SIGNED  15. DATE SIGNED					100		
OR: 801-886- COR: 208-685-  the purpose of this modification is to change the standards from National Detention tandards (NDS) 2000 to NDS 2019 (https://www.ice.gov/detention-standards/2019).  11 other terms and conditions remains the same.  Except as provided herein, all terms and conditions of the document referenced in Hem 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  5A. NAME AND TITLE OF SIGNER (Type or print)  15B. NAME AND TITLE OF CONTRACTING OFFICED CONTR		4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Sec.	
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT D CODE	PAGE	PAGE OF PAGES			
				1	1		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RI	EQUISITION/PURCHASE REQ. NO.	5. PROJEC	T NO. (If applicable)		
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Laguna Niguel CA				949-425-			
Lagana Nigaei en			guna	313 120			
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COUNTY OF CASSIA 1459 OVERLAND AVE		9	9B. DATED (SEE ITEM 11)				
BURLEY ID 833181862							
5014221 12 000101002							
		X	10A. MODIFICATION OF CONTRACT/ORDER IGSA/HEL-9435	NO.			
			•				
			10B. DATED (SEE ITEM 13)				
CODE 0284336470000	FAC LITY CODE	$\dashv \mid$	05/29/2012				
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Offers must acknowledge receipt of this amendment p							
tems 8 and 15, and returning co separate letter or telegram which includes a reference			receipt of this amendment on each copy of the				
THE PLACE DESIGNATED FOR THE RECEIPT OF (							
virtue of this amendment you desire to change an offe				or letter makes	,		
reference to the solicitation and this amendment, and 12. ACCOUNT NG AND APPROPRIATION DATA (If required)		ind date s	specified.				
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D. OTHER (Specify type of modification	and authority)						
E. IMPORTANT Contractor Sis not,	is required to sign this document	and retur	m copies to the issui	ing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings,	including	g solicitation/contract subject matter where feas	sible.)			
DUNS Number: 028433647	006						
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The purpose of this modifica	-		-		through		
05/31/2032 so the IGSA can b			_	ter.			
However, the IGSA period of	performance remains	the	same as indefinite.				
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(Signature of person authorized to sign)							

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

ORDER FOR SUPPLIES OR SERVICES							PAGE (	F PAGES					
IMPORTANT:	Mark all	packages and papers with	contract and/c	or ord	ler numbers.						1	2	
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3. ORDER NO.			4. REQUISITION/REFERENCE NO. SEE TASK ORDERS			SEE TASK ORDERS							
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Laguna N	Niguel	CA 926//				c. CITY					d. STATE	e. ZIP CODE	
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BURLEY			II		f.ZPCODE 833181862			y as indicated.	,				
9. ACCOUNTIN	G AND AP	PROPRIATION DATA				10. REQU	ISITIC	NING OFFICE					—
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					17. SCHEDULE (See	reverse for	Rejec	tions)					
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				21	I. MAIL INVOICE TO:							page	
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SEE BILLING					~ .								
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PAGE NO ORDER FOR SUPPLIES OR SERVICES **SCHEDULE - CONTINUATION** 2 MPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO.

ORDER NO.

05/29/20	)12 IGSA/HEL-9435					
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	(c)	(d)	(e)	<b>(f)</b>	(g)
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	1	ACCEPTED
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AMENDMENT OF SOLICITATION	/MODIFICATION O	F CONTRACT	,			1 1
Z. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PU.	HASE	REQ. NO.	. PROJECT NO	. (if applicable)
ONE (1)	10/01/98	Y. ADMINISTERED BY	(If of	har than Itam 6	CODE	
District Director U.S. Immigration and Naturaliza 2800 Skyway Drive Helena, Hontana 59602 - 1230	tion Service	Same as	; Ъ1	ock numbe.		•
E. NAME AND ADDRESS OF CONTRACTOR (No.	street, county, State and 2	IF Code)	(H)	DA. AMENDM	ENT OF SOLICE	TATION NO.
Mini-Cassia Criminal Justice (1415 Albion Avenue Burley, ID 83318	•			88, DATED (#		NTRACT/ORDER
Attn: Faci	lity Administrate	r			A / HEL -	
	270.4022			10B. DATED		
CODE	FACILITY CODE				er 09, 199	88
11. THIS ITE	MONLY APPLIES TO	MENDMENTS OF SC	OLIC	ITATIONS		
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(a) By completing items 8 and 15, and returning — submitted; or (c) By-separate tetter or talegram with MENT TO BE RECEIVED AT THE PLACE DESIGN IN REJECTION OF YOUR OFFER. If by virtue of tetter, previded each talegram or bitter makes referently. ACCOUNTING AND APPROPRIATION DATA	ich includos o relevance to E NATED FOR THE RECEIP I this amendment you dosin nee to the solicitation and the	no salicibilen and amond TOF OFFERS PRIOR TO TO charge an aller plane	ment OTH	nymbers. FAIL E HOUR AND ! Implifed, such cl	DATE SPECIFIE	ED MAY RESULT
	(.,,,					
13, THIS ITEM AF	PLIES ONLY TO MOD	FICATIONS OF CON	ITRA	CTS/ORDER	IS.	
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B. THE ABOVE NUMBERED CONTRACT/O	DER IS MODIFIED TO R	EPLECT THE ADMINIS	TRA1 R 43.	TIVE CHANGE	S (such as charge	u in paying office
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D. OTHER (Speelly type of modification and				1		
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Except as provided herein, all terms and conditions and effect.	of the document referenced	in Hem 9A or 10A, as he	retol	oro changed, rer	mains uncleanged	and in full force
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Agreement No: IGSA / HEL 115

INTERGOVERNMENTAL SERVICE AGREEMENT
BETWEEN THE U.S. IMMIGRATION AND NATURALIZATION SERVICE
AND THE MINI-CASSIA CRIMINAL JUSTICE CENTER, CASSIA COUNTY, 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 MINI-CASSIA CRIMINAL JUSTICE CENTER, CASSIA COUNTY, 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. this light, restrictions generally applicable to the release of information by the Provider will not be applicable representatives of the INS Health Care Program, who will be the final 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:

- 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):

MINI-CASSIA CRIMINAL JUSTICE CENTER
1415 ALBION AVENUE,
BURLEY, IDAHO 83318
ATTN:

#### 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 is 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:
District Director

The Prompt 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 (ROBUD/VOUCHERS) BISHOP HENRY WHIPPLE FEDERAL BUILDING, RM. 400
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:
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: Title: Deportation Officer Phone: (406) 449-

Name: 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: Title: Lieutenant Phone: (208) 677-

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

MINI-CASSIA CRIMINAL JUSTICE CENTER, 1415 ALBION AVENUE, BURLEY, IDAHO 83318

District Director

Bill R. Crystal Sheriff Name of Person Authorized to Sign on Behalf of the Provider

Signature

10-12.93 Date Signed

# SIGNATURES & EXECUTION

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

UNITED STATES DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE

	DISTRICT DIRECTOR	
	Signature	
<u>-</u>	Date signed	<u> </u>
· · · · · · · · · · · · · · · · · · ·	*************	***
		OTHER
	IA CRIMINAL JUSTICE	CENTER
	URLEY, IDAHO 83318	
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FA	CILITY ADMINISTRATOR	t
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. <u></u>	Signature	
	6 12 42	
	8-13-93	

Date signed

AMENDMENT OF SOLICITATION	/MODIFICATION O	F CONTRACT		1 1
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6. ISSUED BY CODE	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CODE
District Director U.S. Immigration and Naturaliza 2800 Skyway Drive	tion Service	Same as	block number	6
Helena, Montana 59602 - 1230				
8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and Z	IP Cada)	() SA. AMENDMENT	OF SOLICITATION NO.
Mini-Cassia Criminal Justice	Center			
1415 Albion Avenue			98. DATED (SER	ITEM II)
Burley, ID 83318			10A. MODIFICAT	ION OF CONTRACT/ORDER
		100	14584.04	
Attn: Facil	Lity Administrato	r		/ HEL - 9435
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Office must reknowledge receipt of this amandment	prior to the hour and date s	pecified in the solicitation	n or as amonded, by one	of the following matheds:
(a) By completing Items 8 and 15, and returning submitted; or (c) By-separate letter or telegram whi MENT TO BE RECEIVED AT THE PLACE DESIGN IN REJECTION OF YOUR OFFER, If by virtue o letter, provided each telegram or letter makes referen	NATED FOR THE RECEIPT	OF OFFERS PRIOR TO	THE HOUR AND DA	TE SPECIFIED MAY RESULT
12. ACCOUNTING AND APPROPRIATION DATA				
13. THIS ITEM AP	PLIES ONLY TO MODI THE CONTRACT/ORD	FICATIONS OF CON	TRACTS/ORDERS, ED IN ITEM 14.	
4) A. THIS CHANGE ORDER IS ISSUED PURSU	JANT TO: (Specify suthor	IV) THE CHANGES SET	FORTH IN ITEM 14 A	RE MADE IN THE CON.
B. THE ABOVE NUMBERED CONTRACT/OF appropriation date, etc.) SET FORTH IN IT	RDER IS MODIFIED TO RE	EFLECT THE ADMINIST	TRATIVE CHANGES (4	uch as changas in paying office.
C. THIS SUPPLEMENTAL AGREEMENT IS	NTERED INTO PURSUAN	IT TO AUTHORITY OF		
D. OTHER (Specify type of modification and			1	
X Extension of Contractual D	aily Detention.			
E. IMPORTANT: Contractor is not,	is required to sign thi	s document and return	n copies to	the issuing office.
14 DESCRIPTION OF AMENDMENT/MODIFICAT	TION (Organized by UCF so	ellon heedings, including	solicitation/contract sub	deci maiter where (easible.)
"The expiration date of this	Agreement is here	eby extended in	definitely unt	il either party
terminates it by written not in the Agreement, or until s	ice to the other	in accordance	the narries.	This modification
in the Agreement, or until s is confirmed as being in eff	ect retroactive	to the previous	expiration of	the Agreement by
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13A, NAME AND TITLE OF SIGNER (TYPO OF PHI	14)	AND THE	. On the contract inde	
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158. CONTRACTOR/OFFEROR	ISC. DATE SIGNED	168. UNITED STATES	OF AMERICA	16C DATE SIGNE
(Signature of parson authorized to sign)	l .	BY	ing Officer)	11/09/98
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