

**The electronic Business Process for
Intergovernmental Agreements**

eIGA Front-End User Handbook
October 2009



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

INTRODUCTION

Purpose of eIGA

The electronic Intergovernmental Agreement (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 step-by-step instruction on completing your application in eIGA.
- Screen captures have been provided to assist you in the step-by-step instruction.
- Help texts are provided to assist you with definitions of the information required for completing the different sections of the application.

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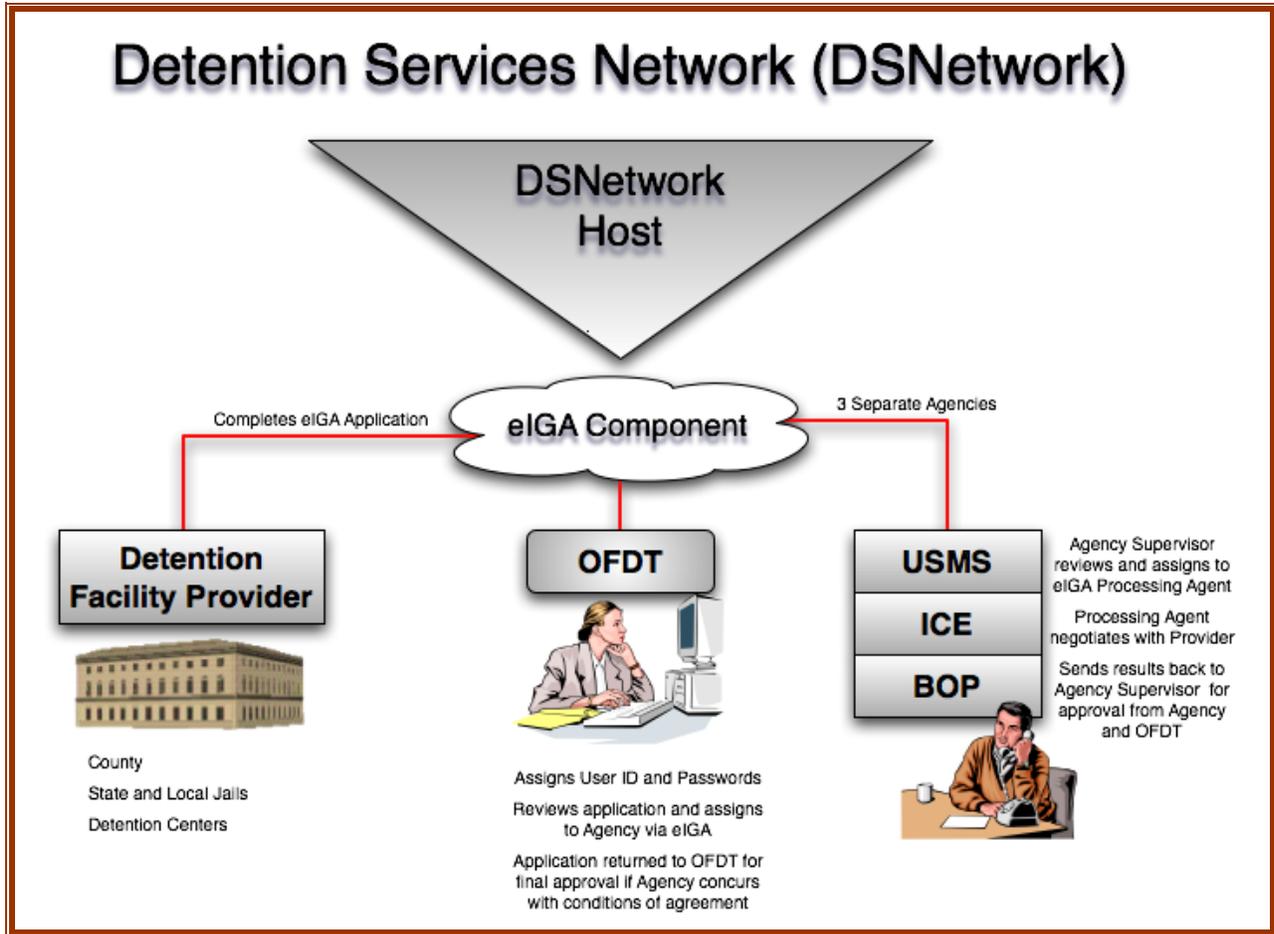


Figure 1. Detention Service Network (DSNetwork) Workflow

Logging into eIGA and Requesting Temporary User ID/Password

This section provides guidance on logging into the eIGA welcome page and requesting a Temporary User ID and Password.

Step 1. Log onto <https://edes.usdoj.gov/iga/IgaMenu.aspx> to access the eIGA welcome page.

Step 2. Select the **Request an Account** option to display the account request form.

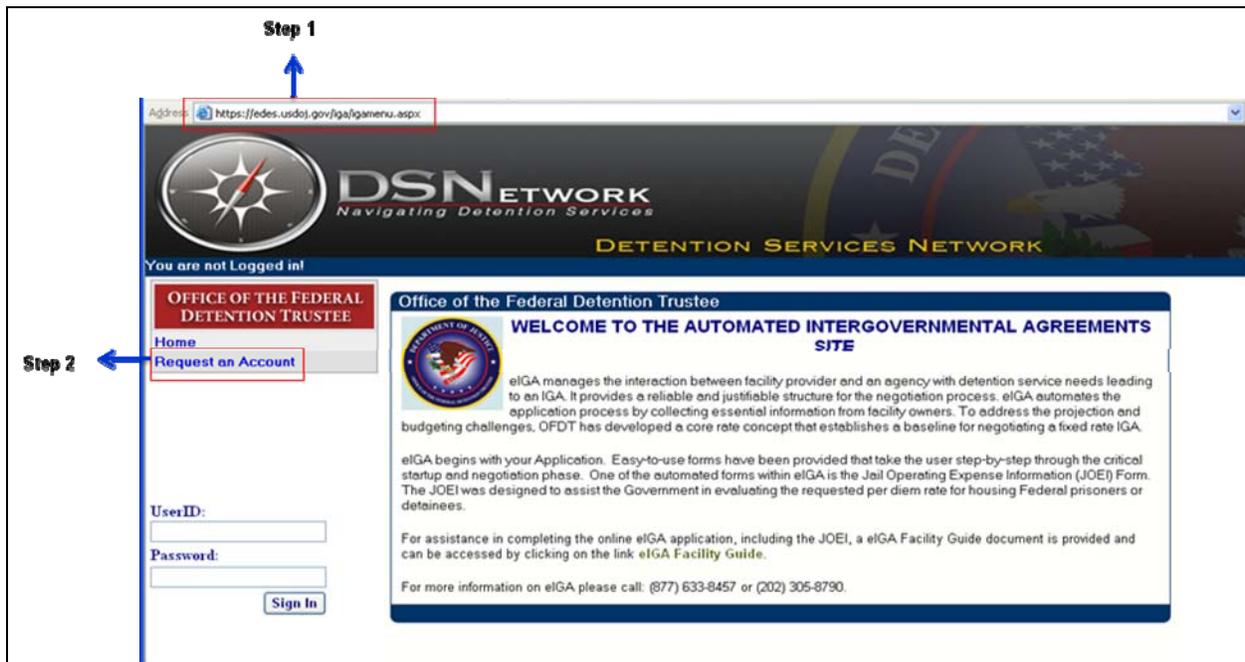


Figure 2. eIGA Welcome Screen

The data entry fields outlined in red are required and must be completed before submitting the application. All other fields are optional.

The screenshot shows the 'ACCOUNT PROFILE' form for the 'DETENTION SERVICES NETWORK'. It is divided into two main sections: 'FACILITY INFORMATION' and 'REQUESTOR CONTACT INFORMATION'. The 'FACILITY INFORMATION' section includes a question 'Do you currently have an IGA?' with 'Yes' and 'No' radio buttons, a 'Facility Name' dropdown menu, a 'Not in List' checkbox, and fields for 'Street', 'City, St, Zip', and 'County'. The 'REQUESTOR CONTACT INFORMATION' section includes fields for 'Name: First', 'Last', 'eMail Address', 'Tel Number', 'FAX Number', 'Title', 'Ext.', 'Security Question', and 'Answer'. At the bottom are 'Cancel' and 'Submit' buttons. Red boxes highlight the required fields, and blue arrows indicate the sequence of steps from 3 to 9.

Figure 3. Account Request Form

Step 3. Select **Yes** or **No** depending on whether or not you have an existing IGA.

- Upon account approval, if “yes” is selected, you will be prompted to complete an eIGA renewal application.
- Upon account approval, if “no” is selected, you will be prompted to complete an eIGA application to establish a new IGA.

Step 4. For the facility name field, a list of facilities that are currently in the eIGA database is available to choose from. If a facility is selected, the fields for the City, State, Zip Code, and County will be automatically populated. These fields may be updated if needed.

Step 5. If the facility information is not in eIGA, check the **Not in List** box so that the **Facility Name** field can be completed.

Step 6. Enter the required data for all the fields in the **Facility Information** section.

Step 7. Enter the required data for all the fields in the **Requestor Contact Information** section.

Step 8. Select a **Security Question** and provide the **Answer**. This question will be used if a password is requested or reset.

Step 9. Click **Cancel** or **Submit** after filling out all the required fields.

- If **Cancel** is selected – all the entered data will be deleted.
- If **Submit** is selected – your request will be forwarded to OFDT for approval.

OFDT will email an account approval confirmation or a reason for the denial of an account. These confirmations will be sent using the email address submitted in the account request form. If the account request is granted, the email will contain a User ID and temporary Password.

Logging into eIGA and Creating Unique Password

This section will provide users with guidance on customizing the User ID and Password.

Users will receive an email stating that the account request has been approved. This email will contain a User ID, temporary Password, and a link back to the eIGA site.

Step 1. Enter the **User ID** and temporary **Password** provided in the email.

Step 2. Click the **Sign In** button.

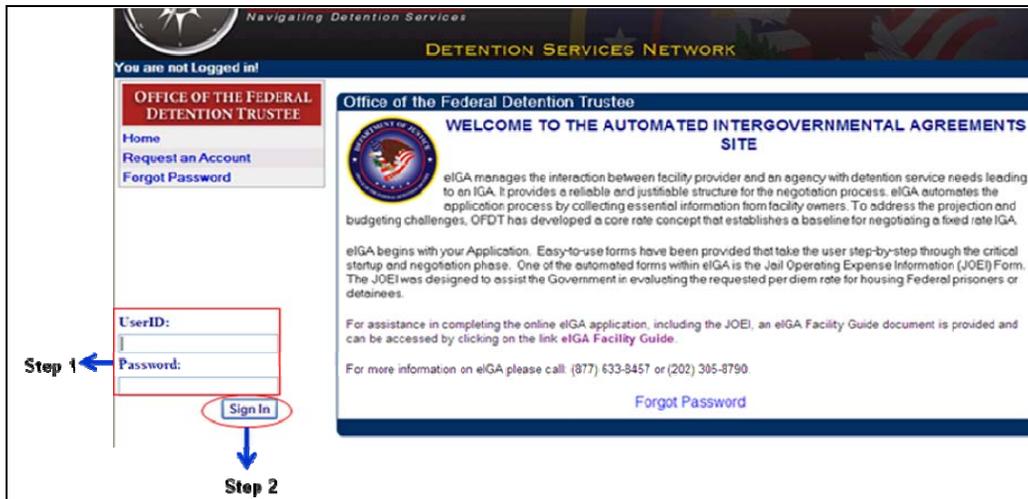


Figure 4. User ID & Password

Step 3. Click on **Change Password** to display the password change screen.



Figure 5. Change Password



Figure 6. New Password Verification

Step 4. Enter a new password in the **New Password** field and re-enter that password in the **Verify** field.

NOTE: 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

Step 5. Click the **Change** button to execute the new password.

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 **eIGA Application** link located on the left side of the screen.)

If the password was created successfully, the following message will display:

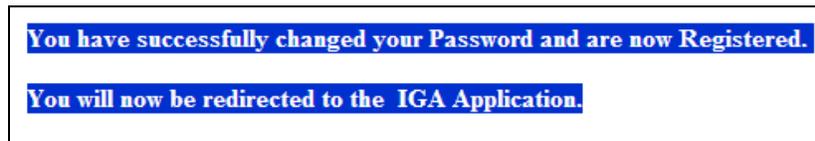


Figure 7. Successful Password Creation Message

If not, the following error message will display:



Figure 8. New Password Error Message

Accessing the eIGA Application Form

This section will provide users with guidance on completing the eIGA application.

Step 1. After logging into the eIGA system, click on the **eIGA Application** link located on the left of the screen. The IGA application form will open.



Figure 9. Opening the eIGA Application

IGA Application Form

Federal Negotiations in Progress

This section provides guidance on how to indicate whether or not you are currently working with a Federal Agency to establish an IGA.

Step 1. Check either the **Yes** or **No** box depending on whether or not you are working with a Federal Agency. If **Yes** is selected, the **Agency** and **Contact Information** will be requested.

The screenshot shows the 'FEDERAL NEGOTIATIONS IN PROGRESS' section of the IGA Application Form. The form is titled 'IGA APPLICATION' and includes the text 'OFFICE OF THE FEDERAL DETENTION TRUSTEE' and '52-3898485'. The main question is 'Are you currently working with a Federal Agency?' with 'Yes' and 'No' radio buttons. The 'Yes' button is selected. Below this is a text field for 'Contact Information:' and a dropdown menu for 'Agency:' with options: BOP, USMS, ICE, OFDT. A 'Help' link is visible in the top right corner. Blue arrows labeled 'Step 1' and 'Step 2' point to the 'Yes' button and the 'Agency' dropdown respectively. A red box highlights the 'Agency' dropdown and the 'Help' link.

Figure 10. Federal Negotiations In Progress

Step 2. Click on the **HELP** link to display the definitions of the information required for this portion of the application.

The screenshot shows the 'FEDERAL NEGOTIATIONS IN PROGRESS' help menu. The title is 'FEDERAL NEGOTIATIONS IN PROGRESS'. The text reads: 'In this section indicate if you are currently working with a Federal agency Point of Contact (POC) to establish an Intergovernmental 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#'

Figure 11. Help Menu for the Federal Negotiations in Progress

Facility Administrative Data

This section provides guidance on how to validate and update facility administrative data (e.g., TIN, DUNS, District, Facility Code, Facility Administrator, Authorized Representative, and the County POC Contact Information).

Step 1. Enter all the **REQUIRED** (in red boxes) information in this section.

Step 2. Check the **Check if same as above** box if the contact information for the **Facility Administrator** and the **Agreement Representative** is the same.

The screenshot shows a web form titled "FACILITY ADMIN DATA". The form is divided into several sections. A blue bracket on the left side of the form is labeled "Step 1" and encompasses the following fields: Facility (Federal Detention Center), Address (3501 Justice Drive), County (Arlington), District, Tax ID Number, City (Arlington), State (VA), Zip Code (22203), Facility Code, and DUNS Number. A blue arrow on the right side of the form is labeled "Step 2" and points to a checkbox labeled "Check if same as above" which is checked. A blue arrow on the top right of the form is labeled "Step 3" and points to a "Help" link. The form also includes sections for "Requestor contact information", "Administrator contact information", and "Authorized Representative who can sign the agreement".

Figure 12. Entering the Facility Administration Data

Step 3. Click on the **HELP** link to display the definitions of the information required for this portion of the application.

The screenshot shows a help menu titled "FACILITY ADMIN DATA". The text in the help menu is as follows:

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.

Figure 13. Help Menu for the Facility Administration Data

Facility Jurisdiction

This section provides guidance on how to specify:

- The entity with legal authority over the facility.
- The jurisdiction name.
- The entity that operates the facility (if other than the facility owner).
- The facility operator and the operator's jurisdiction.

Step 1. Select the **Facility Jurisdiction** (type of entity that has legal authority over the facility) from the dropdown menu.

The screenshot shows a web form titled "FACILITY JURISDICTION" with a "Help" link in the top right. The form has two main sections: "Facility Jurisdiction" and "Facility Operated by:". The "Facility Jurisdiction" dropdown menu is open, showing four options: "County/Municipal", "State", "Regional (Multi-Jurisdiction)", and "Private". A blue arrow points from the "County/Municipal" option to the text "Step 1" below the form.

Figure 14. Selecting the Facility Jurisdiction

Step 2. Enter the **Jurisdiction Name** (exact name of the entity with Jurisdiction over the facility).

The screenshot shows the same "FACILITY JURISDICTION" form. The "Facility Jurisdiction" dropdown is now closed and set to "County/Municipal". The "Jurisdiction Name:" text input field is highlighted with a red box. A blue arrow points from the field to the text "Step 2" below the form.

Figure 15. Entering the Facility Jurisdiction's Name

Step 3. Select the **Facility Operated by** (entity responsible for the day-to-day operation and management of the facility) option from the dropdown menu.

The screenshot shows the "FACILITY JURISDICTION" form. The "Facility Operated by:" dropdown menu is open, showing two options: "Owner" and "Other Entity". A blue arrow points from the "Owner" option to the text "Step 3" below the form.

Figure 16. Selecting the Facility Operator

Step 4. The data fields will expand if **Other Entity** is selected for the facility operator. Select the **Operator Jurisdiction** (Private or State) from the dropdown menu.

The screenshot shows the 'FACILITY JURISDICTION' form. The 'Facility Jurisdiction' dropdown is set to 'County/Municipal'. The 'Facility Operated by:' dropdown is set to 'Other Entity'. The 'Operator Jurisdiction:' dropdown is expanded, showing 'Private' and 'State' as options. A red box highlights the 'Operator Jurisdiction:' dropdown menu. A blue arrow points from the bottom of the dropdown menu to the text 'Step 4'.

Figure 17. Selecting the Operator's Jurisdiction

Step 5. Enter the exact name of the **Facility Operator**.

The screenshot shows the 'FACILITY JURISDICTION' form. The 'Facility Jurisdiction' dropdown is set to 'County/Municipal'. The 'Facility Operated by:' dropdown is set to 'Other Entity'. The 'Operator Jurisdiction:' dropdown is set to 'Private'. The 'Facility Operator:' text field is highlighted with a red box. A blue arrow points from the bottom of the text field to the text 'Step 5'. Another blue arrow points from the 'Help' link in the top right corner to the text 'Step 6'.

Figure 18. Entering the Facility Operator's Name

Step 6. Click on the **HELP** link to display the definitions of the information required for this portion of the application.

The screenshot shows the 'HELP' menu for the 'FACILITY JURISDICTION' section. It contains the following 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 the facility operator then identify the entity from the provided drop-down menu:
Options:
Private
State

Type in the facility operator name.

Figure 19. Help Menu for the Facility Jurisdiction

Establishing a Per Diem Rate

This section provides guidance on establishing per diem rates.

Step 1. Click on the **HELP** link to display instructions for establishing the per diem rate.

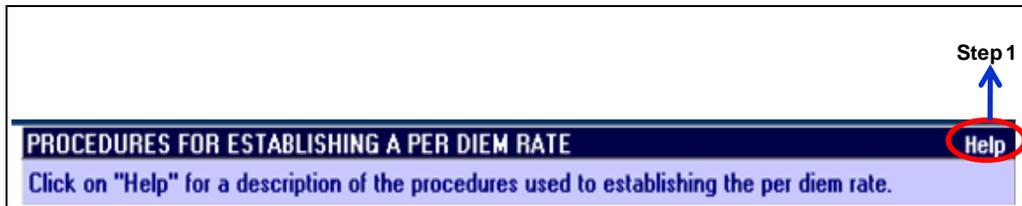


Figure 20. Procedure for Establishing Per Diem Rates

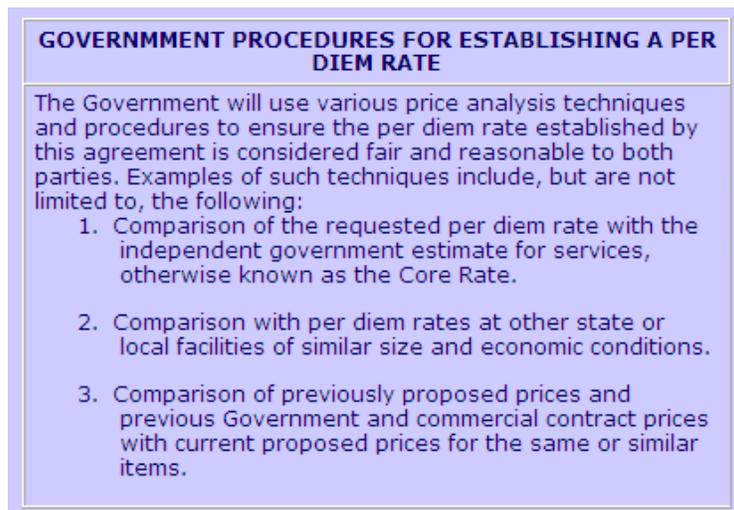


Figure 21. Help Menu for Establishing Per Diem Rates

Total Rated Capacity

This section provides guidance on how to provide the facility's total rated capacity, current beds for federal use, and the average daily population (ADP).

Step 1. Click on the **HELP** link to display the definitions of the information required for this portion of the application.



TOTAL RATED CAPACITY/PER DIEM
Total Rated Capacity is the maximum number of beds or inmates allocated to each jail by a state or local rating official. The rated capacity can be easily verified and cannot be manipulated.
Enter the total rated capacity for Adult Males Enter the total rated capacity for Adult Females (if applicable) Enter the total rated 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) Enter the current total 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. Enter the effective date of your current per diem rate in the box provided. Enter your proposed per diem rate in the box provided. <i>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 prior year cost in providing the service.</i>

Figure 22. Help Menu for Total Rated Capacity and Per Diem Rate Information

Facility Total Rated Capacity		Available Beds for Federal Use (Daily)	
Type of Prisoner	Rated Capacity	Type of Prisoner	Beds
Adult Male:	<input type="text" value="0"/>	Adult Male:	<input type="text" value="0"/>
Adult Female:	<input type="text" value="0"/>	Adult Female:	<input type="text" value="0"/>
Juvenile:	<input type="text" value="0"/>	Average Daily Population	
Total Rated Capacity:	<input type="text" value="0"/>	Current ADP:	<input type="text" value="0"/>
		Projected ADP:	<input type="text" value="0"/>
Facility Reported Prior Year		Per Day Per Capita:	<input type="text" value="\$0.00"/>
Proposed Per Diem rates		Proposed Per Diem Rate:	<input type="text" value="\$0.00"/>

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

Figure 23. Entering Values for Rated Capacity/Facility Reported Prior Year/Proposed Per Diem Rate

Step 2. Enter a value for the facility's **Adult Male** capacity (numeric value only).

Step 3. Enter a value for the facility's **Adult Female** capacity (numeric value only).

Step 4. Enter a value for the facility's **Juvenile** capacity (numeric value only).

NOTE: The **Total Rated Capacity** will auto-calculate once the values have been entered for adult male, adult female, and juvenile.

Step 5. Enter a value for the number of beds available for Federal use to house **Adult Males** (numeric value only).

Step 6. Enter a value for the number of beds available for Federal use to house **Adult Females** (numeric value only).

Step 7. Enter a value for the **Current ADP**.

Step 8. Enter a value for the **Projected ADP**.

Step 9. Click on the **HELP** link to display instructions for establishing the per day per capita rate.

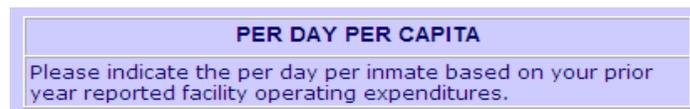


Figure 24. Help Menu for the Per Day Per Capita

Step 10. Enter the **Per Day Per Capita**.

Step 11. Enter the **Proposed Per Diem Rate**.

Other Jurisdiction Rate(s) Paid

This section provides guidance on entering information on rates paid by other jurisdictions housed at facilities and the year those rates were established.

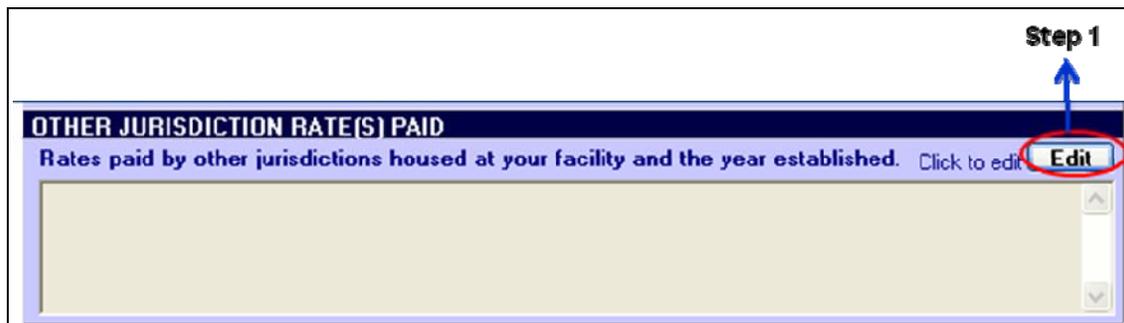


Figure 25. Other Jurisdiction Rates Paid

Step 1. Click on the **Edit** button to open the display screen which will allow rate information to be entered.

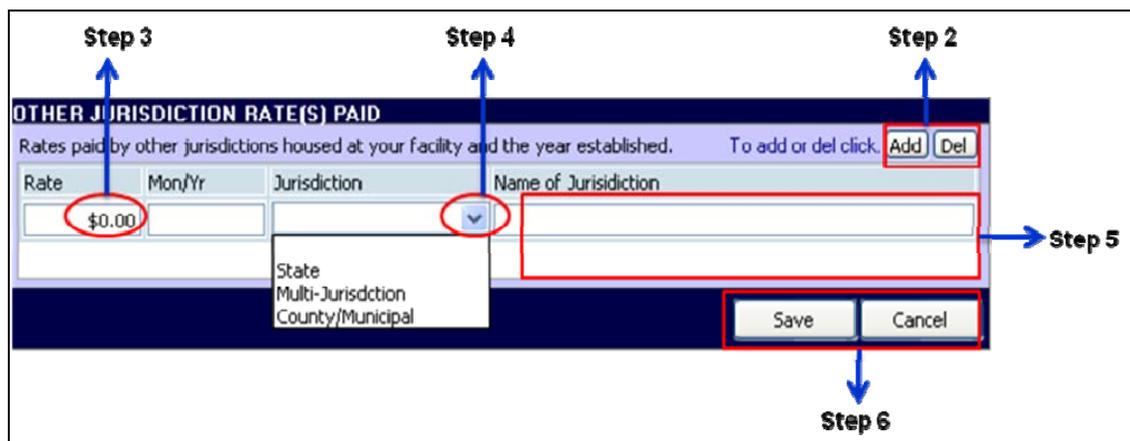


Figure 26. Entering Other Jurisdiction Rates Paid

Step 2. Click on the **Add** button to insert a line to allow the user to enter the **Rate**, **Month/Year** (date the rate was established), **Type of Jurisdiction**, and the **Name of Jurisdiction**.

Click on the **Del** button to remove a line that has been added.

Step 3. Enter the **Rate** paid by other jurisdictions.

Step 4. Click on the dropdown menu to select the **Jurisdiction** (State, Multi-Jurisdiction, or County/Municipal).

Step 5. Enter the exact **Name of Jurisdiction**.

Step 6. Click on **Save** to save the information entered.

Central Service Cost Allocation Plan (CSCAP)

This section provides guidance on entering Central Service Cost Allocation Plan (CSCAP) information for user facilities.

The screenshot shows a form titled "Central Service Cost Allocation Plan (CSCAP)". At the top, there is a definition: "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." Below this, there are four steps highlighted with red boxes and arrows:

- Step 1:** "Does your jurisdiction have an approved CSCAP?" with radio buttons for "Yes" and "No".
- Step 2:** "What is the percentage applied to Direct Expenses?" with a text input field containing "0.0 %".
- Step 3:** "What Federal Agency is the CSCAP on file with?" with a dropdown menu showing "Other" selected, and a list of options: "DOHHS", "OJP", and "Other".
- Step 4:** "Other:" with a text input field.

Below the dropdown menu, there is a note: "(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.)".

Figure 27. Central Service Cost Allocation Plan (CSCAP)

Step 1. Select **Yes** if your jurisdiction has an approved CSCAP.

Select **No** if your jurisdiction does not have an approved CSCAP.

Step 2. If **Yes** is selected, please indicate what percentage of CSCAP is applied to Direct Expenses.

Step 3. Select the **Federal Agency** from the dropdown menu to indicate where your jurisdiction's CSCAP is on file.

Step 4. Type in the name of the Federal Agency if **Other** is the appropriate response.

NOTE: The government reserves the right to request a copy of the CSCAP.

Jail Operating Expense Information (JOEI) Form

Accessing the JOEI Form

This section provides guidance on how to access the JOEI Form.

Step 1. Click on the **HELP** link to display the definitions of the information required for this portion of the application.

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 prior year and projected expense data for categories including Personnel, Care and Treatment, Other Operating Expenses and Indirect Costs. 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 prior year and projected expenses associated with the operation of the facility and that benefit Federal prisoners.

(This response only applies to initial IGA application requests.)
Select "1" if this is an established, ongoing facility in which prior year operating expenses can be reported for the most recent accounting period.

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

DEFINITIONS
For full definitions and descriptions 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

INDIRECT COSTS

Figure 28. Help Menu for the JOEI Information

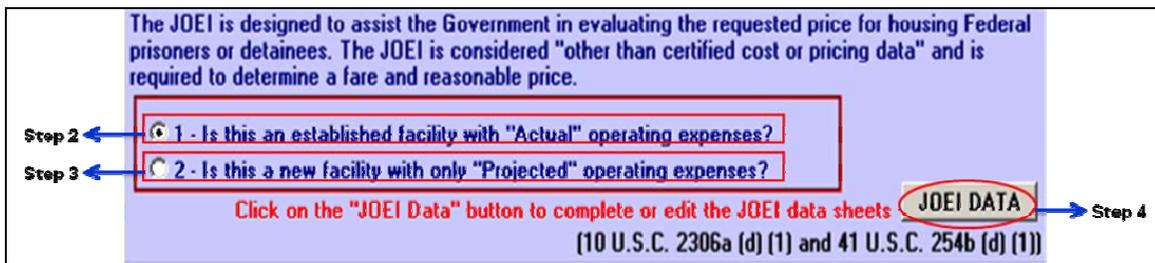


Figure 29. Accessing the JOEI Personnel Expense Form

Step 2. Select **1** if this is an established, ongoing facility in which actual operating expenses can be reported for the most recent accounting period.

Step 3. Select **2** if this is a new or rebuilt facility in which no actual expenses have been established or can be reported.

Step 4. Click on the **JOEI Data** button to display the JOEI Personnel Expense form to enter expense information.

NOTE: This response only applies to initial IGA application requests.

JOEI Personnel Expense – *Prior Year Labor*

This section provides guidance for capturing prior year labor personnel positions, personnel salaries, benefits and taxes, and contracts/services.

The screenshot shows the 'Jail Operating Expense Information' application. The 'PRIOR YEAR LABOR' section is active. It contains a table for 'Administration Staff' with the following data:

Position	No. Pos	Full/Part	Hr Rate	OT Rate	Hours	Gov/Co	Salary		
Jail Administrator	1.00	Full	\$30.00	\$45.00	2,080	Government	\$62,400		
Deputy Administrator	1.00	Full	\$25.00	\$37.50	2,080	Government	\$52,000		
Total Admin Positions:							2.00	Administration Salary Sub-Total:	\$114,400.00

Below the table is a section for 'Detention Staff' which is currently empty. The interface also includes buttons for 'Add' and 'Del' for each row, and a 'Save Data' button at the top right.

Figure 30. Entering JOEI Prior Year Labor Personnel Expense

Step 1. Enter the **Position** (description) for the staff category.

Step 2. Enter the **Number of Positions** for the position described. (Enter whole numbers even for part time personnel.)

Step 3. **Total Admin Positions** - This field is auto-calculated and should be equal to the sum of all the values entered for the **No. Pos**.

Step 4. Select **Full** (for full-time) or **Part** (for part time) from the dropdown menu.

Step 5. Enter the “**Hourly Rate**” if applicable.

- This field is *required* if the salary is to be auto calculated based on the hourly rate.
- This field is *not required* if a salary amount is manually entered.

NOTE: If the salary is to be auto calculated based on an hourly rate, verify the salary when the **Hours** are entered. The salary is calculated using the following formula:
 (“**Hr Rate**” x “**Hours**”) x “**No. Pos**”) = “**Salary**”

Step 6. Enter the **Overtime Rate** if applicable.

Step 7. Enter the **Hours** worked per year for each position.

Step 8. Select either **Gov** (for government) or **Cont** (for contract) from the dropdown menu.

Step 9. Enter the yearly **Salary** amount if an hourly rate has not been entered.

Step 10. **Administration Salary Sub-Total** – This field is auto-calculated and should total the sum of values entered in the **Salary** fields.

Step 11. To add a row, click on the **Add** button. To delete a row, click on the **Del** button.

NOTE: Repeat steps 1-11 for the following JOEI Personnel Expense Prior Year sections if applicable:
Detention Staff, Professional and Technical Staff, Clerical and Maintenance Staff, and Other Staff.

Benefits and Taxes	
FICA Benefits	\$0.00
Health Insurance	\$0.00
State Unemployment Tax	\$0.00
Federal Unemployment Tax Act	\$0.00
Retirement Program/Other Employer Contribution Plan	\$0.00

Total Staff FTEs: 2.00 Total Staff Salary Cost: \$114,400.00

Figure 31. Entering JOEI Prior Year Labor Benefits and Tax Information

Step 12. Enter the applicable values for the **Benefits or Taxes**.

Step 13. **Total Staff Salary Cost** – This field is auto-calculated and should be equal to the sum of all values entered for the staff category salaries, benefits and taxes.

Step 14. **Total Staff FTEs** – This field is auto-calculated and should be equal to all values entered for the staff category positions.

Step 15. Click the **Save Data** to save and submit the entered information.

Step 16. Click **Copy Data** (optional) – This function will allow all information entered for the **Personnel Expense – Prior Year Labor** form be copied into the **Personnel Expense – Projected Year Labor** form (with the exception of the amounts entered for **Salary and Benefits and Taxes**).

Step 17. Click the **Projected Year** tab to access the **Personnel Expense – Projected Year Labor** form.

JOEI Personnel Expense – Projected Labor

This section provides guidance for capturing prior year labor personnel positions, personnel salaries, benefits, and contracts/services.

If the **Copy Data** button was clicked on the **Personnel Expense – Prior Year Labor** form, information should have been copied into the **Personnel Expense – Projected Year Labor** form. Verify that all the entries are accurate (with the exception of the **Salary** and **Benefits and Taxes** field).

If all the data was correctly copied from the **Personnel Expense – Prior Year Labor** page, proceed to Step 1.

Position	No. Pos.	Full/Part	Hr Rate	OT Rate	Estmd Hrs	Gov/Cor	Salary
Jail Administrator	1.00	Full	\$50.00	\$0.00	2,080	Governr	\$0.00
Deputy Administrator	1.00	Full	\$25.00	\$0.00	2,080	Governr	\$0.00
Lieutenant	6.00	Full	\$21.00	\$0.00	2,080	Governr	\$0.00

Category	Amount
FICA Benefits	\$0.00
Health Insurance	\$0.00
State Unemployment Tax	\$0.00
Federal Unemployment Tax Act	\$0.00
Retirement Program/Other Employer Contribution Plan	\$0.00

Total Admin Positions: 8.00 Administration Salary Sub-Total: \$0.00

Total Staff FTEs: 2.00 Total Staff Salary Cost: \$114,400.00

Figure 32. Benefits & Taxes Information

Step 1. Enter the yearly **Salary** amount if an hourly rate has not been entered.

Step 2. Enter the applicable values for the **Benefits and Taxes**.

Step 3. **Total Staff Salary Cost** – This field is auto-calculated and should be equal to the sum of all values entered for the staff category salaries, benefits and taxes.

Step 4. **Total Staff FTEs** – This field is auto-calculated and should be equal to all values entered for the staff category positions.

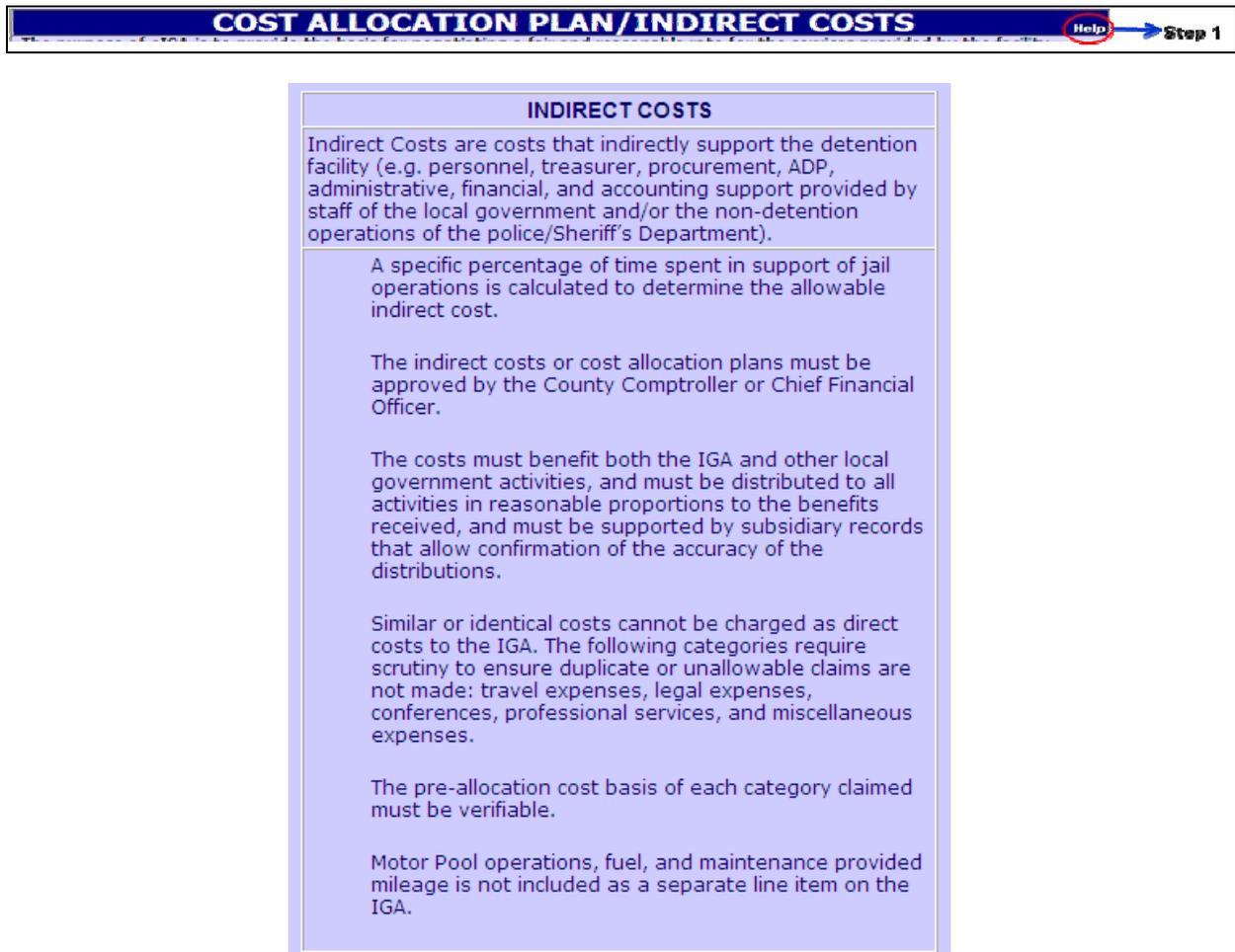
Step 5. Click the **Save Data** to save and submit the entered information.

Step 6. Click the **Indirect Cost** tab to access the **Indirect Cost** form.

Cost Allocation Plan / Indirect Costs – Prior Year

This section provides guidance for capturing the prior year allowable indirect costs for the types of services that support the operation of the jail.

Step 1. Click on the **HELP** link to display instructions for completing the Indirect Cost (prior year/projected) portion of the application.



COST ALLOCATION PLAN/INDIRECT COSTS Help → Step 1

INDIRECT COSTS

Indirect Costs are costs that indirectly support the detention facility (e.g. personnel, treasurer, procurement, ADP, administrative, financial, and accounting support provided by staff of the local government and/or the non-detention operations of the police/Sheriff's Department).

A specific percentage of time spent in support of jail operations is calculated to determine the allowable indirect cost.

The indirect costs or cost allocation plans must be approved by the County Comptroller or Chief Financial Officer.

The costs must benefit both the IGA and other local government activities, and must be distributed to all activities in reasonable proportions to the benefits received, and must be supported by subsidiary records that allow confirmation of the accuracy of the distributions.

Similar or identical costs cannot be charged as direct costs to the IGA. The following categories require scrutiny to ensure duplicate or unallowable claims are not made: travel expenses, legal expenses, conferences, professional services, and miscellaneous expenses.

The pre-allocation cost basis of each category claimed must be verifiable.

Motor Pool operations, fuel, and maintenance provided mileage is not included as a separate line item on the IGA.

Figure 33. Help Menu for the Cost Allocation Plan and Indirect Costs

The purpose of eIGA is to provide the basis for negotiating a fair and reasonable rate for the services provided by the facility. Therefore, the indirect costs are just one of several important factors considered by the Federal Government.

To copy the entries from the Prior Year to the Projected Indirect Cost, click "Copy Data". Then enter the missing values to calculate your Projected Indirect Cost.

Prior Year Indirect Cost

Click the appropriate button to add or del a row. Add Del

Type of Service Provided to the Operation of the Jail	Organization Providing the Service	No. Empls Providing the Service	Total Cost of Salaries/Benefits	% of Time in Support Jail Operations	Allowable Indirect Cost
County Administration	County	8	\$825,000.00	15	\$123,750.00
Finance	County	4	\$230,000.00	20	\$46,000.00
Sheriff	County	1	\$110,000.00	25	\$27,500.00
TOTAL PRIOR YEAR ALLOWABLE INDIRECT COSTS					\$197,250.00

Figure 34. Entering Prior Year Indirect Costs

- Step 2.** Enter the description of the **Type of Service Provided to the Operation of the Jail**.
- Step 3.** Enter the name of the **Organization Providing the Service**.
- Step 4.** Enter the **No. Employees Providing the Service** described. (Enter whole numbers even for part time personnel.)
- Step 5.** Enter the applicable values for the **Total Cost of Salaries/Benefits**.
- Step 6.** Enter the **% Time in Support Jail Operations** for the service described.
- Step 7.** **Allowable Indirect Cost** – This field is auto-calculated based on the percentage of time that has been entered and the total cost of salaries/benefits.
- Step 8.** Click the **Add** to save the entered information.
Click the **Del** to delete the entered information.
- Step 9.** **Total Prior Year Allowable Indirect Costs** This field is auto-calculated and should be equal to the sum of values entered for the Allowable Indirect Cost.
- Step 10.** Click **Copy Data** (optional) – This function will only copy the **Types of Services Provided** and the **Organization Providing the Service** from the **Prior Year Indirect Cost** section into the **Projected Indirect Cost** section.

Cost Allocation Plan / Indirect Costs – Projected Year

This section provides guidance for capturing the projected allowable indirect costs for the types of services that support the operation of the jail.

If the **Copy Data** button was used, all of the relevant information will be copied into the **Projected Indirect Cost** section of the form. Verify that the entries copied are accurate.

If the data was correctly copied, proceed to Step 1.

Step 1. Enter the applicable values for the columns **No. Emplys Providing the Service**, **Total Cost of Salaries/Benefits**, and **% of Time in Support Jail Operations**.

Step 2. **Total Projected Year Allowable Indirect Cost** - This field is auto-calculated and should be equal to the sum of values entered for the **Allowable Indirect Cost**.

Step 3. Click on the **Submit** button to save and submit the information.

The screenshot shows a web form titled "Projected Indirect Cost". It contains a table with the following data:

Type of Service Provided to the Operation of the Jail	Organization Providing the Service	No. Emplys Providing the Service	Total Cost of Salaries/Benefits	% of Time in Support Jail Operations	Allowable Indirect Cost
County Administration	County	8	\$9,000,000.00	15	\$1,350,000.00
Finance	County	5	\$250,000.00	5	\$12,500.00
Sheriff	County	1	\$120,000.00	1	\$1,200.00

Below the table, the text "TOTAL PROJECTED ALLOWABLE INDIRECT COST:" is followed by a value of "\$1,363,700.00". At the bottom right, there are "Submit" and "Cancel" buttons. Red circles and arrows highlight these elements: a red circle around the table data points to "Step 1", a red circle around the total cost value points to "Step 2", and a red circle around the "Submit" button points to "Step 3".

Figure 35. Entering Projected Indirect Costs

Step 4. Click on the **Summary** button to access the JOEI Summary data sheet.

The screenshot shows a navigation bar for "Jail Operating Expense Information". It features several tabs: "SUMMARY", "PRIOR YEAR LABOR", "PROJECTED YEAR", and "INDIRECT COST". The "SUMMARY" tab is highlighted with a red circle and an arrow pointing to it from the label "Step 4" above. To the right of the tabs are buttons for "Finished" and "Save Data".

Figure 36. Selecting the JOEI Summary Tab

JOEI Summary Data Sheet

This section provides guidance on creating a summary data sheet that covers the personnel expenses of the five distinct expense categories: Personnel, Care and Treatment, Other Operating Expenses (facility, vehicles, etc.), Indirect Costs, and Revenue Streams.

PERSONNEL

Step 1. Input the year that the cost data is based on for both the **Prior Year** and the **Projected** from the dropdown.

Step 2. Click on the **HELP** link to display information on the types of personnel included in the JOEI.

Step 3. This information has been pre-populated with the government, consultant/contract services, and the benefits information from the prior year and projected JOEI personnel forms.

NOTE: If “Gov” (for government) or “Cont” (for contract) was not selected for each of the positions listed in the prior year and projected JOEI personnel forms, these salary amounts will be not included on the JOEI Expense Summary form.

<i>Expense Summary</i>		
	Year: 2009	Year: 2010
EXPENSE CATEGORIES	PRIOR YEAR	PROJECTED
Personnel	This section is populated with information from the JOEI Prior Year and Projected sheets. Help	
Local Government Salaries:	\$717,080.00	\$793,920.00
Benefits:	\$40,000.00	\$42,000.00
Consultant/Contract Services:	\$0	\$0
Sub-Total Personnel:	\$757,080.00	\$835,920.00

Figure 37. JOEI Personnel Expense Summary

PERSONNEL
Full-time and part-time salaries for the following personnel: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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

Figure 38. Help Menu for Personnel Information

CARE AND TREATMENT

Step 1. Click on the **HELP** link to display instructions for completing the Care and Treatment portion of the application.

Step 2. Enter the values for each category for both **Prior Year** and **Projected** - only numeric values are accepted.

Category	Prior Year	Projected
Food and Kitchen Supplies:	\$600,000.00	\$625,000.00
Medical and First Aid Supplies:	\$17,000.00	\$17,500.00
Bedding and Linen:	\$16,000.00	\$16,500.00
Recreation:	\$0.00	\$0.00
Educational Services:	\$25,000.00	\$30,000.00
Sub-Total Care and Treatment:	\$658,000.00	\$689,000.00

Figure 39. JOEI Care and Treatment Expense Summary

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.

Figure 40. Help Menu for Care and Treatment

OTHER OPERATING EXPENSES

This section includes the following subsections (if applicable): Facility/Office, Vehicle Operations, Safety and Sanitation, Insurance, and Other.

Other Operating Expenses		
Facility/Office HELP		
Category	Prior Year	Projected
Utilities:	\$750,000.00	\$800,000.00
Office Supplies/Postage:	\$32,000.00	\$33,000.00
Telephone:	\$1,500.00	\$2,500.00
Facility Depreciation:	\$725,000.00	\$725,000.00
Vehicle Operations HELP		
Category	Prior Year	Projected
Lease:	\$0.00	\$0.00
Insurance:	\$30,000.00	\$32,000.00
Maintenance:	\$25,000.00	\$26,500.00
Safety and Sanitation HELP		
Category	Prior Year	Projected
Service:	\$0.00	\$0.00
Supplies:	\$8,500.00	\$9,000.00
Equipment:	\$48,000.00	\$49,000.00
Insurance HELP		
Category	Prior Year	Projected
Property:	\$15,000.00	\$15,500.00
Professional:	\$0.00	\$0.00
Liability:	\$0.00	\$0.00
Other HELP		
Click to add or delete a row. <input type="button" value="Add"/> <input type="button" value="Del"/>		
Category	Prior Year	Projected
Staff Uniforms	\$4,000.00	\$4,500.00
Staff Training	\$2,500.00	\$3,000.00
Sub-Total Other Operating Expenses:		\$23,000.00

Step 1

Step 2

Step 3

Figure 41. JOEI Other Operating Expenses

Step 1. Enter values in each category under **Prior Year** and **Projected** for all applicable subsections.

Step 2. Click on the **HELP** links to display instructions for completing the applicable subsections.

Step 3. **Sub-Total Other Operating Expenses** – These fields are auto calculated. Verify that the total is the sum of all the values entered in each category.

FACILITY/OFFICE

- Utilities. Charges for heat, light, power, water, gas, electricity and other utility services exclusive of transportation and communication services.
- Office supplies. Such as 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.
- Building 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.

Figure 42. Help Menu for Facility/Office Category

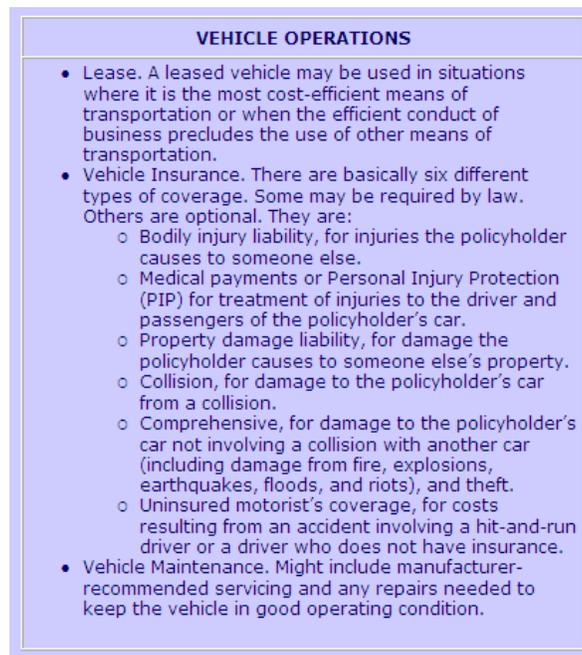


Figure 43. Help Menu for Vehicle Operations



Figure 44. Help Menu for Safety and Sanitation

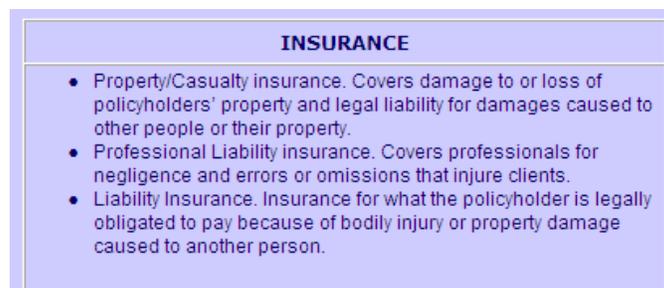


Figure 45. Help Menu for Insurance

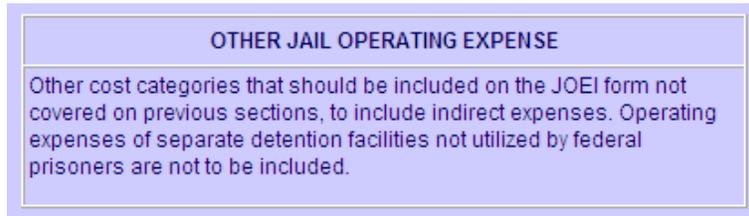


Figure 46. Help Menu for Other Jail Operating Expense

REVENUES

Step 1. Click on the **HELP** link to display instructions for completing the Revenues portion of the JOEI.



Figure 47. Help Menu for Revenues

Step 2. Enter values in each category under **Prior Year** and **Projected Year**.

Revenues			Help
Category	Prior Year	Projected	
CAP Grant:	\$250,000.00	\$250,000.00	Step 1
Inmate Telephone:	\$25,063.00	\$32,000.00	Step 2
Commissary:	\$150,000.00	\$155,000.00	
Sub-Total Revenues	—	\$437,000.00	

Figure 48. JOEI Revenues

NOTE: The **Sub-Total Revenues** value is SUBTRACTED from the **Grand Total Operating Expenses**.

TOTAL	\$2,610,017.00	\$2,764,920.00
<i>Expense Summary</i>		

Figure 49. JOEI Total Operating Expenses

The **Total Operating Expense** fields are auto calculated. Verify that the total is the sum of all the values entered in each JOEI Summary category.



Figure 50. Saving JOEI Data

Click on the **Save Data** and then on the **Finished** button at the top right corner of the JOEI form.



Figure 51. Saving and closing the JOEI forms

Once the dialog screen displays, click **OK** to close the JOEI forms and return to the main eIGA application. This confirms that all changes have been saved.

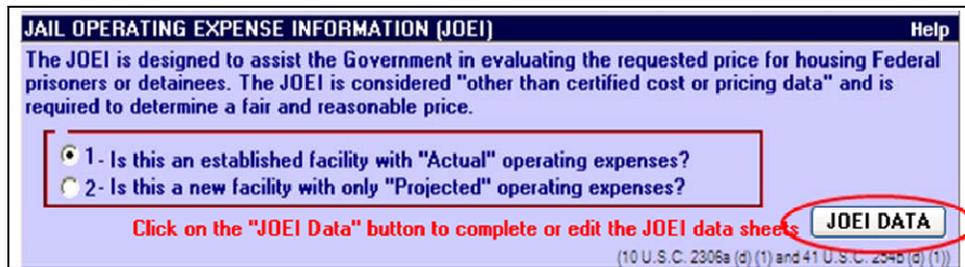


Figure 52. Confirming JOEI Data

Click on the **JOEI Data** button on the main application form to confirm the data was committed and properly retrieved.

Staffing

This section displays the staffing by category in read-only format. The fields in this section were pre-populated with the information previously entered in the JOEI data sheets (Prior Year and Projected Year). If the fields are blank, this indicates that these JOEI data sheets have not yet been completed.

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	8.00	d. Clerical & Maintenance Staff	0.00
b. Detention Officer Staff	10.00	e. Other Staff, describe	0.00
c. Professional & Technical Staff	1.00		
Total FTEs:			19.00
<small>NOTE: If fields are blank - please complete the JOEI data sheets in the section above.</small>			

Figure 53. Staffing

Types of Services (Guard/Transportation Services)

This section provides guidance on how to specify if the facility offers guard/transportation services, type of transportation services offered, and whether or not the hourly guard rate is a separate charge from the per diem rate.

Step 1. Click on the **HELP** link to display instructions for completing the **Types of Services** portion of the application.

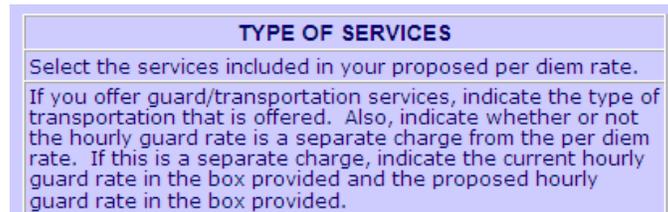


Figure 54. Help Menu for Types of Services

Step 2. Check the applicable box for whether or not the facility offers Guard/Transportation services.

- If **No** is checked, you are done with this section of the form and may proceed to the next section of the application.
- If **Yes** is checked, additional checkboxes will display with options for specifying the types of guard/transportation services offered.

The screenshot shows the "TYPES OF SERVICES" form. It includes a "Help" button (circled in red) with an arrow pointing to "Step 1". The question "Do you Offer Guard/Transportation Services?" has "Yes" checked, with an arrow pointing to "Step 2". Below this, "Indicate the type of guard/transportation services provided:" has "Medical" and "Court" unchecked, and "Other" checked with an arrow pointing to "Step 3". The question "Is the hourly guard rate a separate charge from the per diem rate?" has "Yes" checked, with an arrow pointing to "Step 4". At the bottom, "Current Hourly Guard Rate" is \$15.00 (arrow to "Step 5") and "Proposed Guard Hour Rate" is \$20.00 (arrow to "Step 6").

Figure 55. Selecting Types of Services

Step 3. Indicate the types of guard/transportation services offered by checking the boxes that apply (e.g., Medical, Court, or Other). If **Other** is checked, please indicate the other type of service offered.

Step 4. Check the applicable box to indicate if the hourly guard rate is a separate charge from the per diem rate.

- If **No** is checked, you are done with this section of the form and may proceed to the next section of the application.
- If **Yes** is checked, additional information will be required.

Step 5. Enter the **Current Hourly Guard Rate**.

Step 6. Enter the **Proposed Hourly Guard Rate**.

Incidents Involving Prisoners

In this section, report applicable incidents involving prisoners and the number of occurrences over a 12 month period at a facility.

Step 1. Click on the **HELP** link to display instructions for completing the **Incidents Involving Prisoners** portion of the application.

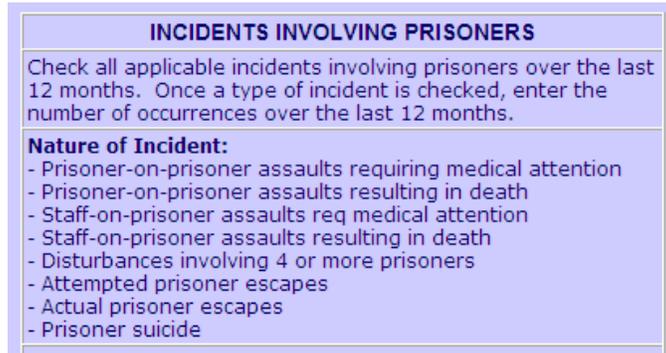


Figure 56. Help Menu for Incidents Involving Prisoners

Step 2. Check all the boxes that apply for the **Nature of Incident**.

Step 3. Indicate the number of occurrences for each box checked.

Nature of Incident	No.	Nature of Incident	No.
<input checked="" type="checkbox"/> Prisoner-on-prisoner assaults Req Med attention	10	<input checked="" type="checkbox"/> Disturbances 4 or more prisoners	5
<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 type="checkbox"/> Staff-on-prisoner assaults resulting in death	0	<input type="checkbox"/> Prisoner suicides	0

Figure 57. Reporting Incidents Involving Prisoners

Judicial Oversight

This section provides guidance on how to indicate all applicable court orders or consent decrees and their dates.

Step 1. Click on the **HELP** link to display instructions for completing the **Judicial Oversight** portion of the application.

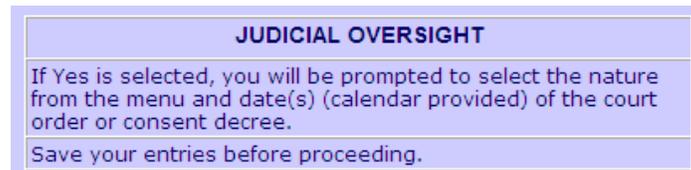


Figure 58. Help Menu for Judicial Oversight

Step 2. Check the applicable box to indicate if there are any court orders or Consent Decrees pursuant to facility.

- If **No** is checked, you are done with this section of the form and may proceed to the next section of the application.
- If **Yes** is checked, a new screen will display to enter dates for the applicable selection. Click **Yes** if there are any applicable court orders or Consent Decrees.

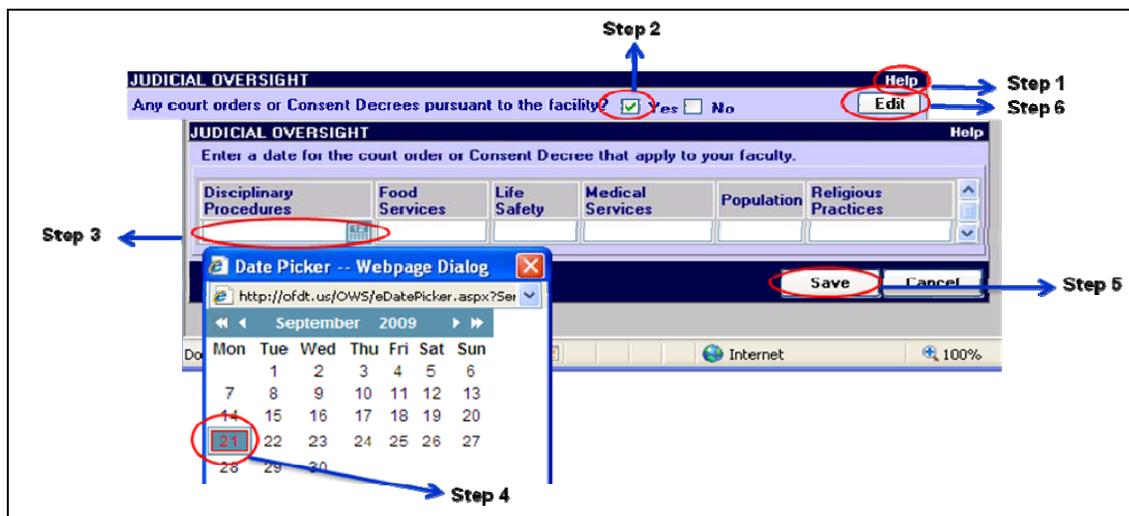


Figure 59. Selecting Court Order/Consent Decrees

Step 3. Click inside the applicable field to display the calendar.

Step 4. Use the calendar to select the exact date of the facility's court order or Consent Decree. The selected date(s) is displayed on fields selected.

Step 5. Click the **Save** button to save your entries or click the **Cancel** button to cancel the action and reset your entries.

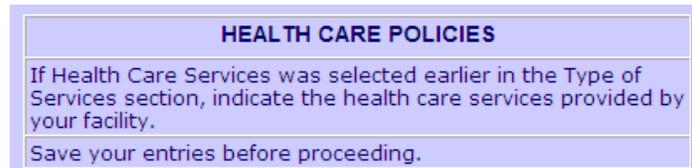
- If the **Cancel** button was clicked, continue to the next section.
- If the **Save** button was clicked, proceed to Step 6.

Step 6. Click **Edit** to verify that data was correctly saved and to make changes to information entered.

Health Care Policies

This section provides guidance on specifying the healthcare services provided to inmates.

Step 1. Click on the **HELP** link to display instructions for completing the **Health Care Policies** portion of the application.



HEALTH CARE POLICIES

If Health Care Services was selected earlier in the Type of Services section, indicate the health care services provided by your facility.

Save your entries before proceeding.

Step 2. Click the **Define** button to display the list of options for healthcare services provided to inmates.



HEALTH CARE POLICIES

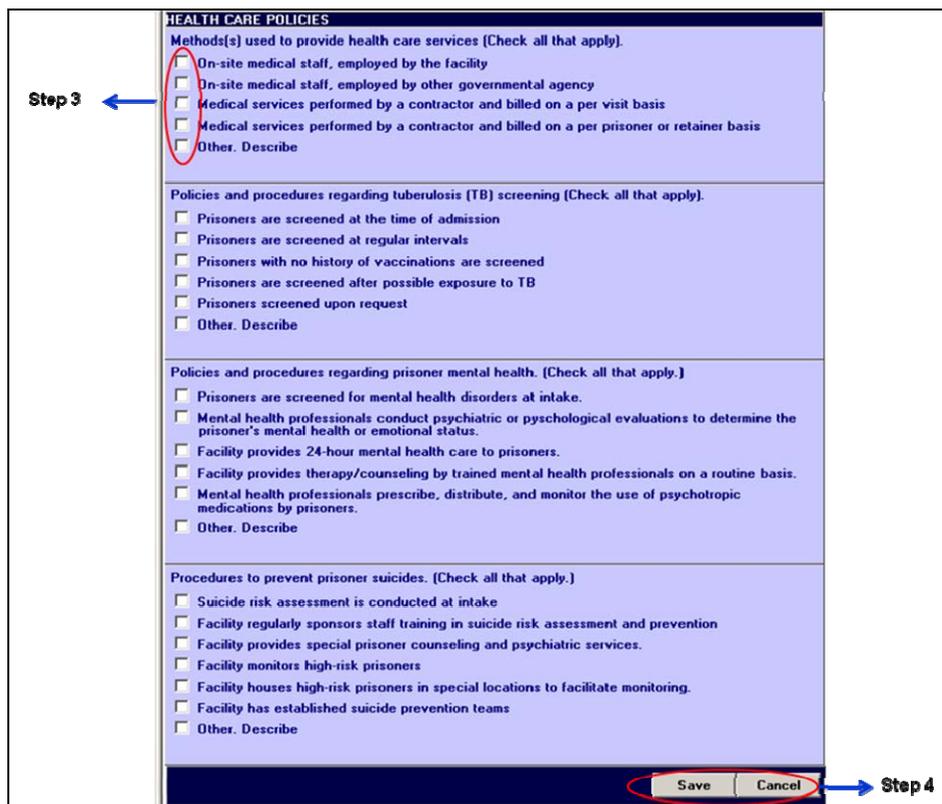
Click on the button to define the healthcare services provided to inmates.

Help → Step 1

Define → Step 2

Figure 60. Define Healthcare Services

Step 3. Select all the applicable healthcare services that are provided to inmates.



HEALTH CARE POLICIES

Methods(s) used to provide health care services (Check all that apply).

- On-site medical staff, employed by the facility
- On-site medical staff, employed by other governmental agency
- Medical services performed by a contractor and billed on a per visit basis
- Medical services performed by a contractor and billed on a per prisoner or retainer basis
- Other. Describe

Policies and procedures regarding tuberculosis (TB) screening (Check all that apply).

- Prisoners are screened at the time of admission
- Prisoners are screened at regular intervals
- Prisoners with no history of vaccinations are screened
- Prisoners are screened after possible exposure to TB
- Prisoners screened upon request
- Other. Describe

Policies and procedures regarding prisoner mental health. (Check all that apply.)

- Prisoners are screened for mental health disorders at intake.
- Mental health professionals conduct psychiatric or psychological evaluations to determine the prisoner's mental health or emotional status.
- Facility provides 24-hour mental health care to prisoners.
- Facility provides therapy/counseling by trained mental health professionals on a routine basis.
- Mental health professionals prescribe, distribute, and monitor the use of psychotropic medications by prisoners.
- Other. Describe

Procedures to prevent prisoner suicides. (Check all that apply.)

- Suicide risk assessment is conducted at intake
- Facility regularly sponsors staff training in suicide risk assessment and prevention
- Facility provides special prisoner counseling and psychiatric services.
- Facility monitors high-risk prisoners
- Facility houses high-risk prisoners in special locations to facilitate monitoring.
- Facility has established suicide prevention teams
- Other. Describe

Save **Cancel** → Step 4

Figure 61. Choosing Specific Healthcare Services

Step 4. Click on the **Save** button to save all checked options and close the form. Click **Cancel** to close the form without saving any information.

Inspection Oversight

This section provides guidance on how to define the agencies with inspection oversight of the facility, inspection dates, and the inspection frequency.

Step 1. Click on the **HELP** link to display instructions for completing the **Inspection Oversight** portion of the application.

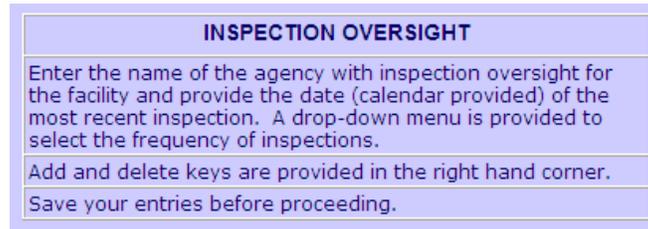


Figure 62. Help Menu for Inspection Oversight

Step 2. Click on the **Define** button to display the **Inspection Oversight** screen.

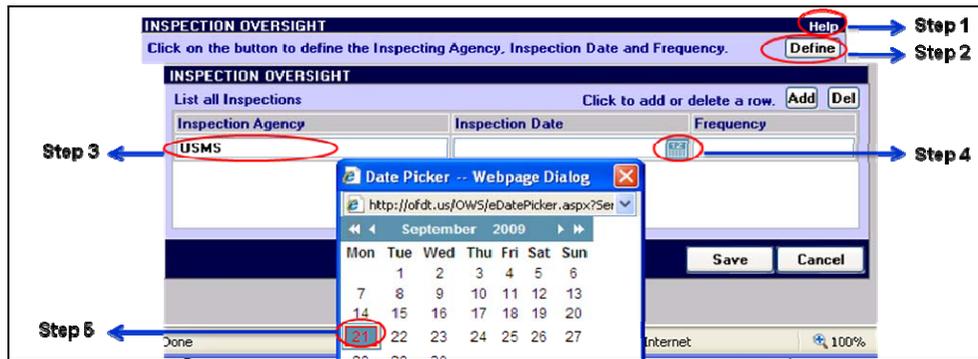


Figure 63. Entering Inspection Information

Step 3. Enter the applicable agency (e.g., USMS, BOP) in the **Inspecting Agency** field.

Step 4. Click inside the **Inspection Date** field to display the calendar.

Step 5. Select the exact date on which the inspection was performed.



Figure 64. Selecting Inspection Frequency/Adding or Deleting Rows

Step 6. Select the **Frequency** (monthly, quarterly, annually, etc.) of inspections from the dropdown menu.

Step 7. Click the **Add** or **Del** buttons in the upper right corner to add or remove new rows if multiple inspecting agencies need to be listed.



Figure 65. Saving or Canceling Entries

Step 8. Click the **Save** button to save your entries or click the **Cancel** button to cancel the action and clear out all entries.



Figure 66. Confirming Entered Data

Step 9. After the entry has been saved, click on the **Define** button to confirm that all entered information was saved accurately.

Professional Accreditations

This section provides guidance on how to indicate whether or not professional accreditations have been awarded, from which agencies, and on what dates.

Step 1. Click on the **HELP** link to display instructions for completing the **Professional Accreditations** portion of the application.

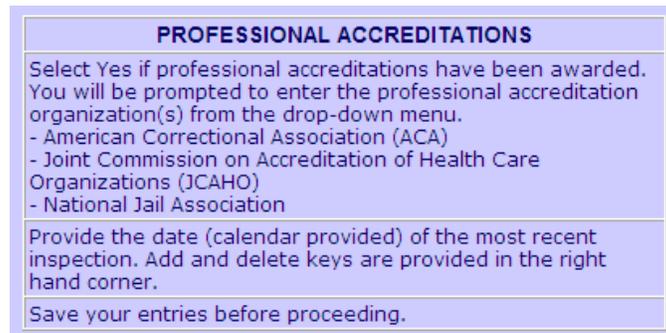


Figure 67. Help Menu for Professional Accreditations

Step 2. Check the applicable box to indicate whether or not professional accreditations were awarded.

- If **No** is checked, you are done with this section of the form and may proceed to the next section of the application.
- If **Yes** is checked, a screen will display to enter more information about the professional accreditations.

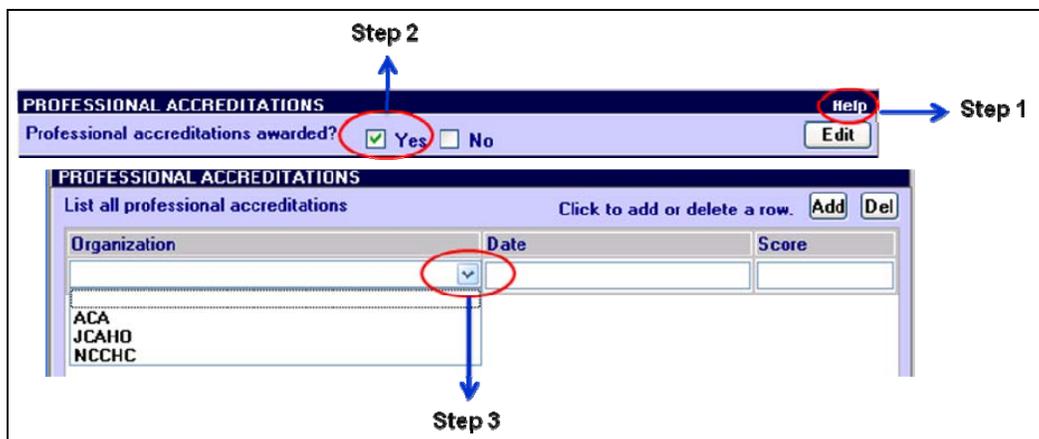


Figure 68. Selecting Accreditation Organization

Step 3. Click on the dropdown menu in the **Organization** field to select the name of the accredited organization.

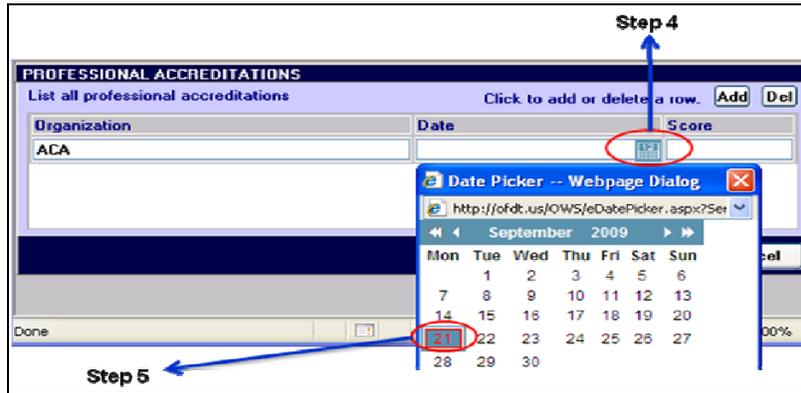


Figure 69. Selecting Organization Accreditation Date

Step 4. Click inside the **Organization** field to display the calendar.

Step 5. Select the exact date on which the accreditation was awarded.

Step 6. Enter a numeric value to indicate the accreditation **Score** awarded.



Figure 70. Entering Accreditation Score

Step 7. Click the **Add** or **Del** buttons in the upper right corner to add or remove new rows if multiple organizations need to be listed.

Step 8. Click the **Save** button to save your entries or click the **Cancel** button to cancel the action and clear out all entries.



Figure 71. Adding New Rows / Saving Data

Step 9. After the entry has been saved, click the **Edit** button to confirm that all entered information was saved accurately.



Figure 72. Confirming Entered Data

Remarks and Submission

In this section, users may use the Remarks text box to make additional comments.

Step 1. Please write specific details that may be helpful in the processing of this form.

Step 2. Click **Save** to save changes made to the system.

Step 3. Click **Exit** to exit out of the system without saving any changes.

Step 4. Click **Submit IGA** to submit the IGA application. Please make sure that you have saved all of your changes before submitting.



Figure 73. Remarks and Submitting Form

NOTE: Users will be redirected to the eIGA Welcome Screen to print eIGA Forms.

Printing eIGA Forms

This section provides guidance for printing the eIGA forms after all information has been submitted and saved.

Step 1. Click on **Print eIGA Forms** to display the print option screen.



Figure 74. Print eIGA Forms

Step 2. To view and print the completed JOEI, click on the line where your specific facility name and JOEI data appears.

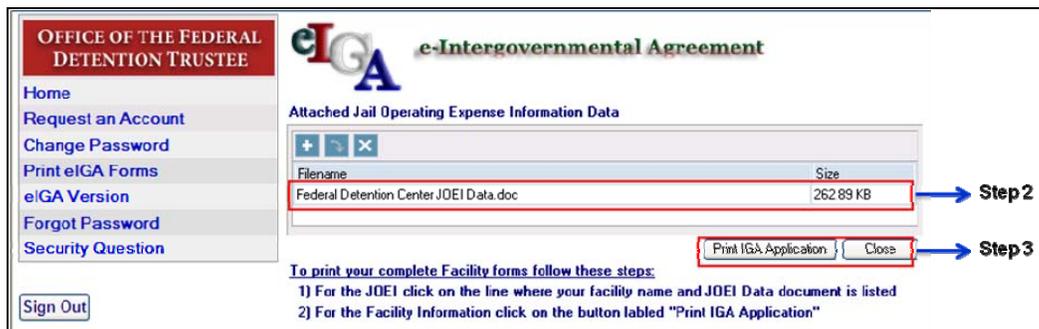


Figure 75. Printing JOEI or IGA Application

Jail Operating Expense Data

Facility Information		TIN: 12-3456789						
Facility Name:	Federal Detention Center							
Address:								
City:	St.:	Zip:	22203					
JOEI Summary								
Categories	Year:	2009	Year:					
	Prior Year		Projected					
Consultant / Contract Services :		\$0.00	\$0.00					
Local Government Salaries :		\$717,080.00	\$793,920.00					
Allowed Indirect Cost :		\$197,250.00	\$208,250.00					
Benefits :		\$40,000.00	\$42,000.00					
Other Category Expenses :		\$2,278,000.00	\$2,366,000.00					
EXPENSE SUB-TOTALS:		\$3,232,330.00	\$3,410,170.00					
Revenues (-) :		\$425,063.00	\$437,000.00					
TOTAL OPERATING EXPENSES:		\$2,807,267.00	\$2,973,170.00					
Expense Details:								
Prior Year Personnel Expense								
Category	Position	No. Pos	Full/Part	Hr Rate	OT Rate	Hours	Gov/Cont	Salary
Admin	Jail Administrator	1	Full	\$90.00	\$0.00	2080	Government	\$104,000.00
Admin	Deputy Administrator	1	Full	\$25.00	\$0.00	2080	Government	\$52,000.00
Admin	Lieutenant	6	Full	\$21.00	\$0.00	2080	Government	\$252,080.00
Deten	Detention Officer	7	Full	\$0.00	\$0.00	2080	Government	\$280,000.00
Deten	Jailer	3	Part	\$0.00	\$0.00	1040	Government	\$24,000.00
Pro/Tech	Administrative Assistant	1	Full	\$0.00	\$0.00	2080	Government	\$25,000.00
Client/Maint		0		\$0.00	\$0.00	0		\$0.00
Projected Personnel Expense								
Category	Position	No. Pos	Full/Part	Hr Rate	OT Rate	Hours	Gov/Cont	Salary
Admin	Jail Administrator	1	Full	\$93.00	\$0.00	2080	Government	\$110,240.00
Admin	Deputy Administrator	1	Full	\$27.00	\$0.00	2080	Government	\$56,160.00
Admin	Lieutenant	6	Full	\$24.00	\$0.00	2080	Government	\$289,520.00
Deten	Detention Officer	7	Full	\$0.00	\$0.00	2080	Government	\$278,000.00
Deten	Jailer	3	Part	\$0.00	\$0.00	1040	Government	\$27,000.00
Pro/Tech	Administrative Assistant	1	Full	\$0.00	\$0.00	2080	Government	\$26,000.00
Client/Maint		0		\$0.00	\$0.00	0		\$0.00

Figure 76. Print Preview of JOEI Data

Step 3. Click **Print IGA Application** to display the completed IGA Application in print preview mode.

Step 4. Click the **Print** button to print out a copy of the IGA Application.

The screenshot shows the 'IGApplication' window with a 'Health Care Policies' tab. A 'Print' button is highlighted in a red box with an arrow pointing to the text 'Step 4'. The form contains the following information:

FACILITY ADMIN DATA

Facility: eIGA Test Facility 4

Address: 1234 West LA, Los Angeles, CA, 90032

Tax ID Number: 52-3898485, DUNS Number: 45342312

Requestor contact information (person completing the eIGA application):

Requestor: IGA Test-4, Title: Admin, Phone Number: 213-233-2323, e-Mail: igatest@eiga.com

Administrator contact information (facility administrator):

Administrator: IGA Test-4, Title: Admin, Phone Number: 213-233-2323, e-Mail: igatest@eiga.com

Authorized Representative who can sign the agreement (if different from above):

Negotiator: O'Chap Mason, Title: chief, Phone Number: 202-556-5656, e-Mail: chief@usms.gov

FEDERAL NEGOTIATIONS IN PROGRESS

Are you currently working with a Federal Agency? Yes No

FACILITY JURISDICTION

Facility Jurisdiction: County/Municipal, Facility Operated by: Owner, Jurisdiction Name: O'Kelly

TOTAL CAPACITY/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:	25
Adult Female:	150	Adult Female:	0
Total Capacity:	1,225	Average Daily Population	
		Current ADP: 250	

Figure 77. Print Preview of IGA Application