



**Immigration and Customs Enforcement**

**RE: Close out of Contract Number: ACD-98-6059**

**ATTENTION: Kirk Kirkpatrick**

**Fax Number: Fax: (817) 556-6075**

**Phone Number: (817) 556-6305**

**Good morning, Mr. Kirkpatrick:**

**Procon Consulting LLP is under contract with the Department of Homeland Security, Immigration & Customs Enforcement (ICE) to provide Contract Closeout Services. We are in the process of closing out the contractual instrument referenced in the subject line above. Performance of this order has been completed and all deliverable items have been received and accepted.**

**To close out this instrument please review and sign sections 15A, 15B, and please date 15C of the attached Modification No. P00003 and return via e-mail [George.wood@associates.dhs.gov](mailto:George.wood@associates.dhs.gov) or via fax at (202) 732-7219. If email/fax are not an option, please return via U.S. Postal mail at the address listed below.**

**The government allows for one week for you to review and provide signature. If signed modification is not received by January 23, 2013, we will proceed with closing this instrument out via a unilateral modification.**

**If additional information is required, please contact me via e-mail or fax using the contact information below. Your prompt assistance in this closeout effort is greatly appreciated.**

**Thank you,**

**George B. Wood  
Contract Closeout Specialist (Procon Consulting LLP)  
OAQ/AS/CCT. Mail Stop 5750  
801 I Street, NW  
Washington, DC 20536  
Desk: 202 732-2543  
Fax: 202 732-7219**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE	4. RECORDING/PURCHASE REG. NO.
FO0003		See Block 16C	5. PROJECT NO. (if applicable)
ICE/CLOSOUT/ICE		ICE/CLOSOUT/ICE	6. REGISTERED BY (if other than item 4)
ICE CLOSOUT ICE Office of Acquisition Management Immigration & Customs Enforcement Department of Homeland Security 901 I Street, NW Washington DC 20536		ICE CLOSOUT ICE Office of Acquisition Management Immigration & Customs Enforcement Department of Homeland Security 901 I St, NW Washington DC 20536	
7. AMENDMENT OF CONTRACTION NO. (file, street, county, date and ZIP code)		8. AMENDMENT OF SOLICITATION NO.	
JOHNSON COUNTY OF 2 W MAIN COURTHOUSE CLEBURNE TX 760335500		9. DATED (MM/YY) (10)	
10. AMENDMENT OF CONTRACTION NO.		11. AMENDMENT OF CONTRACTION NO.	
11. DATED (MM/YY) (13)		12. DATED (MM/YY) (13)	
13. AMENDMENT OF CONTRACTION NO. ACC-98-0059		14. DATED (MM/YY) (13)	
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99. DATED (MM/YY) (13)		100. DATED (MM/YY) (13)	

11. ACCOUNTING AND APPROPRIATION DATA (if required)  
See Schedule

12. THE FOLLOWING ONLY APPLIES TO AMENDMENTS OF CONTRACTS, IF THE CONTRACT IS A CONTRACT UNDER THE CONTRACTS ACT AS DEFINED IN ITEM 14.

13. THE FOLLOWING ONLY APPLIES TO AMENDMENTS OF CONTRACTS, IF THE CONTRACT IS A CONTRACT UNDER THE CONTRACTS ACT AS DEFINED IN ITEM 14.

14. THE FOLLOWING ONLY APPLIES TO AMENDMENTS OF CONTRACTS, IF THE CONTRACT IS A CONTRACT UNDER THE CONTRACTS ACT AS DEFINED IN ITEM 14.	15. THE FOLLOWING ONLY APPLIES TO AMENDMENTS OF CONTRACTS, IF THE CONTRACT IS A CONTRACT UNDER THE CONTRACTS ACT AS DEFINED IN ITEM 14.
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (check one) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THIS CONTRACT UNDER NO. IN ITEM 14.	B. THE AMENDMENT TO THIS CONTRACT IS REQUIRED TO CORRECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriate date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 4.804.
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:	D. OTHER (specify type of authority and source)
X FAR 4.804	Closure of Contract Files

16. DESCRIPTION OF AMENDMENT/MODIFICATION (organized by HCP section headings, including solicitation/contract subject matter when feasible)  
DUNS Number: 046286787

The purpose of this modification, is to closeout this contractual instrument. The contractor does remise, release, and discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract for the sum of Zero Dollars and Zero Cents (\$0.00). Therefore, this contractual instrument is hereby closed and retired.

The parties hereby certify that all contract administration actions identified above have been fully and satisfactorily accomplished.  
Period of Performance: 04/29/1998 to 04/26/2010

17. NAME AND TITLE OF SIGNER (Type or print) County Judge Roger Harmon	18. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Veleste Proctor
19. DATE SIGNED 1-27-13	20. DATE SIGNED 3-29-2013

**ORDER FOR SUPPLIES OR SERVICES**

PAGE OF PAGES

1 2

**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

1. DATE OF ORDER 04/29/1998	2. CONTRACT NO. (if any) ACD-98-6059	6. SHIP TO: a. NAME OF CONSIGNEE	
3. ORDER NO.	4. REQUISITION/REFERENCE NO. N/A		
5. ISSUING OFFICE (Address correspondence to) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20536		b. STREET ADDRESS	
		c. CITY	d. STATE e. ZIP CODE
7. TO: a. NAME OF CONTRACTOR JOHNSON COUNTY OF		f. SHIP VIA	
b. COMPANY NAME		8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 103-B POINDEXTER AVE		REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY CLEBORNE		e. STATE TX	f. ZIP CODE 760334406
9. ACCOUNTING AND APPROPRIATION DATA		10. REQUISITIONING OFFICE	

1/13/09  
Cronley

Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL	<input type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> d. SERVICE-DISABLED VETERAN-OWNED	Various	
<input type="checkbox"/> e. WOMEN-OWNED	<input type="checkbox"/> f. HUSBZone	<input type="checkbox"/> g. EMERGING SMALL BUSINESS			
13. PLACE OF		14. GOVERNMENT BAL. NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
a. INSPECTION Destination	b. ACCEPTANCE Destination			Multiple	
				16. DISCOUNT TERMS	

**17. SCHEDULE (See reverse for Rejections)**

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 139726843 Contact Information: Field Office: Mr. Pablo Campos, DFOD (214)905-5896 Ms. Katherine Gannon, MSS (214) 905-5888 Procurement: Mr. J. Neveleff, Contracting Officer (202) 732-2384  Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:				
a. NAME	DHS, ICE		\$0.00	17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box)	Burlington Finance Center P.O. Box 1620 Attn: ICE-DRO-FOD-FDA		\$0.00	
c. CITY	d. STATE	e. ZIP CODE		
Williston	VT	05495-1620		

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Jerald H. Neveleff TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE OF PAGES

2

2

**IMPORTANT:** Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER

CONTRACT NO.

ORDER NO.

04/29/1998  
(A)

ACD-98-6059  
(B)

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
	<p>Period of Performance: 04/29/1998 to 04/28/2010</p> <p>The obligated amount of award: \$0.00. The total for this award is shown in box 17 (i).</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

IGSA-A/ACD-98-6059

**INTERGOVERNMENTAL SERVICE AGREEMENT  
BETWEEN THE U.S. IMMIGRATION AND NATURALIZATION SERVICE  
AND Johnson County, Texas**

**PURPOSE**

The purpose of this Intergovernmental Service Agreement (IGSA) is to establish a formal, binding relationship between the United States Immigration and Naturalization Service (hereafter referred to as the "Service") and the Johnson County, Cleburne, TX (hereafter referred to as the "Provider") for the detention and care of the persons charged with violations of the Immigration and Nationality Act, as amended, (INA), and related criminal statutes.

**SUPPORT AND MEDICAL SERVICES**

The Provider agrees to accept and provide for the secure custody, care, and safekeeping of Service detainees in accordance with Federal, State, and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility. Nothing in this agreement shall be construed to bind the Service contrary to its legal, policy, or court order responsibility.

The Provider agrees to provide Service detainees with the same level of medical care and services provided local prisoners including the transportation and security for Service detainees requiring removal from the facility for medical services.

The Provider shall notify the designated contact person at the local Service office as soon as possible but within two (2) hours of all medical emergencies requiring removal of a detainee from the Facility. Service authorization will be obtained prior to removal of a detainee from the facility for non-emergency medical services in accordance with procedures to be established and mutually agreed upon.

All medical care other than emergent must be pre-approved by the Service in consultation with the United States Public Health Service (USPHS). The Service may not accept responsibility for any costs incurred that were not pre-approved other than emergent medical costs. For medical care provided outside the facility, the Service retains the option of designating a medical provider for non-emergency care if the Service determines that an alternative provider is more cost effective, or more aptly meets the needs of the Service. The USPHS is under contract to the Service to help insure preservation of the health of detainees as an integral part of the INS Health Care Program. For purposes of oversight, the relationship of the INS Health Care Program to the detainee shall be likened to that of physician to patient. In this light, restrictions generally applicable to the release of information by the Provider will not be applicable to representatives of the INS Health Care Program, who will be the final authority regarding the health of Service detainees.

OPTIONAL FORM 99 (7-90)

**FAX TRANSMITTAL**

# of pages = 8

To: <i>JAN RAMIREZ</i>	From: <i>ACD &amp; CAPS</i>
Dept./Agency: <i>DAL/ADDD</i>	Phone #: <i>(202) 452-1100</i>
Fax #: <i>214 905 5576</i>	Fax #: <i></i>