

Shoreline  
City Clerk  
Receiving  
Number  
9482.02

**AMENDMENT TO ORIGINAL AGREEMENT FOR INMATE HOUSING**

THIS AMENDMENT TO INTERLOCAL AGREEMENT FOR INMATE HOUSING dated as of 10-11-21, 2021 (hereinafter "Amendment to Original Agreement") is made and entered into by and between the **SOUTH CORRECTIONAL ENTITY**, a governmental administrative agency formed pursuant to RCW 39.34.030(3) ("SCORE") and the City of Shoreline (hereinafter the "City" and together with SCORE, the "Parties" or individually a "Party"). This Amendment to Original Agreement is intended to supplement and amend that certain Interlocal Agreement for Inmate Housing between the Parties dated December 13, 2019, as it may have been previously amended (the "Original Agreement"). The Parties hereto mutually agree as follows:

- 1. **EXHIBIT A. FEES AND CHARGES AND SERVICES.** Per section 4 (Compensation) of the Original Agreement is hereby amended to include the following:

<u>Daily Housing Rates</u>		
General Population – Guaranteed Beds	\$131.84	No. of Beds: <u>10</u>
General Population – Non-Guaranteed Beds	\$189.52	
 <u>Daily Rate Surcharges:</u>		
Mental Health – Residential Beds	\$159.00	
Medical – Acute Beds	\$217.00	
Mental Health – Acute Beds	\$278.00	
 <u>Booking Fee</u>	 \$35.00	

Daily Rate Surcharges are in addition to the daily bed rates and subject to bed availability. The Booking Fee will be charged to the jurisdiction responsible for housing the inmate. Fees, charges and services will be annually adjusted each January 1<sup>st</sup>.

- 2. **SECTION 1. DEFINITIONS:**
  - a. **Commencement Date.** The bed rates provided for in Section 1 of this Amendment to Original Agreement shall become effective **January 1, 2022**. This Amendment to Original Agreement may be executed in any number of counterparts.
- 3. **RATIFICATION AND CONFIRMATION.** All other terms and conditions of the Original Agreement are hereby ratified and confirmed.

IN WITNESS WHEREOF, the Parties have executed this Amendment to Original Agreement as of the date first mentioned above.

SOUTH CORRECTIONAL ENTITY

CITY OF SHORELINE

Contract Agency Name

Devon Schrum  
Signature

Christina Arcidy  
Signature

10/26/21  
Date

10/11/21  
Date

ATTESTED BY:

[Signature]  
Signature

NOTICE ADDRESS:

NOTICE ADDRESS:

SOUTH CORRECTIONAL ENTITY  
20817 17th Avenue South  
Des Moines, WA 98198

CITY OF SHORELINE  
C/O City Manager's Office  
17500 Midvale Ave N.  
Shoreline, WA 98133

**Attention:** Devon Schrum, Executive Director

**Attention:** Christina Arcidy

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DESIGNATED REPRESENTATIVE FOR PURPOSES OF THIS AGREEMENT:

DESIGNATED REPRESENTATIVE FOR PURPOSES OF THIS AGREEMENT:

Name: Devon Schrum

Name: Christina Arcidy

Title: Executive Director

Title: Management Analyst, City Manager's Office