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Date Application Received

FACILITY DETAILS

Facility

Name **Physical Address Mailing Address Facility Code**

Tax ID UEI District County

Jurisdiction Type Jurisdiction Name

Operator Type

Application Type Facility Operation

Contacts

Title Type of Contact Phone Number Extension **Email Address**

Federal Negotiations

Current IGA riders reported on IGA application

CAPACITY & RATES

Capacity

Operational Capacity

Adult Female Adult Male Juvenile Male Juvenile Female

Facility Total Rated Capacity Available Beds for Federal Use (Daily)

5 Year Average Daily Population

Calculated 5 Year Average Daily Population **Current Average Daily Population Projected Average Daily Population**

Per Diem Rates

Proposed Rate

Other Jurisdiction Rate(s) Paid

Date Established Jurisdiction Per Diem Rate Agency Name

Central Service Cost Allocation Plan (CSCAP)

Does your jurisdiction have an approved CSCAP?

Capacity & Rates Remarks

SERVICES

Do you offer guard/transportation services?

Type of guard/transportation services provided reported on IGA Application No guard/transportation services selected

Is the hourly rate a separate charge from the per diem rate?

No

Service Remarks

POLICIES & OVERSIGHT

Inspection/Review Overisght

Inspection/Review Agency Inspection/Review Date Frequency

Incidents







*This is to certify that, to the best of my knowledge, these costs are accurate, complete and current. The records of this agency are available for review and audit by the authorized representative of the U.S. Government to verify any jail per diem rate negotiated.

Verified By Verified Date

In the last 12 months have there been any prisoner-on-prisoner assaults requiring medical attention?