



The electronic business process for Intergovernmental
Agreements

eIGA
User Handbook
November 2007



Product of the
Office of the Federal Detention Trustee
U.S. Department of Justice

Introduction

Purpose of eIGA

eIGA streamlines and automates current Intergovernmental Agreement (IGA) detention forms for ease-of-use and timely response. It establishes a baseline for negotiating fixed-rate IGAs. One of the most helpful features of eIGA is that it tracks the IGA life-cycle, from application to implementation and future assessments.

The newly designed Jail Operating Expense Information (JOEI) form has been added to assist in evaluating the requested price for housing Federal prisoners or detainees. The JOEI is considered “other than certified cost or pricing data” and is required to determine a fair and reasonable price.

Your Role

As participating facilities, your role is vital to the success of the eIGA process. Developed to streamline detention procurement, eIGA begins with your application. Easy-to-use forms have been provided that take the user step-by-step through the critical startup and negotiation phase. The new system relies on your assessment of facility basics and service offerings.

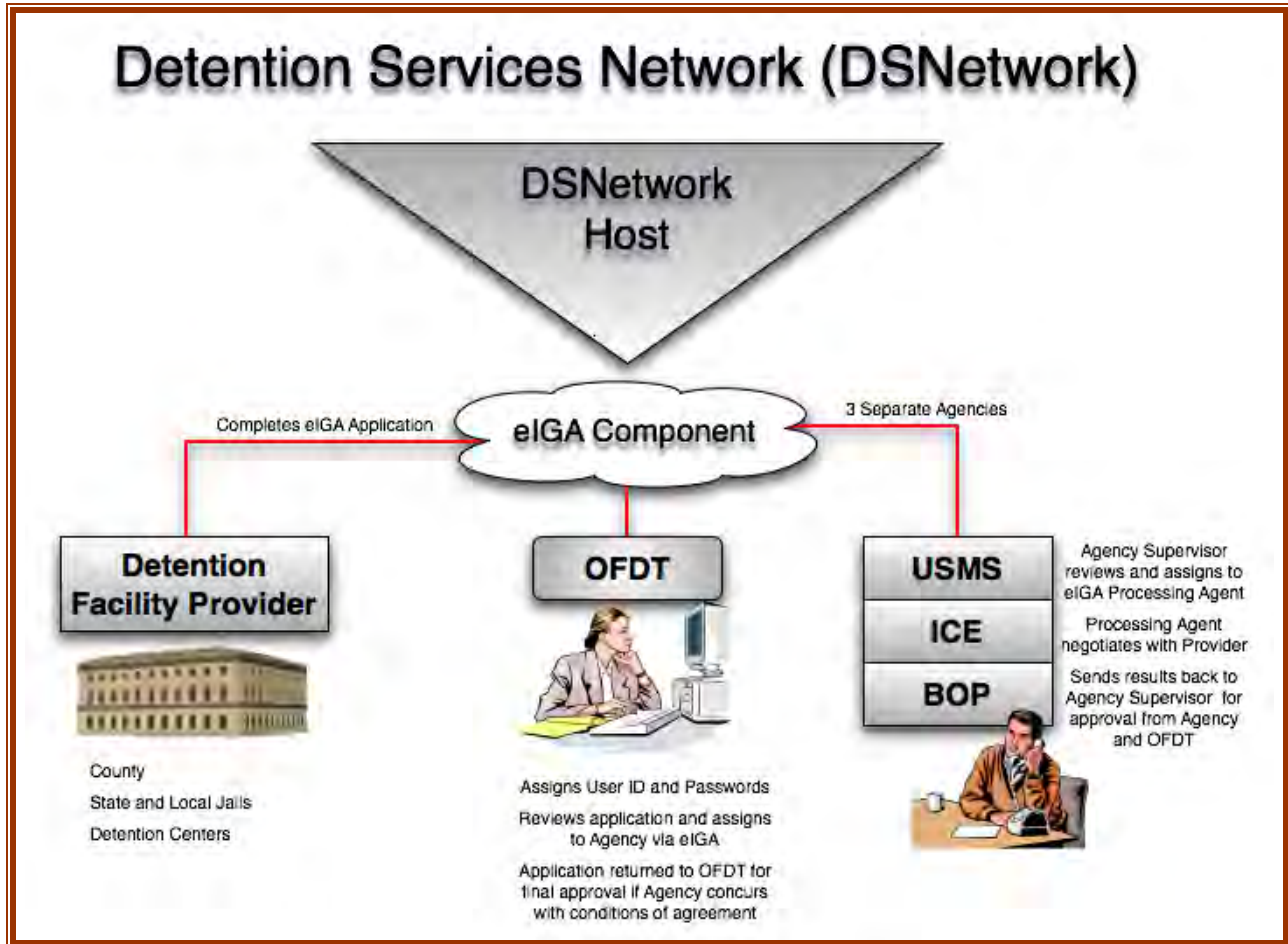
Using This Handbook

- This handbook was designed to introduce the eIGA application process. It is a quick-read that provides eIGA basics.
- Help text has been highlighted in burgundy boxes.
- In most cases, the screen captures have been dissected to highlight particular topics.
- Required fields are highlighted in red, calculated fields are boxed in gray.

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Workflow Overview



Logging Into eIGA

Log onto <https://edes.usdoj.gov/iga/IgaMenu.aspx>

IgaMenu - Windows Internet Explorer
https://edes.usdoj.gov/iga/igamenu.aspx

DSN NETWORK
Navigating Detention Services
DETENTION SERVICES NETWORK

You are not Logged in!

OFFICE OF THE FEDERAL DETENTION TRUSTEE
[Home](#)
[Request an Account](#)

UserID:

Password:

[Sign In](#)

Office of the Federal Detention Trustee
WELCOME TO THE AUTOMATED INTERGOVERNMENTAL AGREEMENTS SITE

eIGA manages the interaction between facility provider and an agency with detention service needs leading to an IGA. It provides a reliable and justifiable structure for the negotiation process. eIGA automates the application process by collecting essential information from facility owners. To address the projection and budgeting challenges, OFDT has developed a core rate concept that establishes a baseline for negotiating a fixed rate IGA.

eIGA begins with your Application. Easy-to-use forms have been provided that take the user step-by-step through the critical startup and negotiation phase. One of the automated forms within eIGA is the Jail Operating Expense Information (JOEI) Form. The JOEI was designed to assist the Government in evaluating the requested per diem rate for housing Federal prisoners or detainees.

For assistance in completing the online eIGA application, including the JOEI, an eIGA Facility Guide document is provided and can be accessed by clicking on the link [eIGA Facility Guide](#).

For more information on eIGA please call: (877) 633-8457 or (202) 305-8790.

Logging Into eIGA, Temporary User ID and Password

Obtain Temporary User ID and Password

- Select the Request an Account option
- The data entry fields outlined in red are required and must be completed before submitting the application. All other fields are optional.
- Enter data and select Submit
- OFDT will email approval or denial using the address identified in the request
- If the request is granted, the email will contain a temporary User ID and Password

DSN NETWORK
Navigating Detention Services

DETENTION SERVICES NETWORK

You are not logged in!

OFFICE OF THE FEDERAL DETENTION TRUSTEE

[Home](#)
[Request an Account](#)

UserID:
[]

Password:
[]

ACCOUNT PROFILE

FACILITY INFORMATION

Facility Name: [] New Renewal

Street: []

City, St, Zip: [] [] []

REQUESTOR CONTACT INFORMATION

Name: First [] Last []

eMail Address: [] Title: []

Tel Number: [] Ext.: []

FAX Number: [] Ext.: []

Logging Into eIGA, Creating Unique Password

Customize Your ID and Password

- The acceptance email will link back to the eIGA site
- Enter the User ID and Password provided in the email
- Click the “Sign In” button
- Select Change Password

DSN NETWORK
Navigating Detention Services
DETENTION SERVICES NETWORK

You are logged in as iga.test4!

OFFICE OF THE FEDERAL
DETENTION TRUSTEE

Home
Request an Account
Change Password
IGA Application
eIGA Version
Print JOEI Form

Sign Out

Change Password

Minimum of 8 Characters: 1 Upper Case and 1 Number.

New password

Verify

Cancel Change

You must change your password from the default value in order to apply for an IGA Application. After you have successfully changed your password, click the appropriate link on the left.

- Create your password by using the following criteria:
 - ◆ Must be at least 8 characters
 - ◆ Must contain at least one upper-case letter
 - ◆ Must contain at least one number
- Create a password that is unique and easy to remember. Do not share your password.
- Click the “Change” button
- Upon clicking the "Change" button, the system will update your password and the IGA application will launch automatically. (If the application does not launch, click on the "IGA Application" link.)

Accessing eIGA Application Form

- After successful login, select IGA Application

IgaMenu - Windows Internet Explorer
https://edes.usdoj.gov/iga/igamenu.aspx

DSN NETWORK
Navigating Detention Services
DETENTION SERVICES NETWORK

You are logged in as jvela!


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[Home](#)
[Request an Account](#)
[Change Password](#)
[IGA Application](#)
[eIGA Version](#)
[Print JOEI Form](#)

[Sign Out](#)

Office of the Federal Detention Trustee

WELCOME TO THE AUTOMATED INTERGOVERNMENTAL AGREEMENTS SITE

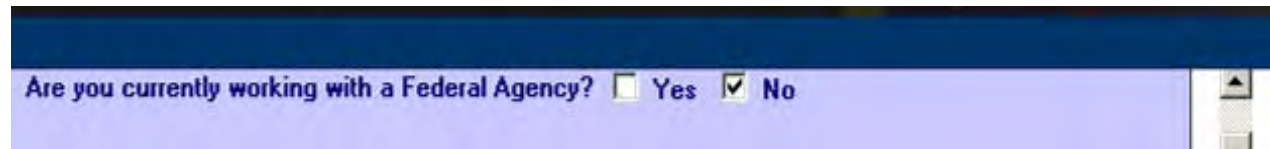
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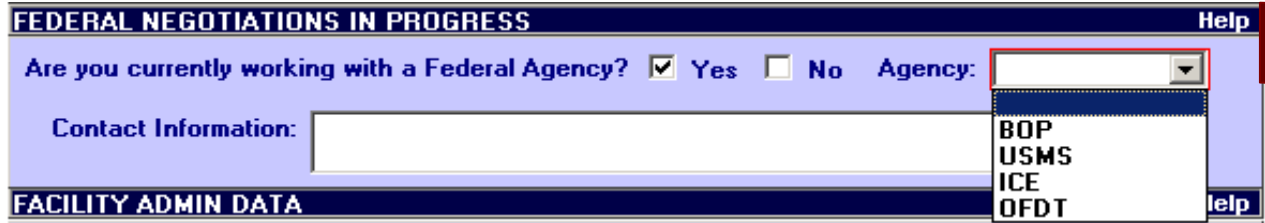
For more information on eIGA please call: (877) 633-8457 or (202) 305-8790.

Application Form: Federal Negotiations in Progress




Are you currently working with a Federal Agency? Yes No

If Yes is selected, Agency and Contact Information will be requested.



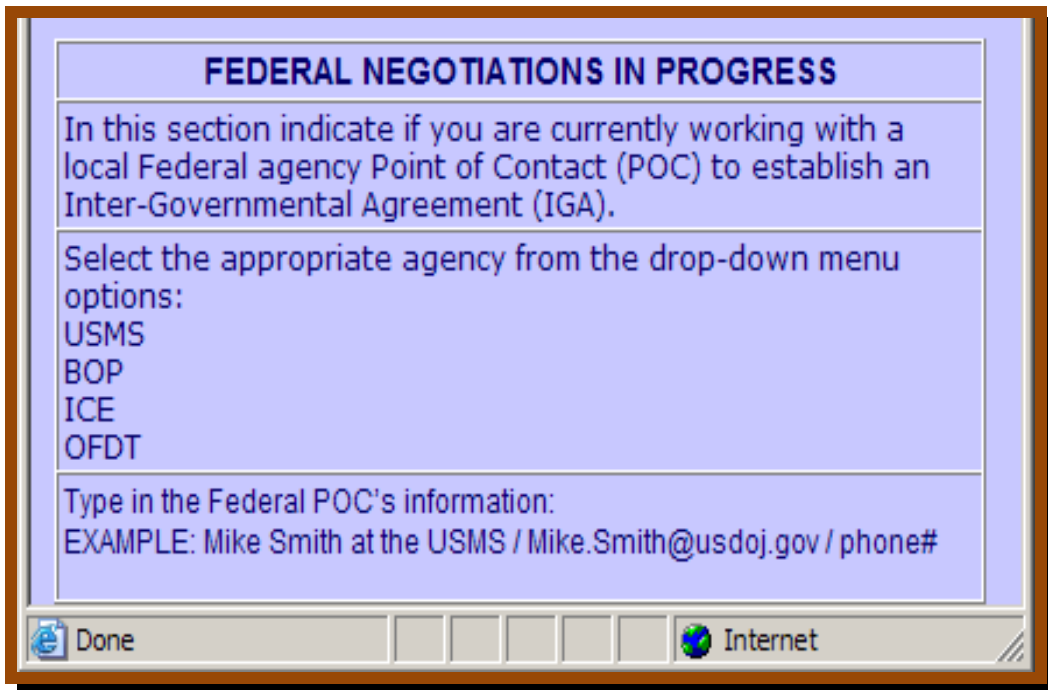
FEDERAL NEGOTIATIONS IN PROGRESS Help

Are you currently working with a Federal Agency? Yes No Agency: 

Contact Information:

FACILITY ADMIN DATA help

- BOP
- USMS
- ICE
- OFDT



FEDERAL NEGOTIATIONS IN PROGRESS

In this section indicate if you are currently working with a local Federal agency Point of Contact (POC) to establish an Inter-Governmental Agreement (IGA).

Select the appropriate agency from the drop-down menu options:
USMS
BOP
ICE
OFDT

Type in the Federal POC's information:
EXAMPLE: Mike Smith at the USMS / Mike.Smith@usdoj.gov / phone#

Done Internet

Help
Text

Application Form: Facility Administrative Data

FACILITY ADMIN DATA				Help
Facility:	Test V2			
Address:	Street Address	City	State	Zip Code
	1412 Glendale Dr	Burk	VA	22015
Tax ID Number:	12-3434344	DUNS Number:	123456789	
Requestor contact information (person completing the eIGA application):				
Requestor:	jesse	v	Title:	admin
Phone Number:	703-888-1212	e-Mail:	jesse@ms-i.com	
Administrator contact information (facility administrator): <input checked="" type="checkbox"/> Check if same as above				
Administrator:	jesse	v	Title:	admin
Phone Number:	703-888-1212	e-Mail:	jesse@ms-i.com	
Authorized Representative who can sign the agreement:				
Negotiator:	Tommy	Lee	Title:	COTR
Phone Number:	703-123-3455	e-Mail:	tlee@dodo.com	

FACILITY ADMIN DATA

This section will contain facility information such as name, address, phone number, and requestor information pre-populated with captured data during the account request process.

Additional information necessary in this section includes Facility Administrator (official regardless of local title who has ultimate responsibility for managing and operating the facility) and Agreement Representative (individual who has the authority to sign the Agreement).

A box is provided for you to check if the Facility Administrator and Agreement Representative are the same.

Tax Identification Number (TIN) is the Federal tax identification number assigned solely to your business by the Internal Revenue Service (IRS) used to identify your business to Federal agencies.

The Data Universal Numbering System (DUNS) number is provided by Dun and Bradstreet (D&B) as the proprietary means of identifying business entities on a location-specific basis. The nine-digit identification number provides information associated with an entity, including the business name, physical and mailing addresses, tradestyles ("doing business as"), principal names, financial, payment experiences, industry classifications (SICs and NAICS), socio-economic status, and government data.

Application Form: Facility Jurisdiction

FACILITY JURISDICTION		Help
Facility Jurisdiction	Facility Operated by:	
<input type="text" value="County/Municipal"/>	<input type="text" value="Owner"/>	
Jurisdiction Name:		
<input type="text"/>		

Data fields expand if facility is operated by "Other Entity."

FACILITY JURISDICTION			Help
Facility Jurisdiction	Facility Operated by:	Operator Jurisdiction:	
<input type="text" value="County/Municipal"/>	<input type="text" value="Other Entity"/>	<input type="text"/>	
Jurisdiction Name:	Owner	Facility Operator:	
<input type="text" value="NC Corrections Board"/>	<input type="text" value="Other Entity"/>	<input type="text"/>	

FACILITY JURISDICTION

Enter who has the legal authority over the facility and the jurisdiction name. Select the appropriate option from the provided drop-down menu:
Options:
 County/Municipal
 State
 Regional Multi-Jurisdiction
 Private

Enter who operates the facility. Select the appropriate option from the provided drop-down menu to define the entity responsible for the day-to-day operation and management of the facility:
Options:
 Owner
 Other Entity

If Other Entity is selected for facility operator then identify the entity from the provided drop-down menu:
Options:
 Private
 State

Type in the facility operator name.

Application Form: Establishing a Per-Diem Rate

GOVERNMENT PROCEDURES FOR ESTABLISHING A PER-DIEM RATE

Help

Click on "Help" for a description of the procedures used to establishing the per diem rate.

GOVERNMENT PROCEDURES FOR ESTABLISHING A PER-DIEM RATE

The Government will use various price analysis techniques and procedures to ensure the Per-Diem rate established by this agreement is considered fair and reasonable to both parties. Examples of such techniques include, but are not limited to, the following:

1. Comparison of the requested Per-Diem rate with the independent government estimate for services, otherwise known as the Core Rate.
2. Comparison with Per-Diem rates at other state or local facilities of similar size and economic conditions.
3. Comparison of previously proposed prices and previous Government and commercial contract prices with current proposed prices for the same or similar items.
4. Review and evaluation of the provided JOEI.

Application Form: Total Capacity/Proposed Per-Diem

Facility Total Capacity		Available Beds for Federal Use (Daily)	
Type of Prisoner	Capacity	Type of Prisoner	Beds
Adult Male:	1,075	Adult Male:	340
Adult Female:	150	Adult Female:	0
Juvenile:	0	Average Daily Population	
Total Capacity:	1,225	Current ADP:	0
		Projected ADP:	0

Current Rate: \$75.00 **Effective Date:** 2001 **Proposed Per Diem Rate:** \$80.00

The proposed Per-Diem rate, if accepted, will be considered a firm-fixed-price and will not be subject to adjustment on the basis of the actual cost in providing the service. The Per-Diem rate shall be fixed for a period from the effective date of the Agreement forward for thirty-six (36) months. After 36 months, if a rate increase is desired, the Local Government shall submit a request through the eIGA area of the Detention Services Network (DSNet). All information pertaining to the jail on DSNet will be required and new rate negotiated.

TOTAL CAPACITY/PER DIEM

Total Capacity is the maximum number of beds the facility has available to routinely house inmates on a daily basis.

Enter the total capacity for Adult Males
 Enter the total capacity for Adult Females (if applicable)
 Enter the total capacity for Juveniles (if applicable)
 The grand total will be calculated automatically at the conclusion of your entries.

Beds available for Federal daily use.

- Enter the number of beds that are available for Adult Males.
- Enter the number of beds that are available for Adult Females (if applicable)

Average Daily Population (ADP) is the number of population that the facility holds on a daily basis.

Enter the current total Average Daily Population (ADP) for your facility in the box provided.

Enter the projected total ADP for your facility in the box provided.

Enter your current Per Diem rate in the box provided. (If this is an IGA application renewal request.)

Enter the effective date of your current Per Diem rate in the box provided.

Enter your proposed Per Diem rate in the box provided.

Note: The proposed Per diem rate, if accepted, will be considered a firm-fixed price and will not be subject to adjustment on the basis of the actual cost experience in providing the service.

Application Form: Central Service Cost Allocation Plan (CSCAP)

Central Service Cost Allocation Plan (CSCAP)
CSCAP means the documentation identifying, accumulating, and allocating or developing billing rates based on the allowable costs of services provided by a governmental unit on a centralized basis to its departments and agencies. The costs of these services may be allocated or billed to users.

Does your jurisdiction have an approved CSCAP? Yes No

What is the percentage applied to Direct Expenses? 0.0%

What Federal Agency is the CSCAP on file with? Other Other:

(Please ensure any expense reported under the CSCAP is direct expense under the JOEI. The Government reserves the right to request a copy of the CSCAP.)

DOHHS
OJP
Other

If your jurisdiction does have an approved CSCAP, please select “Yes”.

If “Yes” is selected, please indicate what percentage of CSCAP is applied to Direct Expenses?

Select the Federal Agency where your jurisdiction’s CSCAP is on file.

If “Other” is the appropriate response, provide the name of the Federal Agency. (The government reserves the right to request a copy of the CSCAP.)

Application Form: Accessing JOEI Form

JAIL OPERATING EXPENSE INFORMATION (JOEI) Help

The JOEI is designed to assist the Government in evaluating the requested price for housing Federal prisoners or detainees. The JOEI is considered "other than certified cost or pricing data" and is required to determine a fare and reasonable price.

1 - Is this an established facility with "Actual" operating expenses?
 2 - Is this a new facility with only "Projected" operating expenses?

Click on the "JOEI Data" button to complete or edit the JOEI data sheets

JOEI DATA

(10 U.S.C. 2306a (d) (1) and 41 U.S.C. 254b (d) (1))

Click **JOEI DATA**

(This response only applies to initial IGA application requests.)

Select "1" if this is an established, ongoing facility in which actual operating expenses can be reported for the most recent accounting period.

Select "2" if this is a new or rebuilt facility in which no actual expenses have been established or can be reported.

Application Form: JOEI Guidelines

JAIL OPERATING EXPENSE INFORMATION (JOEI)

The JOEI was designed to assist the Government in evaluating the requested per diem rate for housing Federal prisoners or detainees. The JOEI is considered "other than certified cost or pricing data" and is required to determine a fair and reasonable price. Your expenses for completing the JOEI shall be based on actual and projected expense data for categories including Personnel, Care and Treatment and Other Operating Expenses. Guidelines for completing the JOEI are provided below:

GUIDELINES

REPORTED EXPENSES

In determining reasonableness of a given expense, consideration should be given to whether the expense is generally recognized as ordinary and necessary. If the expenses do not benefit federal prisoners, they cannot be claimed on the JOEI form. Your operating expenses must be computed on the basis of actual and projected expenses associated with the operation of the facility and that benefit federal prisoners during the most recent accounting period.

DEFINITIONS

For full definition and description proceed to the JOEI Summary page and click on the "Help" button for the section listed below.

PERSONNEL

- Personnel Benefits
- Consultants and Contract Services
- Other Direct Jail Operating Costs

CARE AND TREATMENT

- Food and Kitchen Supplies
- Medical and First Aid Supplies
- Bedding and Linen
- Recreation
- Educational Services

OTHER OPERATING EXPENSES

- Facility and Office Supplies
- Vehicle Operations
- Safety and Sanitation
- Insurance

REVENUES

- CAP Grant
- Inmate Telephone
- Commissary

Application Form: JOEI Personnel Definitions

PERSONNEL

Full-time and part-time salaries for the following personnel:

- Jail management officials
- Administrative support personnel
- Detention officers and other uniformed personnel assigned to the detention facility
- Maintenance personnel
- Cooks and aides
- Training officers
- On-site medical personnel

Personnel Benefits

The following are types of personnel benefits:

- Retirement plan costs
- State and federal (FICA) payroll taxes (limited to a maximum of 7.65 percent)
- Life, health, and dental insurance plans
- Workman's compensation insurance
- Employee uniforms, including shoes

Consultants and Contract Services

Expenses for consultant and contract services may be used if they benefit federal prisoners. The following are examples of contract services:

- In-house medical, dental, and mental health care
- Laboratory and x-ray costs provided to federal prisoners if the federal government is not billed separately for these services
- Custodial and maintenance
- Legal services
- Nondenominational religious services

Application Form: JOEI Personnel Expense Actuals

Jail Operating Expense Information							
SUMMARY	ACTUALS	PROJECTED					
Personnel Expense - Actuals							
Please list for each category full-time and part-time salaries for the personnel by position on the detention facility's payroll.							
Click here to pre-populate the position information, except for salary column, from for each category to the Projected worksheet. Copy Data							
Administration Staff Click to add or delete a row. Add Del							
Position	No. Pos	Full/Part	Hr Rate	DT Rate	Hours	Gov/Cont	Salary
Admin	1.00	Full	\$40.00	\$60.00	2,100	Government	\$102,000.00
Operations Officer	1.00	Full	\$25.00	\$37.50	2,100	Government	\$75,000.00
Total Admin Positions:		2.00	Administration Salary Sub-Total		\$177,000.00		
Detention Staff Click to add or delete a row. Add Del							
Position	No. Pos	Full/Part	Hr Rate	DT Rate	Hours	Gov/Cont	Salary
Chief Detention Officer	1.00	Full	\$18.00	\$27.00	2,000	Government	\$37,000.00
Detention Office	50.00	Full	\$15.00	\$22.50	100,000	Government	\$1,505,000.00
Total Detention Positions:		51.00	Detention Salary Sub-Total		\$1,542,000.00		
Professional & Technical Staff Click to add or delete a row. Add Del							
Position	No. Pos	Full/Part	Hr Rate	DT Rate	Hours	Gov/Cont	Salary
Doctor	2.00	Full	\$0.00	\$0.00	4,000	Contractor	\$175,000.00
Nurse	2.00	Full	\$0.00	\$0.00	4,000	Contractor	\$90,000.00
Network Admin	1.00	Full	\$0.00	\$0.00	2,000	Contractor	\$95,000.00
Total Prof & Tech Positions:		5.00	Professional & Technical Salary Sub-Total		\$360,000.00		
Clerical & Maintenance Staff Click to add or delete a row. Add Del							
Position	No. Pos	Full/Part	Hr Rate	DT Rate	Hours	Gov/Cont	Salary
Facility Specialist	2.00	Full	\$18.00	\$27.00	4,000	Government	\$37,000.00
Assistant Facility Specialist	1.00	Part	\$12.00	\$0.00	1,000	Government	\$15,000.00
Total Cler & Maint Positions:		3.00	Clerical & Maintenance Salary Sub-Total		\$52,000.00		
Other Staff Click to add or delete a row. Add Del							
Position	No. Pos	Full/Part	Hr Rate	DT Rate	Hours	Gov/Cont	Salary
	0.00		\$0.00	\$0.00	0		\$0.00
Total Other Positions:		0.00	Other Salary Sub-Total		\$0.00		
Benefits and Taxes							
						FICA Benefits	\$135,000
						Health Insurance	\$145,000
						State Unemployment Tax	\$48,000
						Federal Unemployment Tax Act	\$55,000
						Retirement Program/Other Employer Contribution Plan	\$145,000
Total Staff FTEs:		61.00	Total Staff Salary Cost:		\$2,659,000.00		

STAFFING

Enter the number of the current full time equivalent (FTE) by job function identified in this section - if a category is not listed enter the FTE in the "Other" and define the job function type(s).

FTE staff is defined as 2080 work hours during a 12-month period. Including work performed by contractors. Excluding any volunteer activities.

Category:
Administrators: is defined as the individual directly in charge of a program.
Detention Officer: is defined as protective service occupation.
Professional and Technical Staff: is defined as a person following a profession and earns a living in a given or implied occupation.
Clerical and Maintenance Staff: is defined as non-supervisory support staff.
Other: is defined as a category not listed, enter the FTE and identify the job function type(s).

Application Form: JOEI Personnel Expense Projected

http://ofd.Lus - JOEI (IGA@e-Work Server) - Metastorm e-Work - Microsoft Internet Explorer

Jan Operating Expense Information

SUMMARY ACTUALS PROJECTED

Personnel Expense - Projected

Please list for each category full-time and part-time salaries for the personnel by position on the detention facility's payroll.

Administration Staff Click to add or delete a row. Add Del

Position	No. Pos.	Full/Part	Hr Rate	DT Rate	Estmd Hrs	Gov/Cont	Salary
Admin	1.00	Full	\$40.00	\$60.00	2,100	Government	\$103,000.00
Operations Officer	1.00	Full	\$25.00	\$37.50	2,100	Government	\$77,000.00

Total Admin Positions: Administration Salary Sub-Total:

Detention Staff Click to add or delete a row. Add Del

Position	No. Pos.	Full/Part	Hr Rate	DT Rate	Estms Hrs	Gov/Cont	Salary
Chief Detention Officer	1.00	Full	\$18.00	\$27.00	2,000	Government	\$0.00
Detention Office	50.00	Full	\$15.00	\$22.50	100,000	Government	\$0.00

Total Detention Positions: Detention Salary Sub-Total:

Professional & Technical Staff Click to add or delete a row. Add Del

Position	No. Pos.	Full/Part	Hr Rate	DT Rate	Estms Hrs	Gov/Cont	Salary
Doctor	2.00	Full	\$0.00	\$0.00	4,000	Contractor	\$0.00
Nurse	2.00	Full	\$0.00	\$0.00	4,000	Contractor	\$0.00
Network Admin	1.00	Full	\$0.00	\$0.00	2,000	Contractor	\$0.00

Total Prof & Tech Positions: Professional & Technical Salary Sub-Total:

Clerical & Maintenance Staff Click to add or delete a row. Add Del

Position	No. Pos.	Full/Part	Hr Rate	DT Rate	Estms Hrs	Gov/Cont	Salary
Facility Specialist	2.00	Full	\$18.00	\$27.00	4,000	Government	\$0.00
Assistant Facility Specialist	0.00	Part	\$12.00	\$0.00	1,000	Government	\$0.00

Total Cler & Maint Positions: Clerical & Maintenance Salary Sub-Total:

Other Staff Click to add or delete a row. Add Del

Position	No. Pos.	Full/Part	Hr Rate	DT Rate	Estms Hrs	Gov/Cont	Salary
	0.00		\$0	\$0	0		\$0

Total Other Positions: Other Salary Sub-Total:

Benefits and Taxes

FICA Benefits	\$145,000
Health Insurance	\$35,400
State Unemployment Tax	\$44,500
Federal Unemployment Tax Act	\$55,600
Retirement Program/Other Employer Contribution Plan	\$165,600

Total Staff FTEs: Total Staff Salary Cost:

<--- Actuals

Personnel Expense - Projected

STAFFING

Enter the number of the current full time equivalent (FTE) by job function identified in this section - if a category is not listed enter the FTE in the "Other" and define the job function type(s).

FTE staff is defined as 2080 work hours during a 12-month period. Including work performed by contractors. Excluding any volunteer activities.

Category:

- Administrators:** is defined as the individual directly in charge of a program.
- Detention Officer:** is defined as protective service occupation.
- Professional and Technical Staff:** is defined as a person following a profession and earns a living in a given or implied occupation.
- Clerical and Maintenance Staff:** is defined as non-supervisory support staff.
- Other:** is defined as a category not listed, enter the FTE and identify the job function type(s).

Application Form: JOEI Summary Data Sheet

Jail Operating Expense Information			
SUMMARY	ACTUALS	PROJECTED	Finished
<i>Expense Summary</i>			
		Year: 2007	Year: 2008
EXPENSE CATEGORIES	ACTUALS	PROJECTED	
Personnel	This section is populated with information from the JOEI Actuals and Projected sheets.		Help
Local Government Salaries:	\$11,200,000.00	\$11,251,000.00	
Benefits:	\$9,185,000.00	\$9,208,000.00	
Consultant/Contract Services:	\$300,000.00	\$303,000.00	
Sub-Total Personnel:	\$20,685,000.00	\$20,762,000.00	
Care and Treatment			Help
Category	Actual	Projected	
Food and Kitchen Supplies:	\$2,355.00	\$2,432.00	
Medical and First Aid Supplies:	\$2,344.00	\$2,342.00	
Bedding and Linen:	\$2,343.00	\$2,342.00	
Recreation:	\$234.00	\$2,342.00	
Educational Services:	\$3,234.00	\$4,324.00	
Sub-Total Care and Treatment:	\$10,510.00	\$13,782.00	
Other Operating Expenses			
Facility/Office			Help
Category	Actual	Projected	
Utilities:	\$4,322.00	\$5,433.00	
Office Supplies/Postage:	\$2,342.00	\$3,543.00	
Telephone:	\$2,434.00	\$5,432.00	
Facility Depreciation:	\$4,500.00	\$4,400.00	
Vehicle Operations			Help
Category	Actual	Projected	
Lease:	\$243,222.00	\$24,443.00	
Insurance:	\$234,234.00	\$23,444.00	
Maintenance:	\$24,422.00	\$234,324.00	
Safety and Sanitation			Help
Category	Actual	Projected	
Service:	\$2,423.00	\$2,432.00	
Supplies:	\$532.00	\$2,345.00	
Equipment:	\$3,422.00	\$4,234.00	
Insurance			Help
Category	Actual	Projected	
Property:	\$224,342.00	\$234,342.00	
Professional:	\$23,452.00	\$23,542.00	
Liability:	\$32,432.00	\$24,323.00	
Other			Click to add or delete a row. Add Del Help
Category	Actual	Projected	
		\$0	\$0
Sub-Total Other Operating Expenses:	\$812,529.00	\$600,237.00	
Revenues			Help
Category	Actual	Projected	
CAP Grant:	\$2,500.00	\$0.00	
Inmate Telephonic:	\$4,500.00	\$4,500.00	
Commissary:	\$3,450.00	\$3,500.00	
Sub-Total Revenues	\$10,450.00	\$8,000.00	
TOTAL	\$21,497,589.00	\$21,368,019.00	

4 Distinct Expense Categories

← Personnel

← Care & Treatment

← Other

← Revenues

Application Form: JOEI Summary - Care and Treatment

Care and Treatment Help		
Category	Actual	Projected
Food and Kitchen Supplies:	\$75,000	\$80,000
Medical and First Aid Supplies:	\$80,000	\$82,000
Bedding and Linen:	\$10,500	\$11,000
Recreation:	\$4,500	\$5,000
Educational Services:	\$65,000	\$66,000

CARE AND TREATMENT

- Food and kitchen supplies. Food preparation, serving, transporting, and cooking supplies. Utensils, equipment, thermostats, gloves, hair restraints, etc. Provisions such as food and beverages.
- Medical care supplies. Supplies necessary to conduct medical, dental and mental health screenings and appraisals. Systems to administer medication. Supplies to handle chronic and emergency conditions and outpatient and infirmary care.
- Bedding and linen. Includes towels, mattresses, pillows, drapes, etc.
- Recreation. Competitive, recreational and fitness activities, including intramural and individual sports, exercise classes, table games, billiards, watching television and movies, newspapers and magazines, and arts and crafts, etc.
- Educational Services. Academic, basic literacy and high school equivalency. Parenting programs, creative writing, history, career development, graphic arts, culinary arts, etc.
- Other. Inmate clothing, Toiletries.

Done Internet

Application Form: JOEI Summary - Facility/Office

Other Operating Expenses			
Facility/Office			igp
Category	Actual	Projected	
Utilities:	\$0.00	\$0.00	\$0.00
Office Supplies/Postage:	\$0.00	\$0.00	\$0.00
Telephone:	\$0.00	\$0.00	\$0.00
Facility Depreciation:	\$0.00	\$0.00	\$0.00

FACILITY/OFFICE

- Utilities. Charges for heat, light, power, water, gas, electricity and other utility services exclusive of transportation and communication services.
- Office supplies. Pencils, paper, calendar pads, notebooks, unprinted envelopes, other office supplies, and property of little monetary value, such as desk trays, pen sets, and calendar stands.
- Postage. For official use of the United States mail, package delivery, and/or private carrier service.
- Telephone. Equipment and services including voice and data usage, facsimile, audio/video and data transmission terminal equipment and service.
- Facility Depreciation. A depreciation or use-allowance charge is allowed for all buildings utilized in the performance of the IGA. Without a formal building depreciation policy at the local level, a use-allowance not exceeding 2 percent of acquisition costs should be used to compute the allowable building use-allowance charge.

Application Form: JOEI Summary - Vehicle

Vehicle Operations help		
Category	Actual	Projected
Lease:	\$60,000	\$650,000
Insurance:	\$15,000	\$155,000
Maintenance:	\$20,000	\$22,000

VEHICLE OPERATIONS

- Lease. A leased vehicle may be used in situations where it is the most cost-efficient means of transportation or when the efficient conduct of business precludes the use of other means of transportation.
- Vehicle Insurance. There are basically six different types of coverage. Some may be required by law. Others are optional. They are:
 - Bodily injury liability, for injuries the policyholder causes to someone else.
 - Medical payments or Personal Injury Protection (PIP) for treatment of injuries to the driver and passengers of the policyholder's car.
 - Property damage liability, for damage the policyholder causes to someone else's property.
 - Collision, for damage to the policyholder's car from a collision.
 - Comprehensive, for damage to the policyholder's car not involving a collision with another car (including damage from fire, explosions, earthquakes, floods, and riots), and theft.
 - Uninsured motorist's coverage, for costs resulting from an accident involving a hit-and-run driver or a driver who does not have insurance.
- Vehicle Maintenance. Might include manufacturer-recommended servicing and any repairs needed to keep the vehicle in good operating condition.

Done Internet 100%

Application Form: JOEI Summary - Safety and Sanitation

Safety and Sanitation				
Category	Actual		Projected	
Service:		\$5,000		\$5,200
Supplies:		\$1,200		\$1,250
Equipment:		\$2,500		\$2,600

SAFETY AND SANITATION

- Safety supplies and services. Necessary for the security and supervision of inmates and staff. Picture ID cards, padlocks and chains, exit diagrams, safety cabinets and cans, safety glasses, eyewash, maintenance, etc.
- Sanitation supplies and services. To provide clean, sanitary and well-ventilated facilities, including features that control the storage, exposure, use and disposal of all flammable, caustic, toxic, and hazardous materials. Pest control, air exchange supplies, etc. Cleaning and toilet supplies.
- Equipment. Fire extinguishers, emergency lights, lighted exit signs, approved trash containers, etc.

Done Internet

Application Form: JOEI Summary - Insurance

Insurance		
Category	Actual	Projected
Property:	\$4,000	\$4,300
Professional:	\$10,000	\$12,000
Liability:	\$15,000	\$15,050

INSURANCE

- Property/Casualty insurance. Covers damage to or loss of policyholders' property and legal liability for damages caused to other people or their property.
- Professional Liability insurance. Covers professionals for negligence and errors or omissions that injure clients.
- Liability Insurance. Insurance for what the policyholder is legally obligated to pay because of bodily injury or property damage caused to another person.



Done



Internet

Application Form: JOEI Summary – Other Jail Operating Expense

Other		
Category	Actual	Projected
	\$0	\$0
Sub-Total Other Operating Expenses:		
	\$245,700.00	\$1,020,200.00
TOTAL	\$3,139,700.00	\$3,985,400.00
<i>Expense Summary</i>		Actuals -->

Internet

OTHER JAIL OPERATING EXPENSE

Other cost categories that should be included on the JOEI form not covered on previous sections, to include indirect expenses. Operating expenses of separate detention facilities not utilized by federal prisoners are not to be included.

Internet | Protected Mode: On 100%

Application Form: JOEI Revenues

Revenues		Help	
Category	Actual	Projected	
CAP Grant:		\$0.00	\$0.00
Inmate Telephone:		\$0.00	\$0.00
Commissary:		\$0.00	\$0.00
Sub-Total Revenues		-	\$0.00
TOTAL		\$1,175,110.00	\$0.00

Expense Summary

REVENUES

All revenue generated from the facility's operation must be offset against the facility's direct operating expenses. Determine the following sources of revenue:

- Cooperative Agreement Program (CAP) Grant. The amount of capital investment funding provided to your facility in exchange for guaranteed bed space
- Commissary. Commissary profits, if the funds are not placed in an inmate's trust account to be used solely for the benefit of the inmate
- Inmate Telephone. Commissions earned from an inmate's use of long distance telephone services

This is the final screen within the JOEI module.

Click on the "Finished" button on the top right of the JOEI form.

A dialog screen will be displayed confirming the changes to be saved. Click "OK".

Continue with the main IGA application.

Application Form: Staffing

STAFFING		Help	
The full-time equivalent (FTE) per job category presented are based on the JOEI worksheets:			
<u>Job Category</u>	<u>FTEs</u>	<u>Job Category</u>	<u>FTEs</u>
a. Administration Staff	2.00	d. Clerical & Maintenance Staff	2.50
b. Detention Officer Staff	51.00	e. Other Staff, describe	0.00
c. Professional & Technical Staff	5.00		
Total FTEs:			60.50
NOTE: If fields are blank - please complete the JOEI data sheets in the section above.			

This section should be pre-populated with the information that was previously entered in the JOEI data sheets. If the fields are blank, please complete the JOEI data sheets.

Application Form: Types of Services

TYPES OF SERVICES Help

Do you Offer Guard/Transportation Services? Yes No

Screen example if “Yes” is selected for Guard/Transportation.

TYPES OF SERVICES Help

Do you Offer Guard/Transportation Services? Yes No

Indicate the type of transportation offered:

Medical Court Other

Is the transport guard hourly rate a separate charge from the Per Diem? Yes No

Current Guard Rate: Proposed Guard Hour Rate:

TYPE OF SERVICES

If applicable, indicate the type of transportation that is offered. Also indicate whether or not the transport guard hourly rate is a separate charge from the per diem rate. If this is a separate charge, indicate the current guard rate in the box provided and the proposed guard rate in the box provided.

Application Form: Incidents Involving Prisoners

INCIDENTS INVOLVING PRISONERS			
Indicate if any of these incidents have occurred in the last 12 months.			
Nature of Incident	No.	Nature of Incident	No.
<input checked="" type="checkbox"/> Prisoner-on-prisoner assaults Req Med attention	2	<input checked="" type="checkbox"/> Disturbances 4 or more prisoners	2
<input type="checkbox"/> Prisoner-on-prisoner assaults resulting in death	0	<input type="checkbox"/> Attempted prisoner escapes	0
<input type="checkbox"/> Staff-on-prisoner assaults req medical attention	0	<input type="checkbox"/> Actual prisoner escapes	0
<input checked="" type="checkbox"/> Staff-on-prisoner assaults resulting in death	2	<input checked="" type="checkbox"/> Prisoner suicides	1

INCIDENTS INVOLVING PRISONERS

Check all applicable incidents involving prisoners over the last 12 months. Once a type of incident is checked, enter the number of occurrences over the last 12 months.

Nature of Incident:

- Prisoner-on-prisoner assaults requiring medical attention
- Prisoner-on-prisoner assaults resulting in death
- Staff-on-prisoner assaults req medical attention
- Staff-on-prisoner assaults resulting in death
- Disturbances involving 4 or more prisoners
- Attempted prisoner escapes
- Actual prisoner escapes
- Prisoner suicide

Done Internet

Application Form: Judicial Oversight

JUDICIAL OVERSIGHT Help

Any court orders or Consent Decrees pursuant to the facility? Yes No Edit

JUDICIAL OVERSIGHT Help

Enter a date for the court order or Consent Decree that apply to your faculty.

Disciplinary Procedure	Food Services	Life Safety	Medical Services	Population	Religious Practice
10/27/2006	10/25/2006				

Save Cancel

JUDICIAL OVERSIGHT

If Yes is selected, you will be prompted to select the nature from the menu and date(s) (calendar provided) of the court order or consent decree.

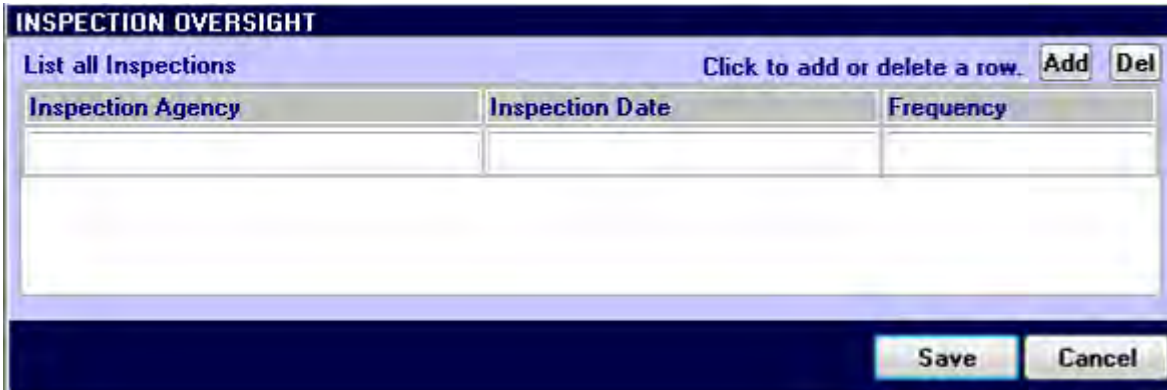
Save your entries before proceeding.

Done Internet

Application Form: Health Care Policies

HEALTH CARE POLICIES	
Click on the button to define the healthcare services provided to inmates.	
<input type="button" value="Define"/>	
HEALTH CARE POLICIES	
Methods(s) used to provide health care services (Check all that apply).	
<input type="checkbox"/> On-site medical staff, employed by the facility	
<input type="checkbox"/> On-site medical staff, employed by other governmental agency	
<input type="checkbox"/> Medical services performed by a contractor and billed on a per visit basis	
<input type="checkbox"/> Medical services performed by a contractor and billed on a per prisoner or retainer basis	
<input type="checkbox"/> Other. Describe	
Policies and procedures regarding tuberculosis (TB) screening (Check all that apply).	
<input type="checkbox"/> Prisoners are screened at the time of admission	
<input type="checkbox"/> Prisoners are screened at regular intervals	
<input type="checkbox"/> Prisoners with no history of vaccinations are screened	
<input type="checkbox"/> Prisoners are screened after possible exposure to TB	
<input type="checkbox"/> Prisoners screened upon request	
<input type="checkbox"/> Other. Describe	
Policies and procedures regarding prisoner mental health. (Check all that apply.)	
<input type="checkbox"/> Prisoners are screened for mental health disorders at intake.	
<input type="checkbox"/> Mental health professionals conduct psychiatric or psychological evaluations to determine the prisoner's mental health or emotional status.	
<input type="checkbox"/> Facility provides 24-hour mental health care to prisoners.	
<input type="checkbox"/> Facility provides therapy/counseling by trained mental health professionals on a routine basis.	
<input type="checkbox"/> Mental health professionals prescribe, distribute, and monitor the use of psychotropic medications by prisoners.	
<input type="checkbox"/> Other. Describe	
Procedures to prevent prisoner suicides. (Check all that apply.)	
<input type="checkbox"/> Suicide risk assessment is conducted at intake	
<input type="checkbox"/> Facility regularly sponsors staff training in suicide risk assessment and prevention	
<input type="checkbox"/> Facility provides special prisoner counseling and psychiatric services.	
<input type="checkbox"/> Facility monitors high-risk prisoners	
<input type="checkbox"/> Facility houses high-risk prisoners in special locations to facilitate monitoring.	
<input type="checkbox"/> Facility has established suicide prevention teams	
<input type="checkbox"/> Other. Describe	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

Application Form: Inspection Oversight



Application Form: Professional Accreditations

PROFESSIONAL ACCREDITATIONS Help

Professional accreditations awarded? Yes No Edit

PROFESSIONAL ACCREDITATIONS

List all professional accreditations Click to add or delete a row.

Organization	Date	Score
ACA		
JCAHO		
NCCHC		

PROFESSIONAL ACCREDITATIONS

Select Yes if professional accreditations have been awarded. You will be prompted to enter the professional accreditation organization(s) from the drop-down menu.

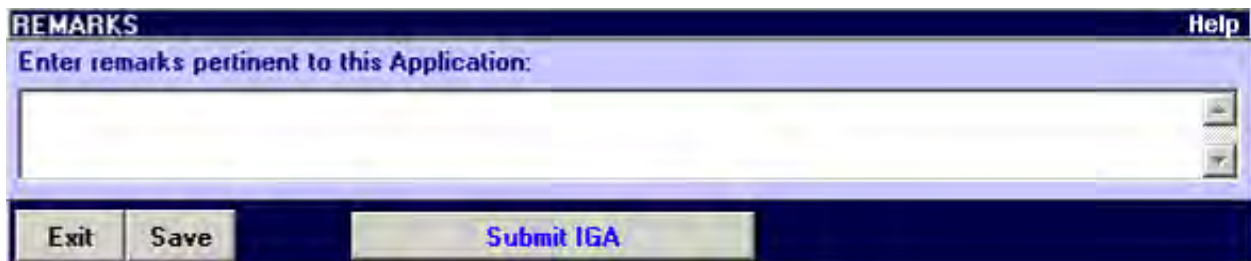
- American Correctional Association (ACA)
- Joint Commission on Accreditation of Health Care Organizations (JCAHO)
- National Jail Association

Provide the date (calendar provided) of the most recent inspection. Add and delete keys are provided in the right hand corner.

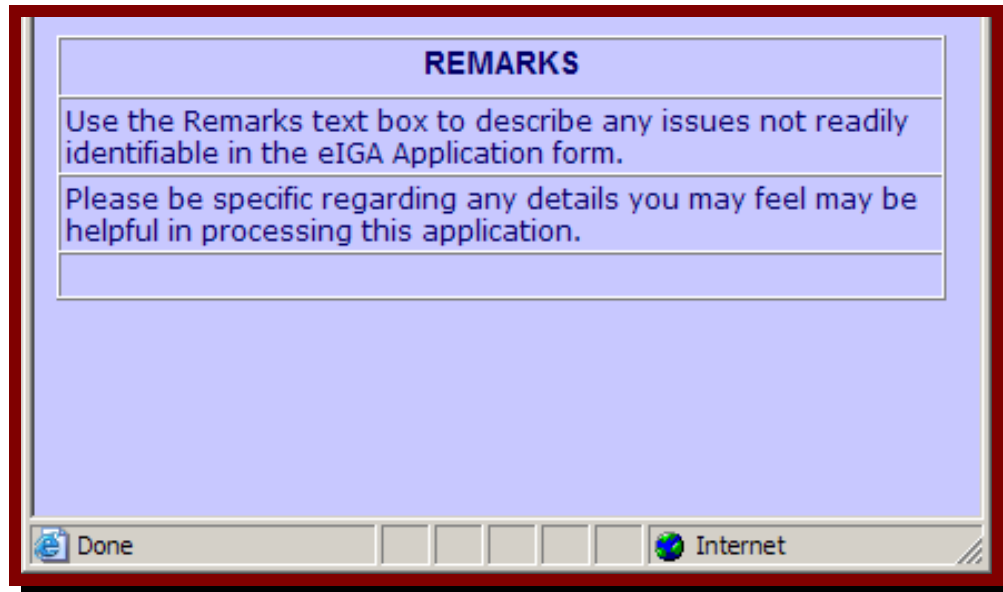
Save your entries before proceeding.

Done Internet

Application Form: Remarks, Submission



The screenshot shows a web browser window titled "REMARKS". The address bar contains the text "Enter remarks pertinent to this Application:". Below the address bar is a large, empty text input field. At the bottom of the window, there are three buttons: "Exit", "Save", and "Submit IGA". The "Submit IGA" button is highlighted in blue.



The screenshot shows a close-up of the "REMARKS" text box. The text box is titled "REMARKS" and contains the following instructions:

Use the Remarks text box to describe any issues not readily identifiable in the eIGA Application form.

Please be specific regarding any details you may feel may be helpful in processing this application.

Below the instructions is a large, empty text input field. At the bottom of the window, there are two buttons: "Done" and "Internet".

To exit out of the system without saving the changes made, click "Exit."

To save changes made to the system, click "Save."

To exit out of the system as well as save changes made, click "Save" and then click "Exit."

To submit the IGA application, click "Submit IGA." Please make sure that you have saved all of your changes before submitting.