

Point Coupee Parish Jail
P. O. Box 248
New Roads, Louisiana 70760

Modification No. 06
IGSA A/DLS-49-90

This modification number 06 to Intergovernmental Service Agreement A/DLS-49-90 makes the following changes, effective 10/01/96:


- A. The Agreement number is hereby changed from A/DLS-49-90 to **ACB-7-I-0035**.
- B. The new Contracting Officer name and address are as follows:

Roger E. Fregeau, Contracting Officer
U. S. Immigration & Naturalization Service
70 Kimball Avenue
South Burlington, Vermont 05403-6813
Telephone No. [REDACTED] b2Low

- C. The new Payment address on page 3 of the Agreement is as follows:

U. S. Immigration & Naturalization Service
70 Kimball Avenue
South Burlington, Vermont 05403-6813
Attn: Finance
Telephone No. (802) 660-1127

For the INS:


Roger E. Fregeau
Contracting Officer
Immigration & Naturalization Service
70 Kimball Avenue
South Burlington, VT 05403-6813

Date: 12/19/96

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. Five (5)		3. EFFECTIVE DATE 08/01/95	4. REQUISITION/PURCHASE REQ. NO.	1. CONTRACT ID CODE	PAGE OF PAGES 01 01
6. ISSUED BY US IMMIGRATION & NATURALIZATION SERVICE 7701 NORTH STEMMONS FREEWAY DALLAS, TX 75247		7. ADMINISTERED BY (If other than Item 6) INS - P.O. BOX 5095 OAKDALE, LA 71463-5095	5. PROJECT NO. (If applicable)		

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) Point Coupee Parish Jail P.O. Box 248 New Roads, LA 70760		9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)	10A. MODIFICATION OF CONTRACT/ORDER NO. X IGSA-A/DLS-49-90	10B. DATED (SEE ITEM 11)
CODE	FACILITY CODE	11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS			

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)
b2Low

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.
J. M. Barmit FOR DDP 10-4-95 NK 14/10

<input checked="" type="checkbox"/> A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGE ORDER NO. IN ITEM 10A.	CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/> B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE APPROPRIATION DATE, ETC.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).	ADMINISTRATIVE CHANGES (such as changes in paying office, etc.) SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input checked="" type="checkbox"/> C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: THE AGREEMENT	
<input type="checkbox"/> D. OTHER (Specify type of modification and authority)	

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
Effective 08/01/95 IGSA DLS-49-90 IS MODIFIED AS FOLLOWS

"This agreement shall remain in force indefinitely until terminated by either party. Should conditions of an unusual nature occur, making it impractical or impossible to house detainee(s), the contractor may suspend or restrict the use of the facility by giving written notice to the INS. Such notice will be provided sixty (60) days in advance of the effective date of formal termination and at least thirty (30) days in advance of a suspension or restriction of use unless an emergency situation requires an earlier relocation of detainee(s)."

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) b6, b7c Warden	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ARTHUR S. COOPER, III
15B. CONTRACTOR/OFFEROR <i>Charles H. [Signature]</i> (Signature of person authorized to sign)	15C. DATE SIGNED 8/1/95
15D. UNITED STATES OF AMERICA	15E. BY <i>[Signature]</i> (Signature of Contracting Officer)
15F. DATE SIGNED	15G. DATE SIGNED 10/18/95

2. AMENDMENT/MODIFICATION NO. Four (4)		3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY IMMIGRATION AND NATURALIZATION SERVICE 7701 NORTH STEMMONS FREEWAY DALLAS, TEXAS 75247		CODE	7. ADMINISTERED BY (If other than Item 6) IMMIGRATION AND NATURALIZATION SERVICE 701 LOYOLA AVENUE, ROOM T-8011 NEW ORLEANS, LA 70113	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) POINT COUPEE PARISH JAIL P.O. BOX 248 NEW ROADS, LA 70760			9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER IGSA-A/DLS 49-90 10B. DATED (SEE ITEM 13) 05/07/90	
CODE	FACILITY CODE		X	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to this opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required):
b2Low APPROVED, ARC-RODDP: *ED RODD 5-4-95* APPROVED, ROBD: *J. Kennedy*

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE IGSA AS DESCRIBED IN ITEM 14.

<input checked="" type="checkbox"/>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 48.103(b).
<input checked="" type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: THE AGREEMENT
<input type="checkbox"/>	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

TO INCLUDE NEW ORLEANS DISTRICT LOCATED AT 701 LOYOLA AVENUE, ROOM T-8011, NEW ORLEANS, LA 70113. TO THE AGREEMENT

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) b6,b7c WARDEN		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ARTHUR S. COOPER, III	
15B. DATE SIGNED b6,b7c	15C. DATE SIGNED 5/23/95	16B. UNITED STATES OF AMERICA BY <i>[Signature]</i> (Signature of Contracting Officer)	16C. DATE SIGNED 5/26/95

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

I. CONTRACT ID CODE PAGE OF PAGE: 1 1

2. AMENDMENT/MODIFICATION NO. THREE (3) 3. EFFECTIVE DATE 10/03/94 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable) 6. ISSUED BY US IMMIGRATION & NATURALIZATION SERVICE 7701 North Stemmons Freeway Dallas, TX 75247 7. ADMINISTERED BY (If other than Item 6) US IMMIGRATION & NATURALIZATION SERVICE P.O. Box 5095 Oakdale, LA 71463-5095

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) POINT COUPEE PARISH JAIL P.O. Box 248 New Roads, LA 70760 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER X IGSA-A/DLS-49-90 10B. DATED (SEE ITEM 13) October 3, 1994

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) APPROVED, ARC-RODDP: EORDDP 11-25-94 APPROVED, ROBUD: [Signature]

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS IT MODIFIES THE IGSA AS DESCRIBED IN ITEM 14.

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). X C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: THE AGREEMENT D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, X is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Effective 10/03/94 IGSA-A/DLS-49-90 IS MODIFIED UNDER MINIMUM STANDARDS - Part 3 as follows: "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 2,400 calories per day thereafter. There will also be no more than 14 hours between meals."

15A. NAME AND TITLE OF SIGNER (Type or print) b6,b7c Warden 15B. DATE SIGNED 11/2/94 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ARTHUR S. COOPER, III 16B. UNITED STATES OF AMERICA BY [Signature] (Signature of Contracting Officer) 16C. DATE SIGNED 12/2/94

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO. Two (2)		3. EFFECTIVE DATE April 25, 1993	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)		
5. ISSUED BY Immigration & Naturalization Service 7701 North Stemmons Freeway (ROAD) Dallas, TX 75247		CODE	7. ADMINISTERED BY (if other than (6)) Immigration & Naturalization Service P.O.Box 960 Oakdale, Louisiana 71463		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) Point Coupee Parish Jail P. O. Box 248 New Roads, Louisiana 70760					(y)	9A. AMENDMENT OF SOLICITATION NO.
					X	9B. DATED (SEE ITEM 11)
					X	10A. MODIFICATION OF CONTRACT/ORDER NO. IGSA-A/DLS49-90
						10B. DATED (SEE ITEM 13)
CODE		FACILITY CODE				

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

b2Low Approved, ARC-RODDP: *[Signature]* Approved: ROBIN:

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. IGSA

(y)	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: The Agreement
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

IGSA-A/DLS49-90 is hereby extended in its entirety, effective 04/25/93 until 04/24/96

Except as provided herein, all terms and conditions of the document referenced in Items 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) WARDEN	15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) ARTHUR S. COOPER, III Contracting Officer
15C. DATE SIGNED MAY 12, 1993	15D. UNITED STATES OF AMERICA <i>[Signature]</i> (Signature of Contracting Officer)
16C. DATE SIGNED 6/2/93	

AMENDMENT OF SOLICITATION OR MODIFICATION OF CONTRACT

CONTRACT ID CODE PAGE OF PAGES

1 1 3

2. AMENDMENT/MODIFICATION NO. One (1)	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)
6. ISSUED BY Immigration & Naturalization Service 7701 North Stemmons Freeway (ROLOG) Dallas, Texas 75247		7. ADMINISTERED BY (if other than Item 6) Immigration & Naturalization Service P. O. Box 960 Oakdale, Louisiana 71463	

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) Point Coupee Parish Jail P. O. Box 248 New Roads, Louisiana 70760	<input checked="" type="checkbox"/> 9A. AMENDMENT OF SOLICITATION NO.
	<input type="checkbox"/> 9B. DATED (SEE ITEM 11)
	<input checked="" type="checkbox"/> 10A. MODIFICATION OF CONTRACT/ORDER IGSA-A/DLS-49-90
	<input type="checkbox"/> 10B. DATED (SEE ITEM 13) 5-8-90

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such changes may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

b2Low APPROVED, ARC-RODDP: CEI APPROVED, ROBUD: Madison 4/26/91

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE IGSA AS DESCRIBED IN ITEM 14.

<input checked="" type="checkbox"/> A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/> B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
<input checked="" type="checkbox"/> C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: The Agreement
<input type="checkbox"/> D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 2 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

See attached.

15A. NAME AND TITLE OF SIGNER (Type or print) EN		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Arthur S. Cooper III Contracting Officer	
15C. DATE SIGNED apr. 10, 1991	16B. UNITED STATES OF AMERICA BY <u>Madison</u> (Signature of Contracting Officer)	16C. DATE SIGNED 5-2-91	

IGSA-A/DLS-49-90 dated 5-8-90 is modified to cancel the two sections entitled " PURPOSE" and "SUPPORT AND MEDICAL SERVICES" and to substitute the following two sections:

PURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, Immigration and Naturalization Service (hereafter referred to as the "**Service**") and the Point Coupee Parish Jail (hereafter referred to as the "**Provider**") for the long term detention and care of Mariel Cuban aliens and aliens of other nationalities (hereafter referred to as "Detainees").

SUPPORT, MEDICAL SERVICES AND GUARD SERVICES

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

The **Provider** agrees to provide INS detainees with the same level of medical care and services as provided non-INS prisoners as part of the per manday per diem rate. This rate includes:

- o On-site sick call (when provided by on-site staff);
- o Medications (over the counter/non-legend and routine drugs and medical supplies);
- o Emergency ambulance service to off-site health care services; and
- o Escort/security guard services for transport to/from emergency or non-emergency health care services as either an in-patient or out-patient.

The **Provider** agrees to provide stationary guard services as requested or required for detainees committed to a medical facility for inpatient medical care. Such services will be performed by qualified law enforcement or correctional officer personnel employed by the **Provider** under their policies, procedures and practices. The **Provider** agrees to augment such practices as may be requested by the **Service** to enhance specific requirements for security, detainee monitoring, visitation and contraband control. The itemized monthly invoice for such stationary guard services shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the detainee(s) that was guarded. The **Service** agrees to reimburse the **Provider** for actual stationary guard services provided at the rate of \$ 12.00 per hour.

When specifically requested by the **Service**, the **Provider** agrees to arrange for and/or provide non-emergency ambulance transportation service to transport detainees from one off-site medical care facility to another. The **Service** agrees to provide reimbursement, over and above the per manday per diem rate, to the **Provider** for such ambulance transportation services when the costs are included with the regular monthly billing for detention services.

The **Provider** further agrees to include all costs associated with hospital or health care services specifically provided to any detainees both inside and outside the facility, with the regular monthly billing to the **Service** for detention services. In this case, the **Provider** arranges for the health care facility, consultant health care provider, and other health care vendor/suppliers to invoice the **Provider** for services provided at rates no greater than those applicable for non-INS detainees in the custody of the **Provider**. The **Service** shall include payment for the hospital/health care services provided along with the monthly payment for detention services. The **Provider** shall submit invoices for hospital and health care services to the **Service** within sixty (60) days after the services were rendered. In addition, the following documentation must be provided in order to support INS payment of these costs:

- 1) Health Care Facility invoice with discharge summary attached which includes diagnosis, treatment, prognosis and follow-up needed;
- 2) Health Care Provider invoice with note attached which includes diagnosis, treatment and follow-up needed;
- 3) Health Care Vendors/Suppliers invoice with name of INS detainee(s) and list of services/supplies rendered.

The **Provider** shall also notify the designated contact person at the local **Service** office, when any reimbursable medical care is provided to a detainee inside the **Provider's** facility or at a medical care facility outside of the **Provider's** facility, in accordance with procedures to be established and mutually agreed upon.

As requested or required by the **Service** the **Provider** shall furnish necessary articles of clothing (1 pair jeans, 1 shirt, 1 set underwear, 1 pair socks, 1 pair shoes, and if required by weather, 1 coat or jacket) to detainees prior to their release to a half-way house or to family. The **Service** agrees to reimburse the **Provider** for all actual costs for providing such clothing. The charges for clothing costs shall be included with the regular monthly billing to the **Service** for detention services. A copy of the receipts for such clothing paid by the **Provider** shall be submitted with the detention billing to support the reimbursement.

//////////////////// END OF MODIFICATION //////////////////////

INTERGOVERNMENTAL SERVICE AGREEMENT

PURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, Immigration and Naturalization Service (hereafter referred to as the "Service") and the Pt. Coupee Parish Jail (hereafter referred to as the "Provider") for the detention and care of aliens.

SUPPORT AND MEDICAL SERVICES

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

The Provider agrees to provide detainees with the same level of medical care and services provided local prisoners including the transportation and security for prisoners requiring removal from the facility for emergency medical services. The Provider shall also notify the designated contact person at the local Service office, when medical care is provided to a detainee at a medical care facility outside of the Provider's facility, in accordance with procedures to be established and mutually agreed upon.

The Provider further agrees to include all costs associated with hospital or health care services provided outside the facility, with the regular monthly billing to the Service for detention services. In this case, the Provider arranges for the caring facility to invoice the Provider for services provided at rates no grater than those applicable for other individuals in the custody of the Provider. A copy of the caring facility's invoice(s) for hospital/health care services shall be submitted with the detention billing to support the Service's payment of those costs to the Provider. The Service shall include payment for the hospital/health care services provided along with the monthly payment for detention services.

MINIMUM STANDARDS

The Provider agrees to meet the following minimum standards:

1. 24 hour supervision

2. Full compliance with applicable fire and/or life safety codes, and has appropriate smoke/fire detection equipment installed in the facility.
3. A minimum of two 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):

Pt. Coupee Parish Jail
P. O. Box 248
New Roads, LA 70760

INSPECTION

The Provider agrees to allow periodic inspections of the facility by INS jail inspectors. Findings will be shared with the facility administrator in order to promote improvements to facility operations or conditions of confinement.

FINANCIAL PROVISIONS

The per diem rate under this agreement is \$46.00 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 services provided each month, in arrears. The invoice is to be submitted to

the following location:

U. S. Immigration & Naturalization Service
P. O. Box 960
Oakdale, La 71463

Payments under this agreement shall be effected within thirty calendar days after receipt of a correct and proper invoice, by the following office:

Immigration & Naturalization Service
311 North Stemmons Freeway (ROBUD)
Dallas, Texas 75207

Payments effected under the terms of this agreement are to be submitted to the following address:

Pt. Coupee Parish Jail
P. o. Box 248
New Roads, LA 70760

This agreement shall be in effect upon execution by both parties, and shall remain in effect until April 24, 1993 (not to exceed three years from the date of execution), unless terminated sooner in writing, by either party. Should conditions of an unusual nature occur making it impractical or undesirable to continue to house aliens, the Provider may suspend or restrict the use of the facility by the Service by giving written notice of such intent to the Service. 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. 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.

CONTACT PERSONS

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

Name: [redacted] b6,b7c
Title: Chief of Detention
Phone #: [redacted] b2Low

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

Name: [redacted] b6,b7c
Title: Warden
Phone #: [redacted] b6

CONCURRENCE/FUNDING DATA:

1251//2501/Approved: _____ ARC-RODDP

SIGNATURES & EXECUTION

U.S. Department of Justice
IMMIGRATION AND
NATURALIZATION SERVICE

Pt. Coupee Parish Jail
P. O. Box 248
New Roads, Louisiana 70760

Maurice O. Shook
Contracting Officer

[redacted] b6,b7c
Name of Person Authorized to
Sign on Behalf of the Provider

Maurice O. Shook
Signature

[redacted] b6,b7c

5-8-90
Date Signed

April 17, 1990
Date Signed

INTERGOVERNMENTAL SERVICE AGREEMENT

PURPOSE

The purpose of this Intergovernmental Service Agreement is to establish a formal binding relationship between the United States, Immigration and Naturalization Service (hereafter referred to as the "Service") and the Pt. Coupee Parish Jail (hereafter referred to as the "Provider") for the detention and care of aliens.

SUPPORT AND MEDICAL SERVICES

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

The Provider agrees to provide detainees with the same level of medical care and services provided local prisoners including the transportation and security for prisoners requiring removal from the facility for emergency medical services. The Provider shall also notify the designated contact person at the local Service office, when medical care is provided to a detainee at a medical care facility outside of the Provider's facility, in accordance with procedures to be established and mutually agreed upon.

The Provider further agrees to include all costs associated with hospital or health care services provided outside the facility, with the regular monthly billing to the Service for detention services. In this case, the Provider arranges for the caring facility to invoice the Provider for services provided at rates no greater than those applicable for other individuals in the custody of the Provider. A copy of the caring facility's invoice(s) for hospital/health care services shall be submitted with the detention billing to support the Service's payment of those costs to the Provider. The Service shall include payment for the hospital/health care services provided along with the monthly payment for detention services.

MINIMUM STANDARDS

The Provider agrees to meet the following minimum standards:

1. 24 hour supervision

2. Full compliance with applicable fire and/or life safety codes, and has appropriate smoke/fire detection equipment installed in the facility.
3. A minimum of two 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):

Pt. Coupee Parish Jail
P. O. Box 248
New Roads, LA 70760

INSPECTION

The Provider agrees to allow periodic inspections of the facility by INS jail inspectors. Findings will be shared with the facility administrator in order to promote improvements to facility operations or conditions of confinement.

FINANCIAL PROVISIONS

The per diem rate under this agreement is \$46.00 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 services provided each month, in arrears. The invoice is to be submitted to

the following location:

U. S. Immigration & Naturalization Service
P. O. Box 960
Oakdale, La 71463

Payments under this agreement shall be effected within thirty calendar days after receipt of a correct and proper invoice, by the following office:

Immigration & Naturalization Service
311 North Stemmons Freeway (ROBUD)
Dallas, Texas 75207

Payments effected under the terms of this agreement are to be submitted to the following address:

Pt. Coupee Parish Jail
P. o. Box 248
New Roads, LA 70760

This agreement shall be in effect upon execution by both parties, and shall remain in effect until April 24, 1993 (not to exceed three years from the date of execution), unless terminated sooner in writing, by either party. Should conditions of an unusual nature occur making it impractical or undesirable to continue to house aliens, the Provider may suspend or restrict the use of the facility by the Service by giving written notice of such intent to the Service. 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. 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.

CONTACT PERSONS

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

Name: [Redacted] b6,b7c
Title: **Chief of Detention**
Phone #: [Redacted] b6

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

Name: [Redacted] b6,b7c
Title: **Warden**
Phone #: [Redacted] b6

CONCURRENCE/FUNDING DATA:

1251//2601/Approved: [Signature] ARC-RODDP
APPROVED ROBUD: [Signature]

SIGNATURES & EXECUTION

U.S. Department of Justice
IMMIGRATION AND
NATURALIZATION SERVICE

Pt. Cadeau Parish Jail
P. O. Box 248
New Roads, Louisiana 70080

[Signature]

[Redacted] b6,b7c

Contracting Officer
for ARTHUR S. COOPER III

Name of Person Authorized to

[Redacted] b6,b7c

Signature

5-8-90

Date Signed

APRIL 17, 1990

Date Signed