

CITY OF FORKS
INTERLOCAL AGREEMENT FOR PRISONER CONFINEMENT SERVICES

This Agreement is made and entered into this 22nd day of April, 2014, by and between the CITY OF FORKS, a municipal corporation (hereinafter "FORKS"), and the COUNTY OF MASON, a political subdivision of the State of Washington (hereinafter "MASON COUNTY").

REPRESENTATIONS:

1. Pursuant to Chapters 39.34 and 70.48 RCW, FORKS and MASON COUNTY may enter into an agreement, through their respective legislative bodies, whereby FORKS shall furnish jail facilities for MASON COUNTY prisoners upon such terms as may be mutually agreed upon.
2. State Law specifies that cities & counties are responsible for the incarceration of misdemeanor and gross misdemeanor offenses committed by adults in their respective jurisdictions, and referred from their respective law enforcement agencies, whether filed under state law or city ordinance, and must carry out this responsibility through the use of their own courts, staff, and facilities, or by entering into contracts or interlocal agreements to provide these services. Such contracts or interlocal agreements are required to take into account the anticipated costs of services as well as the anticipated and potential revenues to fund the services, including fines and fees, criminal justice funding, and state authorized sales tax funding levied for criminal justice purposes.
3. MASON COUNTY and FORKS agree that the terms and conditions set forth herein are an acceptable basis for FORKS providing prisoner jail services to MASON COUNTY for persons committing misdemeanor or gross misdemeanor offenses within MASON COUNTY.

AGREEMENTS:

1. Availability of Adult Correctional Facilities and Services: FORKS agrees to house, care for, and provide for the welfare and safekeeping of MASON COUNTY prisoners within its facilities. In so doing, FORKS agrees to furnish its facilities and personnel for the confinement, processing, and related services for MASON COUNTY prisoners in the same manner and to the same extent as FORKS furnishes said services for confinement, processing, and related activities of its own prisoners. FORKS jail facilities shall be made available and furnished for holding of MASON COUNTY prisoners serving imposed jail terms, subject to the conditions herein. Said facilities and services shall meet the requirements of all applicable state and federal laws.

2. Definition of a MASON COUNTY Prisoner: The term "MASON COUNTY prisoner" as used in this Agreement shall mean a person arrested by MASON COUNTY Deputy's and held and confined in the FORKS Jail, or otherwise held in detention as provided in this agreement, pursuant to a violation of a MASON COUNTY ordinance or a violation of a state law which designates the crime for which the person is held to be a misdemeanor or gross misdemeanor. The term "MASON COUNTY prisoner" shall not include a person arrested for a felony offense by MASON COUNTY's Deputies, a person arrested on a warrant issued by another jurisdiction or for charges initiated by a non-MASON COUNTY deputy, or a person charged by the prosecutor with a felony or an attempt to commit a felony even if there is a plea to or conviction of a lesser offense.
3. Prisoner Confinement Daily Fee:
 - A. Beginning 22nd April 2014, MASON COUNTY agrees to pay FORKS a daily per inmate fee for the housing of prisoners in the FORKS Jail. The daily confinement fee shall be charged per prisoner for each calendar day or portion thereof, excluding the release day when a prisoner has been confined for more than one day. The base daily rate shall be \$45.00, FORKS will confine any MASON COUNTY prisoner who has a court commitment of 364 days at the special daily rate of \$40.00 each day.
 - B. This rate shall be adjusted annually, based on the Consumer Price Index (CPI-U) for the Seattle-Tacoma-Bremerton area. The first annual adjustment will be effective April 22, 2014 and each year thereafter.
 - C. Prisoner fees shall be billed by FORKS each month and MASON COUNTY shall pay said fees within 30 days of billing. In the event of an error, the next billing after the error was discovered, will be adjusted appropriately.
4. Partial Confinement and Alternative Confinement Programs: MASON COUNTY prisoners shall be considered for FORKS alternative and partial confinement programs on an equal basis with FORKS prisoners, and subject to the same rules and regulations, as well as potential sanctions, for program rule violations. Prisoner participation in such programs may be limited to an operational capacity as identified by FORKS. Alternative and partial confinement programs shall include, but not be limited to, Work Release and Work Crew. It is understood by the parties that the term alternative confinement programs shall not include electronic home monitoring.

Where offenders pay a fee to FORKS for program participation, such fees shall be deducted from the confinement daily fee billed to MASON COUNTY.

Where MASON COUNTY prisoners are in a FORKS Work Crew assignment, they shall be credited with ten days "good time" for each 30 days that they are assigned to the Work Crew. If MASON COUNTY prisoner is not in a work crew assignment or special program that prisoner is eligible for five days good time per thirty days served. "Good time" is earned, and not automatically "given", once housed in Forks.

5. Designated Administrators: The FORKS Police Chief in consultation with the Mason County Sheriff shall administer this agreement. Each administrator or designee may consult with each other quarterly regarding costs, fees and charges and regarding changes in policies, practices, or procedures, which may affect the responsibilities of the other, and will try to resolve disputes between themselves or through their designated representatives.
6. Medical Costs: Medical costs for emergency or necessary health care for MASON COUNTY prisoners shall be the responsibility of MASON COUNTY. MASON COUNTY retains the option to contract with medical providers to provide medical services to MASON COUNTY prisoners. FORKS will not transport outside of FORKS city limits for medical appointments, this will be borne by MASON COUNTY if such a medical transport is necessary.

FORKS shall notify MASON COUNTY prior to outside medical care being provided for a MASON COUNTY prisoner; provided, however, that when emergency medical care is required in life-threatening circumstances, the notification may occur as soon as practicable.

No Waiver of Right to Seek Reimbursement. The above paragraphs relating to medical costs are intended solely to define the obligations between the parties to this agreement. Nothing contained within the provisions of this agreement shall be construed to waive the rights of either party to seek reimbursement for costs from the department of social and health services, or from the prisoner, or any other responsible third-party.

7. Transportation: Transportation of MASON COUNTY prisoners to the FORKS jail facilities will be provided by the FORKS Police Department as needed, but not to exceed one time per calendar week. FORKS Police Department, will travel to a mutually agreed upon location for the pick-up. The rate for transportation from the Mason County Jail shall be twenty-dollars per prisoner.
8. Upon release of MASON COUNTY prisoners, FORKS may transport the prisoner to the Forks Transit Center. A one-way bus ticket toward the Mason County area shall be issued to the released prisoner if requested. If the prisoner is needed for Court during incarceration in the FORKS jail, it will be the responsibility of MASON COUNTY to transport the prisoner from FORKS jail to Court, and return.
9. Transfer of Custody: When the MASON COUNTY Deputies are placing arrested persons in custody of FORKS, at a designated meet point between the parties or at the Forks jail, the Mason County Deputy shall be required to remain in the immediate presence of the arrested person and shall be considered to have such person in their sole custody until the FORKS booking/transport officer audibly states that the prisoner is secured; at such time and only then, the prisoner will come into custody of FORKS.

When custody of a MASON COUNTY prisoner is transferred to FORKS, the MASON COUNTY prisoner shall be subject to all applicable rules, regulations and standards governing operation of the FORKS jail, including any emergency security rules imposed by the FORKS Chief of Police or designee. Any MASON COUNTY Deputy delivering a prisoner to FORKS jail shall comply with reasonable rules and regulations of the FORKS jail.

10. Release of MASON COUNTY Prisoner from FORKS Jail: No MASON COUNTY prisoner confined in the FORKS jail subject to this agreement shall be released except: (a) when requested by a member of the Mason County Sheriffs Office; (b) in compliance with orders of the court in those matters in which the courts have jurisdiction; (c) for appearance in court; (d) for interviews by MASON COUNTY deputy's or attorneys; (e) if the prisoner has served his or her sentence or the charge pending against said prisoner has been dismissed; or (f) as determined by the FORKS Chief of Police as part of a plan to reduce prisoner population as a result of facility overcrowding, with MASON COUNTY's consent prior to release.

11. Record Keeping:

FORKS agrees to maintain a system of record keeping relative to the booking and confinement of each MASON COUNTY prisoner in such style and manner as equivalent to FORKS's records pertaining to its own prisoners. FORKS shall make available, upon request, to MASON COUNTY or its authorized representatives, copies of said records.

12. MASON COUNTY Access to Prisoners: All MASON COUNTY Sheriff Deputy's, investigators and the prisoner's legal counsel shall have the right to interview the prisoners at any time inside the confines of the FORKS jail, subject only to necessary security rules. Interview rooms will be made available to MASON COUNTY Deputy's in equal priority with those of any other department.

13. Equal Treatment of MASON COUNTY Prisoners: MASON COUNTY and FORKS prisoners will be treated equally for purposes of extradition, transportation, record keeping, and access to special detention programs. During situations where jail population exceeds maximum capacity, FORKS retains priority for the housing of FORKS prisoners. FORKS will notify MASON COUNTY if prisoner(s) are to be released due to situations where jail population exceeds maximum capacity and give MASON COUNTY an opportunity to transport prisoner to another jail facility. When known, FORKS will notify MASON COUNTY if the jail population exceeds maximum capacity prior to the transportation of new prisoners to the facility pursuant to paragraph 7 above.

14. Hold Harmless Agreement.

A. FORKS assumes full responsibility for the welfare, safety and safekeeping of all MASON COUNTY prisoners while in the custody of FORKS. FORKS agrees to hold harmless, indemnify, and defend MASON COUNTY, its elected officials, officers, employees and agents from and against any and all suits, actions, claims, liability, damages, judgments, costs and expenses (including reasonable attorneys' fees) (also including but not limited to claims related to alleged mistreatment, injury, or death to any prisoner, or loss or damage to prisoner property while in FORKS' custody) which result from or arise out of the negligence or intentional misconduct of FORKS, its elected officials, officers, employees, and agents in connection with or incidental to the performance or non-performance of FORKS' services, duties and obligations under this Agreement.

- B. MASON COUNTY agrees to hold harmless, indemnify, and defend FORKS its elected officials, officers, employees and agents from and against any and all suits, actions, claims, liability, damages, judgments, costs and expenses (including reasonable attorneys' fees) (also including but not limited to a claim of false arrest, unlawful imprisonment and writs of habeas corpus proceedings) which result from or arise out of the negligence or intentional misconduct of MASON COUNTY, its elected officials, officers, employees, and agents in connection with or incidental to the performance or non-performance of MASON COUNTY's services, duties and obligations under this Agreement.
 - C. In the event that the officials, officers, agents, and/or employees of both FORKS and MASON COUNTY are concurrently negligent, each party shall be liable for its contributory share of negligence for any resulting suits, actions, claims, liability, damages, judgments, costs and expenses (including reasonable attorneys' fees).
 - D. Nothing contained in this section of this Agreement shall be construed to create a liability or a right of indemnification by any third party.
 - E. The provisions of this section shall survive the expiration or termination of this Agreement with respect to any event occurring prior to such expiration or termination.
15. Duration of Agreement: Subject to the provisions of RCW 39.34.040, this Agreement shall be effective on 22 April, 2014, and said Agreement shall be in effect for a period of three years. The Agreement may be terminated upon written notice by either party with a minimum 90 days notice. The notice shall state the grounds for the termination and the specific plans for accommodating the affected jail population (per RCW 70.48.090 as amended). Pursuant to RCW 39.34.040, each party shall be responsible for recording a copy of this agreement with their County auditor and/or posting this agreement on the agency's web-site.
16. Disputes: Disputes relating to the interpretation or administration of this agreement that cannot be resolved by the representatives designated herein shall be referred to the FORKS Mayor and MASON COUNTY Administrator or their designees for mediation, prior to either party seeking alternative or additional relief.
17. Joint Undertaking or Separate Entity: Pursuant to the requirements of RCW 39.34.030(3), the parties specify the following: 1) no new or separate legal or administrative entity is created by the provisions of this agreement; 2) the parties to this Agreement are each responsible for their own duties under this agreement; 3) no joint financing or budget is required; and 4) and no real or personal property will be jointly acquired by the parties under this Agreement. All property owned by each of the parties shall remain its sole property to hold and dispose of in its sole discretion.
18. Non-Delegation/Non-Assignment: Neither party may delegate the performance of any contractual obligation, to a third party, unless mutually agreed in writing. Neither party may assign this agreement without the written consent of the other party.

19. Each Agency's officers, agents, nor employees are employees of the individual Agency for any purpose including responsibility for any federal or state tax, industrial insurance or Social Security liability. No provision of services under this Agreement shall give rise to any claim of career service or civil service right, which may accrue to an employee of the Agency under any applicable law, rule, or regulation.
20. Severability: If any provision of this contract shall be held invalid, the remainder of this contract shall not be affected thereby if such remainder would then continue to serve the purposes and objectives of both parties.

DATED this 22nd day of April 2014.

DATED this 24 day of June 2014.

City of Forks

County of MASON

Dy mch

Lee J. Hy

Mayor

County Administrator *(chair)*

Robert B.

Cory Salisbery

Chief of Police

Mason County Sheriff

APPROVED AS TO FORM:

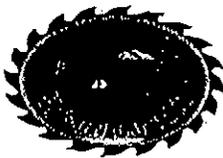
APPROVED AS TO FORM:

Walt & Hove

[Signature]

City Attorney

County Prosecuting Attorney



Mason County Auditor - Financial Services ShannoM@co.mason.wa.us
 PO Box 400 360-427-9670 x 201
 Shelton, WA 98584 palgeh@co.mason.wa.us
 360-427-9670 x 474
 Fax 360-427-7758

Theresa
x636

VENDOR INFORMATION

THIS FORM TO BE USED IN PLACE OF IRS Form W-9

Form Initiated By:
Sheriff's Office

Complete this form to establish account or to change existing information.

Business/Individual **NAME MUST** be exactly the same as used for Federal Tax reporting purposes.

Faxes and email forms are acceptable.

Invoice payment will be processed upon receipt of this form. Please print clearly or type. Be sure all information is correct.

Are you making changes to an existing account?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Add'l Remit	Ownership status
Please mark the appropriate box indicating change:	Address Change <input type="checkbox"/>		Add'l Business Name <input type="checkbox"/>	Name <input type="checkbox"/> IRS TIN# <input type="checkbox"/>

REQUIRED: Are you now, or have you ever been, part of the Washington State Retirement/Pension System?

Please Type Or Print Clearly

Name <small>(If joint names, list both & circle the name whose TIN you are providing below)</small>	FORKS POLICE DEPARTMENT			
Business Name <small>(Sole Proprietor enter your individual name above and business name here)</small>	CITY OF FORKS			
Payment (Remit) Address <small>Street Number, Apt. Number, Mall-Stop or PO Box and City, State, Zip</small>	500 E DIVISION ST FORKS, WA 98331			
If making change to payment address put old payment address here.				
Additional Payment Address (Use separate page if needed)				
(TIN) Taxpayer Identification Number	Employer Identification Number	or	Social Security # for Individual or Sole Prop	
	91-6001432			
Type of Business <small>How do you file with the IRS?</small>	Corporation <input type="checkbox"/>	Individual <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>	Other: Explain Below
	LLC-Corp <input type="checkbox"/>	LLC-Partnership <input type="checkbox"/>	LLC-Sole Proprietor <input type="checkbox"/>	MUNICIPAL CORP
	Partnership <input type="checkbox"/>	Non-Profit Corp <input type="checkbox"/>	Attorney <input type="checkbox"/>	<input checked="" type="checkbox"/> Government Agency
Phone # (Include Area Code)	360 374-2223 PD 360 374-5412 CITY HALL			
FAX Number (Include Area Code)	360 374-2506 JAIL 360 374-9430 CITY HALL			
Email Address	ekla.fpd@forkswashington.org			
UBI Number (WA Business Only)	053 000 574			

Printed Name of Person completing the form: **AUDREY GRAFSTROM** Title: **CLERK/TREASURER**

Under penalty of perjury, I certify that the number shown on this statement is the correct taxpayer identification number.

Signature of Person Completing this Form: *[Signature]* Date: **6/17/14**

For Auditor's Financial Services Use Only

Entered into Munis by:	Date	Comments	MUNIS VENDOR #:



Mason County Sheriff's Office



P.O. Box 1037, Shelton, WA 98584

Casey Salisbury
Sheriff

FAX COVER SHEET

FAX NUMBER: (360) 426-0567

DATE: 6-12-14

The following pages are being transmitted to:

NAME: ORGANIZATION, ADDRESS, FAX NO.

Forks Police Dept.

FROM:

Michelle Goldsby
Finance Assistant

ph # 360 427-9670 ext. 241

NOTE:

Please complete & return the ~~the~~ vendor
information for as soon as possible so we

can pay Inv # 2014-005 in the amount of \$6127.00.

Number of pages including cover sheet: 2

Thank you

If you do not receive the entire FAX, please notify us immediately.

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