		CALTO A OT	CONTRACT	ID CODE	1
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2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION ON			
Two (2)	10-21-94	7. ADMINISTERED BY	(If other than Ite	m 6) 0005	
6. ISSUED BY CODE		7. ADMINISTERED DI	-	code	
Immigration & Naturalization S 7701 N. Stemmons Frwy. (ROAD) Dallas, Texas 75247	Darren,	ons Frwy. 5247		ice	
8. NAME AND ADDRESS OF CONTRACTOR (No.	, street, county, State and 2	ZIP Code)	(V) SA. AMEN	DIVICITY OF COLUM	
Garvin County Jail 201 West Grant Pauls Valley, Oklahoma 73075			10A. MOD NO. X IGS	D (SEE ITEM 11) IFICATION OF (A-A-DLS-93) ED (SEE ITEM 1) 3-4-93	CONTRACT/ORDER
CODE	FACILITY CODE M ONLY APPLIES TO	AMENDMENTS OF SC	LICITATION	S	
The above numbered solicitation is amended as tended.  Offers must acknowledge receipt of this amendment (a) By completing Items 8 and 15, and returning submitted; or (c) By separate letter or telegram when TO BE RECEIVED AT THE PLACE DESIGN IN REJECTION OF YOUR OFFER. If by virtue of letter, provided each telegram or letter makes reference.	prior to the hour and date  copies of the amendr ich includes a reference to the prior to the prior to the amendr ich includes a reference to the prior to the prior the prior to the prior	our and date specified for specified in the solicitation ment; (b) By acknowledging the solicitation and amending OFFERS PRIOR TO	receipt of Offers n or as amended, ng receipt of this ment numbers. F D THE HOUR At	by one of the fol amendment on e AILURE OF YO ND DATE SPECI	llowing methods: each copy of the offer UR ACKNOWLEDG- FIED MAY RESULT Empede by telegram of
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12. ACCOUNTING AND APPROPRIATION DATA	(If required)				
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X B. THE ABOVE APPROPRIATION date, etc.) SET FORTH IN IT	ENTERED INTO PURSUA	NT TO AUTHORITY OF:			
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D. OTHER (Specify type of modification and	authority)				
		nis document and return	n _ CO	pies to the issu	ing office.
E. IMPORTANT: Contractor is not, labeled in its contractor is not, labeled in its calories total per 24 hours and calories per day thereafter.	under MINIMUM STA n a 24-hour perio	ANDARDS part 3, od for each deta	to read:	"A minimum fewer thar	n of three, n 1,500 n 2,400
Except as provided herein, all terms and conditions and effect.  15A. NAME AND TITLE OF SIGNER (Type or printed by the second se	nt)	ARTHUR S. COO	PER, III,	CONTRACTIŅ	
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(Signature of person authorized to sign)				GTANDARD EC	IRM 30 (REV. 10-83)

	AMENDMENT OF SOLICITATION	40DIFICATION	OF CONTRACT	1. NTRACT ID	CODE PAGE	OF PAGES
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Т	mmigration & Naturalization	Service	Immigration 8	Naturalizat	ion Service	
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	Oallas, TX 75247		Dallas, TX 75247			
	ALIAS, IX 13241					
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	Garvin County Jail			9B. DATED (S	SEE ITEM 11)	
	P. O. BOX 148					
F	Pauls Valley, Oklahoma 73075			10A. MODIFI	CATION OF CONTRA	CT/ORDER
				NO.		
				X IGSA-A-	DLS-93-6077	
				10B. DATED	(SEE ITEM 13)	
		FACILITY CODE		3-4-93		•
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tend	The above numbered solicitation is amended as				is extended, L	is not ex-
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(a) t	By completing Items 8 and 15, and returning nitted; or (c) By separate letter or telegram whi	ch includes a reference to	the solicitation and amend	iment numbers. FAIL	URE OF YOUR ACKN	V RESULT
MEN	IT TO BE RECEIVED AT THE PLACE DESIGN	VALED FOR THE DECEM	to shares as offer alrea	dy submitted such c	hange may be made by	telegram or
IN F	REJECTION OF YOUR OFFER. If by virtue of r, provided each telegram or letter makes referen	r this amendment you desi- are to the solicitation and t	his amendment, and is rec	seived prior to the ope	aning hour and date spe	cified.
lette	ACCOUNTING AND APPROPRIATION DATA	(If nonvived)				
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	RODDP		Name and Address of the Owner, where the Owner, which is the Owner, which the Owner, which is	170 A 070/0000	C	
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(V)	A. THIS CHANGE ORDER IS ISSUED PURSU TRACT ORDER NO. IN ITEM 10A.	JANT TO: (Specify author	rity) THE CHANGES SE	I FORTH IN TIEM I	4 VICE 1011/12 111 1111	
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X	appropriation date, etc.) SET FORTH IN IT	EM 14, PURSUANT TO T	HE AUTHORITY OF FA	R 43.103(D).		
	C. THIS SUPPLEMENTAL AGREEMENT IS E	NTERED INTO PURSUA	NT TO AUTHORITY OF	•		
	D. OTHER (Specify type of modification and a	uthority)				
E. 11	MPORTANT: Contractor Lis not, L	is required to sign th	is document and retur	n copies	to the issuing office	
14 F	DESCRIPTION OF AMENDMENT/MODIFICAT	ION (Organized by UCF se	ection headings, including	solicitation/contract	subject matter where fe	asible.)
TOO	A-A/DLS-93-6077 is hereby ex	tanded in its en	tirety effectiv	e October 31	. 1994 to Inde	finite.
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Ë v.c.	pt as provided herein, all terms and conditions or	f the document referenced	In Item 9A or 10A, as her	retofore changed, rem	alns unchanged and in f	ull force
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	NAME AND TITLE OF SIGNER (Type or prin	t)	TOA. NAME AND TITL	LOI CONTRACTION		•
	B DAVIS		1			
Sh	eriff, Garvin County, Oklahor	na	ARTHUR S. COOP	ER, III, CON	PRACTING OFFICE	ER
	CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES	OF AMERICA	16C. DAT	E SIGNED
	$\mathcal{A}(0)$	9-19-44	BY			
<del>۔۔۔</del> ۔	(Signature of person authorized to sign)	7-17-7	(Signature	of Contracting Office	r)	

# Memorandum

U.S. DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

Southern Region

MAR 25 1993

Rel - -



IGSA-A /DLS-93-6077

Subject

Administration Division -Intergovernmental Service Agreement DateMarch 22, 1993

1/25

To Ron C. Chandler District Director Dallas, TX

From Administration Division

Attached for your files is a signed and completed copy of the

Intergovernmental Service Agreement between the Garvin County Jail, Pauls

Valley, OK and INS for the detention of aliens.

Should you have any questions, please contact Carlos Flores of my staff at

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DON A. CUNDIFF

Assistant Regional Administrator

Attachment

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# 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 Chereafter referred to as the "Service") and the Garvin Tounty 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 dustray, care and safekeeping of detainess in accordance with the Etate and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The Provider agrees to provide detainess 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 detained 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 or evided 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 par 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):

Garvin County Jail
Post Office Box 148
Pauls Valley, Oklahoma 73075

#### INSPECTION

The Provider agrees to allow periodic inspections of the facility by INS jail inspectors. Finding 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 \$ 30.00 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.

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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:

Immigration & Naturalization Service ATTN: Deportation Branch 8101 Stemmons Frwy.
Dallas, Texas 75247

The Provider shall prepare and submit a copy of the same itemized invoice each month by mail or fax to the following location:

Immigration & Naturalization Service Attn: Deportation Branch 4149 Highline Boulevard, Suite 300 Oklahoma City, Oklahoma 73108 (405) 231-5432 FAX# (405) 231-4428

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

Immigration & Naturalization Service 7701 North Stemmons Frwy (ROBUD) Dallas, Texas 75247

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

Garvin County Sheriff Post Office Box 148 Pauls Valley, OK 73075 (405) 238-7591

This agreement shall be in effect upon execution by both parties, and shall remain in effect until October 30, 1994 (net 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 on restrict the use of the facility by the Service by giving writter 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 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.

# ORDERING OFFICE(S)

The following Service office(s) at the address(s) shown may place orders for detention related services in accordance with the text above:

Immigration and Naturalization Service 8101 Stemmons Frwy. Dallas, Texas 75247

Immigration and Naturalization Service 4149 Highline Boulevard, Suite 300 Dklahoma City, Oklahoma 73108

# CONTACT PERSONS

Provider advised to contact the representative(s) at the local Service office(s) for in matters related to this agreement:

John E. Ramirez Name:

Title: Assistant District Director, Deportation, Dallas

Phone:

Name:

supervisory Special Agent, Oklahowa City, OK Title:

Phone:

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

Name:

Bob Davis

Title:

Sheriff, Garvin County, Oklahoma

Phone:

CONCURRENCE/FUNDING DATE:	ARC-RODDE
1251/2501/Approved:	2/93 RUBUD
Approved: Vera Ralston 3/2	2/93
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SIGNATURES &	EXECUTION GARVIN
U.S. Department of Justice	County Commission
Immigration and Naturallyation Service	Je garlon 100
Contracting Officer	Name of Person Authorized to Sign on Behalf of Provider
Anthon S. Coopen 18	Signature
Signature 3493 Date Signed	Date Signed