SUBMITTED BY: Jim Simpson	TODAY'S DATE: AUGUST 21, 2018
DEPARTMENT:	X County Attorney's Office
SIGNATURE OF DEPARTMENT HEA	<u>AD</u> : X
REQUESTED AGENDA DATE:	X 08/27/2018
SPECIFIC AGENDA WORDING: nsideration of approval and authorization to sign Agree ease (with Keefe Commissary Networks dba Access Count funds to inmates upon release from Johnson Cou	onnections "KCN") for return of inmate trust
PERSON(S) TO PRESENT ITEM: Sher SUPPORT MATERIAL: (SENT BY SE TIME: Anticipated number of minutes needed to discuss	ACTION ITEM: 5 minutes WORKSHOP: s item) CONSENT:
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SUPPORT MATERIAL: (SENT BY SE TIME: Anticipated number of minutes needed to discuss STAFF NOTICE: COUNTY ATTORNEY:XI	ACTION ITEM: 5 minutes WORKSHOP: s item) CONSENT: EXECUTIVE:
SUPPORT MATERIAL: (SENT BY SE TIME: Anticipated number of minutes needed to discuss STAFF NOTICE: COUNTY ATTORNEY: X I AUDITOR: X F	ACTION ITEM: 5 minutes WORKSHOP: s item) CONSENT: EXECUTIVE: T DEPARTMENT:X PURCHASING DEPARTMENT:X
SUPPORT MATERIAL: (SENT BY SE TIME: Anticipated number of minutes needed to discuss STAFF NOTICE: COUNTY ATTORNEY: X I AUDITOR: X F	ACTION ITEM: 5 minutes WORKSHOP: s item) CONSENT: EXECUTIVE: IT DEPARTMENT:X PURCHASING DEPARTMENT:X PUBLIC WORKS:
SUPPORT MATERIAL: (SENT BY SE TIME: Anticipated number of minutes needed to discuss STAFF NOTICE: COUNTY ATTORNEY: X II AUDITOR: X II PERSONNEL: FUDGET COORDINATOR: OT	ACTION ITEM: 5 minutes WORKSHOP: s item) CONSENT: EXECUTIVE: T DEPARTMENT:X PURCHASING DEPARTMENT:X PUBLIC WORKS: THER: Sheriff's Office
SUPPORT MATERIAL: (SENT BY SE TIME: Anticipated number of minutes needed to discuss STAFF NOTICE: COUNTY ATTORNEY:X II AUDITOR: X F PERSONNEL: F UDGET COORDINATOR: OT ***********************************	ACTION ITEM: 5 minutes WORKSHOP: s item) CONSENT: EXECUTIVE: T DEPARTMENT:X PURCHASING DEPARTMENT:X PUBLIC WORKS: THER: Sheriff's Office

Agreement for Secure ReleaseTM Prepaid Debit Card Release

THIS AGREEMENT FOR DISTRIBUTION OF PREPAID DEBIT CARDS ("Agreement") is entered into as of the day of, 2018 ("Effective Date") by and between Keefe Commissary Network, L.L.C.
d/b/a Access Corrections ("KCN"), located at 10880 Linpage Place, St. Louis Missouri 63132 and the Johnson County Sheriff's Office ("Client"), located at 1102 E. Kilpatrick St., Cleburne Texas 76103.
WHEREAS, KCN, a solution provider for the correctional market, coordinates inmate trust fund release services for correctional facilities via a third party's provision of prepaid debit cards;
WHEREAS, Client desires to coordinate Secure Release [™] inmate trust fund release services at the above mentioned correctional facility (the "Services") as defined further hereunder;
WHEREAS, Both parties, intending to be legally bound, hereby agree as follows:
 Term. This Agreement shall be effective as of the Effective Date and shall coincide with agreement for commissary products and technology. Services. KCN shall provide technical support and coordination for the following release Services for processing inmate trust fund balances to Client inmates at time of release from the Client:
Prepaid Debit Cards ("Cards"): described as, a debit card which may be used for ATM withdraws and/or pin-based and signature purchases after inmate activation. The Cards will be issued by and the funds will be held by Cache Valley Bank in Logan, Utah. All transactions are processed by a third-party processor - Rapid Financial Solutions.
* Additional Release Services may be made available to the Client throughout the term of this Agreement and shall become part of this Agreement with the Client's acceptance. No Release Services shall be implemented without Client approval. Another Card Brand, Issuing Bank or Program Manager may be substituted during the term of this agreement at KCN's discretion and shall not constitute an "Additional Release Service." The Client will be notified in writing of any such change.
3. Maintenance of Designated Account. Client agrees to maintain an account at the following bank ("Designated Account") from which funds will be withdrawn by KCN and sent to Cache Valley Bank, which issues the Cards: Bank Name: Frest Financial Bank Bank Address: 403 N. Mam St. Cleburne TY 7603/ Routing Number: 111301/22 Account Number: 192427
Bank Contact Name and Title: Millie McManaway - Assistant Vice President Bank Contact Phone Number: 817-202-3186

4. Authorization to Withdraw Funds from Designated Account. Client hereby authorizes KCN to withdraw funds from the Designated Account without signature or notice to effect all deductions and other transactions due KCN provided for in this Agreement. KCN shall notify Client if at any time there are insufficient funds in the Designated Account to cover any amount that is due and owing to KCN. Client shall promptly pay such amount to KCN. KCN will withdraw funds from the Designated Account every business day to cover the funds necessary to issue the Cards.

This authorization is to remain in full force and effect until KCN has received written notification from Client of its termination in such time and in such manner as to afford KCN and the Bank named above reasonable opportunity to act on it. Client shall give KCN no less than three banking business days notice if the Designated Account is to be changed so as to allow enough time for KCN to make the necessary system modifications.

- 5. Responsibilities of the Client. All responsibilities of the Client are outlined in the attached "Security Requirements for the Storage of Prepaid Cards", "Exhibit A" of this Agreement. KCN reserves the right to modify "Security Requirements for the Storage of Prepaid Cards", "Exhibit A" of this Agreement. KCN shall notify the Client of any such change in writing.
- 6. Representation and Warranty of Client. Client represents and warrants that it is lawful in its respective jurisdiction of [COUNTY and STATE] to provide the Services as detailed in this Agreement, including, but not limited to, charging the inmates a fee for the Services.
- 7. **Fees and Charges.** KCN shall charge a fee for its role in setting up the bank account with the bank issuing the Cards and for coordinating third party processing services. "Coordination Fees" are in accordance with the fee structure located in "Exhibit C". All fees shall be assessed to the card holder/inmate.
- 8. <u>Taxes.</u> Each party shall be responsible for calculating, collecting and remitting their own Federal, state and/or local taxes, associated with the release services.
 - *Taxes should not be levied on the issuance of a Card unless Client's laws dictate such.
- 9. Equipment. Upon expiration or termination of this Agreement, Client agrees that all equipment and materials remain the property of KCN and upon expiration or termination of this Agreement KCN agrees to promptly remove all equipment and materials from the above mentioned Client. Client shall be responsible for any unusual wear and tear, lost or stolen equipment as well as any lost, stolen or improperly funded Cards during the term of this Agreement as per "Exhibit A" of this Agreement.
- 10. <u>Confidentiality.</u> KCN agrees to keep all information about inmates confidential and to make no disclosure thereof to any third party, except as may otherwise be required by law. KCN agrees to give Client prompt notice of any such disclosure.
- 11. <u>Exclusivity.</u> Client acknowledges that based on this Agreement, KCN has the sole and exclusive right and authority to provide the services contemplated by this Agreement for all inmate accounts under the Client's control and Client shall not, throughout the term of the Agreement, engage the services of any other company to provide such services.
- 12. <u>Compliance.</u> KCN and the Client shall comply with all laws, orders, rules and regulations applicable to it that are associated with the performance of its duties and obligations under this Agreement and as stated in "Exhibit A and Exhibit B" of this Agreement.
- 13. **Governing Law.** This Agreement shall be governed and construed in accordance with the laws of the State of Texas.
- 14. <u>Fiduciary Responsibility.</u> Client agrees that it shall, to the full extent allowed by law, assume all liability for any Client related job functions that lead to discrepancies/deficiencies associated with any funding, Card loss, improper storage, etc. expressly attributed to the loading, inventorying and distribution of the Cards to the Client inmates.
- 15. <u>Force Majeure.</u> Neither party shall be liable in damages or have the right to terminate this Agreement for any delay or default in performing hereunder if such delay or default is caused by conditions beyond its control including, but not limited to Acts of God, Government restrictions (including the denial or cancellation of any export or other necessary license), wars, insurrections and/or any other cause beyond the reasonable control of the party whose performance is affected.
- 16. **Termination.** In the event that either party believes that the other party has materially breached any obligations under this Agreement, or if either party believes that the other party has exceeded the scope of the Agreement, such party shall so notify the breaching party in writing. The breaching party shall have 30 days from the receipt of notice to cure the alleged breach and to notify the non-breaching party in writing that cure has been effected. If the breach is not cured within the 30 days, the non-breaching party shall have the right to terminate the Agreement without further notice. KCN reserves the right to terminate this Agreement if the Client, or its representatives' actions, breech the Clients responsibilities listed in this Agreement including all Attachments and Exhibits.
- 17. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties and supersedes all prior communications, understandings and agreements relating to the subject matter hereof, whether oral or written.
- 18. <u>Assignment.</u> This agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors of interest, except that Client may not assign this Agreement to any person or entity without the written consent of KCN.

receipt requested. If any notice is sent by facsimile or email, confirmation copies must be sent by mail or hand delivery to the addresses listed above.

IN WITNESS WHEREOF, the parties have executed this Agreement by their respective, duly authorized representatives as of the date first above written.

Keefe Commissary Network, L.L.C. SIGNATURE:	Johnson County Sheriff's Office SIGNATURE: Company of the Country Sheriff's Office
PRINT NAME: Michael J. Manning	PRINT NAME: Roger Harmon
TITLE: Vice President	TITLE: Johnson County Judge
DATE: 8/23/18	DATE: August 27, 2018

Card orders will be shipped to the designated locations by Rapid or its assignees by bonded and approved carrier. Card orders must be signed for upon arrival. All cards must be placed at the time of receipt into inventory in a secured storage area. An employee designated by management should be appointed to ensure the physical and procedural security policies are implemented.

Card Inventory

Physical security of the cards in inventory must be maintained at all times. Cards must be stored in a controlled environment, such as a safe or locked storage device, with access limited to employees who have successfully passed background screening checks.

An inventory log must account for the number of cards received, cards used, cards spoiled (cards that cannot be used due to damage, tampering or expiration) and remaining cards that should balance to the number of cards on hand at any time. An explanation of spoilage should be included on the log. Any inventory discrepancy must be reported to Rapid as soon as detected.

Card Destruction

Rapid may request return of unused cards in inventory for destruction for any of the reasons listed below.

- 1. Cards are compromised or tampered with;
- 2. Card stock expired;
- 3. Cards are damaged or defective;
- 4. Program is terminated.

Cards to be returned should be securely packaged. A copy of the inventory log should be included in the shipment. A second copy of the inventory log should be transmitted to Rapid electronically.

Alternatively, the location may destroy any defective or damaged card and certify its destruction by maintaining a detailed inventory log, and destroying the cards using a cross cut shredder that creates pieces no larger than "4" by "2" in size. A certified report of destruction outlined in Exhibit B, attached hereto and incorporated herein by this reference must be submitted to Rapid on a monthly cycle even if no cards were destroyed in that period.

The remainder of this page intentionally left blank.

Exhibit B Certificate of Destruction of Defective or Damaged Cards

certify that the cards listed below were either damaged or defective. I					
further certify that the cards below were destroyed using a cross cut shredder that created pieces no larger than 1/4 " by 1/2" in size.					
Destruction Date (mmddyyyy)	Card Number	Expiration	Name (first, last)	Signature	
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					-
					

Inmate Release Card Program Fees

Cardholder Fees Associated with the Inmate Release Program

and the second s			Charge
Card Activation Fee			FREE
Support Calls Fee	No. of the state o		FREE
PIN Change Fee		and the second	FREE
Point of Sale (POS) Transac	tions /PIN & Signa	hural	
		turej	FREE
Cash Back Option with POS	purchase		FREE
POS Declines	Commence of the commence of th	· · · · · · · · · · · · · · · · · · ·	FREE
Card to Bank ACH Transfer*	***		FREE
Cash Out at any Principal M	lasterCard Membe	r Institution	FREE
Weekly Maintenance Fee*			\$2.50
ATM Account Inquiry Fee	And the second s		\$1.50
Inactivity Fee**			\$2.00
Domestic ATM Fees***			\$2.95
ATM Decline for Non-Suffici	ent Funds Fee		\$2.95
nternational ATM Fees***	A second	ne ve to do en	\$3.95
ATM Decline International F	ee		\$3.95
Replacement of lost or stole	n card	and the state of t	\$10.00
Account Closure Fee/Reques	t for Balance by Cl	neck	\$10.00

^{*} After 3 days / 72 hours of issuance the card starts incurring weekly maintenance fees to cover the cost of the FDIC insured account.

Customer Service / Servicio Al Clients: Toll Free from U.S.A. – (888) 609-0008 www.accessfreedomcard.com

^{**}After 90 days of no activity.

^{***}Fees may also be imposed by the local ATM provider in addition to card fees. For a listing of surcharge-free ATM's, visit http://www.moneypass.com/.

^{****}Returned or rejected ACH transfers for invalid banking information are subject to a \$9.95 returned processing fee.

*****Cardholder fees are subject to change. Thirty (30) day prior written notice of a change in fees will be given. The changes will be posted on the Card website at www.accessfreedomcard.com. You will be deemed to have proper notice thirty days (30) after the amendments are posted.