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	Room 600		
City	Arlington	State VA	Zip 22202-4210
Conta	ci	Phone	

Conditions of Agreement

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

2. Other Provisions:

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Provider Name			13	Collect
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500 First Stree	at, N.W.	. Suite 470		DOJ United States Marshals Service Address
				600 Army Navy Drive, Crystal Sq.3, Rm. 60
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FORM DOJ-216 JULY 1994

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Address	600 Army Nav	r Drive, (Crystal Square 3	
	Suite 600			
City	Arlington	State VA	Zip 22202	
Contact		Phone		

Conditions of Agreement

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement.

Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

2. Other Provisions:

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	Parties to the A	greement:		
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Provider Contact EPS	Phone			
Customer Number	Customer Alias			
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FORM DOJ-216 JULY 1994

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			Billing Ad		
Name	Executive	Office	for United	l States	Marshals
Address	<u> </u>	Navy Dr		al Sq. 3	
	Room 600				
City	Arlington	and the second s	State	Ά	Zip 22202-4210
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Conditions of Agreement

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2. Other Provisions:

Memorandum of Understanding

Between

The Department of Justice, Justice Management Division, Telecommunications Services Staff

and the

United States Marshals Service

<u>Subject</u>: United States Marshals Service (USMS) access to public information system services.

Introduction: The Telecommunications Services Staff (TSS) provides common user telecommunications facilities and services to support departmental and component organizational activities, and establishes and maintains policy regarding the use of voice and data telecommunications. The TSS recently upgraded the "Justice Telecommunications System" (JUST) hardware and software capabilities to better support the Department's user community legal processes, law enforcement activities, and administrative functions. As a result, the TSS is actively exploring and implementing value-added services (i.e., access to public records) which is integral to enhancing the effectiveness of our JUST user community.

<u>Purpose</u>: The TSS is to provide access to public information through a commercial services provider to the USMS as designated by the USMS.

<u>Scope</u>: This memorandum of understanding requires that the USMS be given access to the TSS provided public information services. The services will be utilized through the duration date or until funds are exhausted at which time an evaluation will be conducted, by the USMS to determine the permanence and/or expansion of the service.

Responsibilities

The TSS will: Provide for the implementation and activation of the public information services; provide for initial public information services training at the designated USMS location; provide monthly billing reports with invoices to the USMS and provide a central point of contact for USMS field office guidance on questions and problem resolution.

The USMS will: Provide funding in accordance with the Reimbursable Agreement; identify the office location; identify a technical point of contact at each office location; identify billing recipient and location; certify billing invoices; conduct an evaluation at the end of the duration date or when funds are exhausted; and notify the TSS as to the continuation and/or expansion of the service.

Support: Mutual assistance shall be provided at the USMS by telephone number and at the DOJ/TSS by telephone number

for

Kari Seybolt-Murphy Assistant Director Business Management Services Telecommunication Services Staff Debra M. Jenkins Chief, Analytical Support Unit Investigative Services Division United States Marshals Service

9-21-98

Subject

United States Marshals Service access to public information system services

Date

August 21, 199

To

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service From

Kari SeyBolt-Murphy
Assistant Director
Business Management Services
Telecommunications Services Staff
Information Resource Management
Justice Management Division

Thank you for your interest in the US Department of Justice sponsored access to public information system services. Currently, our customers enjoy a 12-1/2 percent discount from published General Services Administration prices for this service.

Enclosed are two copies of the Memorandum of Understanding and three copies of the Reimbursement Agreement (RA) for Fiscal Year 1999.

Please complete the RA's Customer Agency information and sign all copies of the attached documentation. To avoid any disruptions is service, please return by September 18, 1998. Keep one copy of each for your records and return the remaining copies to:

U.S. Department of Justice Telecommunications Services Staff Enforcement Program Services 500 First Street, NW, Suite 430 Washington, DC 20530

If there are any questions, you may contact

on

Attachments

Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work or services to be performed and basis for determining cost: Description of work o									
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by the provider of the goods or service.



I elecommunications Services Stall
Information Resources Management
Justice Management Division
600 E Street, NW-Suite 3004

Washington, D.C. 20530

September 10, 1998

MEMORANDUM

TO:

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service

FROM:

Kari Seybolt-Murphy

Assistant Director for Business Management

SUBJECT:

Amendment to Reimbursable Agreement

The Telecommunications Services Staff has conducted a review of its reimbursable services for Fiscal Year 1998. We are pleased to provide you with the attached amendment to your reimbursable agreement (RA) which reflects the results of this review.

Please complete the RA's Customer Agency information and sign all copies of the attached documentation. Keep one copy of each for your records and return the remaining copies within 14 days to:

U.S. Department of Justice Telecommunications Services Staff 500 First Street, NW, Suite 430 Washington, DC 20530

If you have any questions regarding this amendment, please contact

on

Attachments

		Partie	es to the Agree	ement			
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-15180001-1		USMS					
Provider Name	Justice Ma	nagement Division	Customer Name	(If billing address is differ			
Telecommunications Service	es Staff		United States Marsh	alls Service	cuit, specify on re	everse side)	
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JULY 1994

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JULY 1994

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		. USMS					
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FORM DOJ—216 JULY 1994

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Billing Address							
Name United States Marshals Service							
Address 600 Army Navy Drive							
Suite 9 40	1100						
City Arlington	State VA	Zip 22202-4210					
Contact	Phone	4					

Conditions of Agreement

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

2. Other Provisions:

Memorandum



Subject

United States Marshals Service Access to Public Information System Services

Date

SEP - 4 1997

To:

George Zarur
Chief Information Officer
United States Marshals Service

From:

Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunications Services
Staff
Justice Management Division
Information Resources
Management

Thank you for your interest in the U. S. Department of Justice Telecommunications Services Staff's sponsored access to public information system services. Currently, our customers enjoy a 12-1/2 percent discount from published General Services Administration prices for this service. This discount is based on the combined volume usage of all our customers.

Attached are two copies of the Memorandum of Understanding and three copies of the Reimbursement Agreement (RA) for Fiscal Year 1998. Please complete the RA customer agency information and signall copies of the attached documentation. Please keep one copy each for your records and return the remaining copies to:

Telecommunications Services Staff Enforcement Program Support 600 E St. NW, Room 3024 Washington, DC 20530

If there are any questions, you may contact

on (202)

Attachments

Memorandum of Understanding

Between

The Department of Justice, Justice Management Division, Telecommunications Services Staff

and the

United States Marshals Service

<u>Subject</u>: United States Marshals Service (USMS) access to public

Introduction: The Telecommunications Services Staff (TSS) provides common user telecommunications facilities and services to support departmental and component organizational activities, and establishes and maintains policy regarding the use of voice and data telecommunications. The TSS recently upgraded the capabilities to better support the Department's user community functions. As a result, the TSS is actively exploring and records) which is integral to enhancing the effectiveness of our JUST user community.

Purpose: The TSS is to provide access to public information through a commercial services provider to the USMS as designated by the USMS.

Scope: This memorandum of understanding requires that the USMS be given access to the TSS provided public information services. The services will be utilized through the duration date or until funds are exhausted at which time an evaluation will be expansion of the service.

Responsibilities

The TSS will: Provide for the implementation and activation of the public information services; provide for initial public information services training at the designated USMS location; provide monthly billing reports with invoices to the USMS and on questions and problem resolution.

The USMS will: Provide funding in accordance with the Reimbursable Agreement; identify the office location; identify a technical point of contact at each office location; identify billing recipient and location; certify billing invoices; conduct

an evaluation at the end of the duration date or when funds are expansion of the service.

Support / Mutual assistance shall be provided at the USMS by telephone number and at the USMS by

9-4-97

1

Kari Seybolt-Murphy Assistant Director Budget and Billing Staff Telecommunication Services Staff

George Zarur Chief Information Officer United States Marshals Service

Memorandum



Subject

United States Marshals Service Access to Public Information System Services

Date

SEP - 4 1997

To:

George Zarur Chief Information Officer United States Marshals Service From:

Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunications Services
Staff
Justice Management Division
Information Resources
Management

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U.S. Department of Justice Telecommunications Services Staff Enforcement Program Support 600 E St. NW, Room 3024 Washington, DC 20530

If there are any questions, you may contact

on (202

Attachments

Memorandum of Understanding

Between

The Department of Justice, Justice Management Division

and the

United States Marshals Service

<u>Subject</u>: United States Marshals Service (USMS) access to public information system services.

Introduction: The Telecommunications Services Staff (TSS) provides common user telecommunications facilities and services to support departmental and component organizational activities and establishes and maintains policy regarding the use of voice and data telecommunications. The TSS recently upgraded the "Justice Telecommunications System" (JUST) hardware and software capabilities to better support the Department's user community legal processes, law enforcement activities, and administrative functions. As a result, the TSS is actively exploring and implementing value-added services (i.e., access to public records) which is integral to enhancing the effectiveness of our JUST user community.

<u>Purpose</u>: The TSS is to provide access to public information through a commercial services provider to the USMS as designated by the USMS.

<u>Scope</u>: This memorandum of understanding requires that the USMS be given access to the TSS provided public information services. The services will be utilized through the duration date or until funds are exhausted at which time an evaluation will be conducted, by the USMS to determine the permanence and/or expansion of the service.

Responsibilities

The TSS will: Provide for the implementation and activation of the public information services; provide for initial public information services training at the designated USMS location; provide monthly billing reports with invoices to the USMS and provide a central point of contact for USMS field office guidance on questions and problem resolution.

The USMS will: Provide funding in accordance with the Reimbursable Agreement; identify the office location; identify a technical point of contact at each office location; identify billing recipient and location; certify billing invoices; conduct

an evaluation at the end of the duration date or when funds are exhausted; and notify the TSS as to the continuation and/or expansion of the service.

Support: Mutual assistance shall be provided at the USMS by telephone number and at the DOJ/TSS by telephone number

9-4-97

Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunication Services
Staff

eorge Zarur ANALYTICAL SUPPORT UNIT

Chief, Information Officer
United States Marshals Service

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This Agreement shal	I become effective on Oct	ober 1, 19	997 and shall co	ontinue through	Septembe	r 30 1998	1 f 11 -4 41 10	
		Provide	the Following S	ervices or Goo	ds:	2 30, 1998	i di si	
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gency Location	Appropriation Symbol	Cost Center-	YRegDo	CISAS	Obl Month	ОЫ SOC	Pay SO	q IIII
15/80001			4LY111-1998		97.	1931	45	3599
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See reverse side of fo	orm 1		Approva	ls:				
see reverse stae of Jo	Approved for Provide	er Office:			Approv	red for Customer	Office:	
Organization Telecommunic	ations Services	ja kos		Organization		States Mars	100	<u>0</u>
Signature		9-4-	-97	Signature	100 Delega		10-6-97	
litle Kari Seybolt	-Murphy, Assista	int Directo	or, BBS		ary E. Mead nief Financial	Officer		
When intrafund hill	ino data are manually su	shmitted to the	billing office th	e Provider In	trafund Data	block on the rev	erse side must	he

Change # 5

FORM DOJ-216 JULY 1994

completed by the provider of the goods or service.

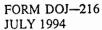
Reimbursement Agreement Between Agencies

		Parties to the Ag	eement:	4 14 14 15 15 15 15 15 1
Prov & da Agen	7			mer Agency
Provider Cost Center RCN 8T09400404	RCN Descriptio	n	Customer Contact	Phone
Presides Contact EPS		Phone 307-2265		
Customer Number	Customer Alias	L		
	USMS			
Provider Name Telecommunications Services	Staff, IRM	Customer Name (If billing address United States Marsha	is different, specify on reverse side. Is Service	
Address 600 E Street, IN W, Ro	om 3024-BI	CN	Address 600 Army Navy D	rive
			Room Suite 940 // U	
City Washington	State DC	Zip 20530	City Arlington	State
		Duration		
This Agreement shall become effective on Oct	ober 1, 19			, 1998
Brief explanation of work or services to be perfor	Provide	the Following Ser	rvices or Goods:	
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(Customer agency will indicate accounting data to	be charged by	completing applica	ble blocks. Federal agencies will b	e billed by OPAC, except for billings
among the UBDs and USMS, billings within an or	rganization, and Cost Center	Dillings to the Dep	driment of Defense.)	
Agency Location Appropriation Symbol Code 15/80001 15x0324A	H6005	YRegDoc MISI MISI	Obl Month 9710 0-1948-0001	Obl SOC — Рау SOC — — — — — — — — — — — — — — — — — — —
	ble, multiple Obl required for thei	igation Month and r accounting system	SOC data should be identified in th	is block. Customers not using the
and they are the break to the beautiful		Approvals		
(See reverse side of form.)				
Approved for Provide	Office:			Customer Offices
Organization Telecommunications Services	Staff		Organization Whited State	s Marshals Service
Signatura	9-4-	97	Signature	10-6-97
Title Kari Seybolt-Murphy, Assista			Title Gary E. Mead Chief Financial Office	
When intrafund billing data are manually su completed by the provider of the goods or so	bmitted to the i	billing office, the	FORM DOJ—216 JULY 1994	on the reverse side must be

U.S. Department of Justice

	Acmid	The Agree	ement between	Agencies				
			Parties to the Agre	ement:			1 1 1 1 1 1 1 1	
	Provider Agenc	y			Cu	stomer Agency	i i i i k adii	
Provider Cost Center 8T09400404	RCN	RCN Description		Customer Cont		Phone		
Provider Contact			Phone					
Customer Number		Customer Alias USMS					The state of the s	
Provider Name Telecommunica	, JMD	Customer Nam United S	e (If billing addrestates Mars	ess is differen hals Ser	t, specify on vice	reverse side.)		
Address 600 E	Street, NW, Ro	om 3024-BI	CN	Address 600	Army Navy	Drive		
e north annual contract of the second contract of	and the second s	The second secon	ng terminangan sembigan sebagai nangan nangan sebagai nangan sebagai nangan sebagai nangan sebagai nangan sebag	Room Sui	te 940-//	00	1	
City Washingto	on	State DC	Zip 20530	City	ington	State	Zi Zi 2	1202-20
		1000	Duration:				Tr. St	
This Agreement shall I	become effective on Oct	cober 1, 19	97 and shall con	tinue through	September	30, 1998	2.79	
			the Following Ser					140
administ	rs will be billed trative fee. The rice until the experience of the second seco	is estimatend of the	based on æ e is based duration da	on the Ur	nited State	s Marsha	ıls Servi	ice using
	(Attach additional sheet	for continuation				Estimated	d amount \$	8,000
			Customer Fina		adamat as a section	all by Liller	OP4C	
(Customer agency will among the OBDs and U	indicate accounting data USMS, billings within an	to be charged by organization, and	completing application billings to the De	oartment of De	eaerai agenci <mark>es</mark> w fense.)	viii de dillea b	y UPAC, exc	epi jor billings
Agency Location	Appropriation Symbol	Cost Center	YRegDoo		Obl Month	Obl SOC	Pa	y SOC 1
Code 15180001	15×0324A	HG 005	0000	>1	9710	25		2547
Other Accounting Information of the State of	rmation (Where applic ck to describe unique data	able, multiple Ob a required for the		m.)	ould be identified	in this block.	Customers	not with the
			Approval	S:		i	1 X X	
(See reverse side of for	m.) Approved for Providence	on Office:		T	Approved	for Custom	er Office:	
Organization Telecommunica	ations Services			Organization	United St			rvice
Signature Signature			1-91	Signatu			10-6-97	
Title Kari Seybolt	-Murphy, Assist	ant Directo	or, BBS		ry E. Mead iief Financial O	fficer		

When intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods or service.



Provider Intrafund Data (For crediting revenues to the Provider)							
YRegDoc	Obligation Month	Obligation SOC	Payment SOC				
Other Accounting Information be identified in this bloom.	mation (Where applicable, multipock.)	ple Obligation Month and	SOC data should				

Billing Address								
Name United States Marshals Service								
Address 600 Army Navy Drive								
	Suite 9 10	100						
City	Arlington	State VA	Zip 22202-4210					
Contact		Phone						

Conditions of Agreement

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

2. Other Provisions:

Bar Code

				Between Agencies	1	Y 1	
			Parties to	the Agreement:			11
Provider Cost Center	Provider			all fall falls			
8T09400404	T.C.N	RCN Description	on	0	Customer A	AD at	
Provider Contact				Customer N	umber Customer Alia	ency	
EPS			Phone		USMS	ıs	
			rhone	Customer Cons			
Provider Name						Phone	
Telecommunicatio	ons Service	B Stafe		Customer N			
Address		TOURT, IN	M, JMD,	DOJ United Stat	(If billing address is differes es Marshals Se	ent specify of	
500 1st Street,	N.W., Suite	430		Address	(If billing address is differes Marshals Se	rvice	reverse sid
CILY							
Mashington		State Z	ip	C:-	vy Drive, Crys	tal sq.a	
		D.C. 2	0530	12-74	Piate	7:-	40119
216. 44			11	rillington	VA	Zip 22202-45-	
his Agreement shall become	ome effective on	May 2 1000	Diir:	Hank and the second sec	The second secon	- Survey amongs all adding provides a unadigmone (4) and	4
		1 1 2 3 8	and shal	continue through Sen	Cember 1		
rief explanation of work or Charges for TSS	r services t	Provide the	e Followin	g Services or Goods	30 199B		
Charges for TSS	Drown and	erformed and basis	for determin	ring costs	:	0 (8 (8))	DOM: 111 7 1
field locations	Provided 9	ecess to pu	iblic in	Eormatian :		1 3 3 4 5	
Charges for TSS field locations	-			databa	ses for design	ared Hall	
Customer will be	e billed b				-3	wied wsms	
Customer will be administrative f \$31,200.00 per m	fee (c	sed on a mo	nthly fl	at rate a		3 \$	
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						eggg peto	ow in
							li li
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Mar non the		('11	MA ALESSAN - MAN	ecessary.)	\$155,000.00		
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Provider Intrafund Data (For crediting revenues to the Provider)							
YRegDoc	Obligation Month	Obligation SOC	Payment SOC				
Other Accounting Information (be identified in this block.)	Where applicable, multip	le Obligation Month and S	SOC data should				

Billing Address							
Name	United St	tates Marshal	s Service				
Address	600 Army	Navy Drive					
	Suite 94	- 1100					
City Arl	ington	State VA	Zip 22202-4210				
Contact		Phone					

Conditions of Agreement

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

2. Other Provisions:

Bar Code

		10					
	Provider A		o the Agree				
Provider Cost Center 8T09400404		RCN Description	Cu	stomer Number		ICY	
		<u> </u>			USMS		
Provider Contact EPS		Phone (2021 Cus	Stomer Contact	1	Phone	
Provider Name Telecommunicatio	ons Services	s Staff, IRM, JMI	Cus O, DOJ Un	stomer Name (If billinited States M	ng address is different arshals Serv	nt, specify on reve VICE	rse side.)
Address 500 lst Street,	N.W., Suite	e 430		dress O Army Navy D	rive, Crysta	al Sq.3, R	m. 600
City Washington		State Zip D.C. 20530	Cir	у	State 2	Zip 22202-4210	
and the second s			Durations			1020	
This Agreement shall be	come effective o			through Septem	ber 30,1998		
		Provide the Foll					
field location	S provided	access to public	informat	ion databases			
ådministrative \$31,200.00 per	fee (5 por month x 5	rts @ \$6,000/port months = \$156,00	t = \$30,00 00 total).	10.00 + \$1,200	0.00 admin.	fee =	
	currently on amount.	a \$1,000.00 cred	dit on the	USMS account	and is ded	lucted belo	w in
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					Estimated amou	nt	
(Attach	additional sheet f	for continuation of explana	ution, If necessa	17y.)	\$155,000.00		. :
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Agency Location Code 15-18-0001	Appropriation Symbol	Cost Center 19980324AH6005	YregDoc ISAU1998	Obl Month	Obl SOC	Pay SOC	
	15X0324A	ANALYTIF	00002	9804	2533	2533	
Other Accounting Informacy use this block to describ		applicable, multiple Obligation ired for their accounting systems.		C data should be identif	ied in this block. Cu	isiomers not using	the rivis
			Approvals:				
(See reverse side of form.							
	pproved for Pr	ovider Office:			oved for Custom	er Office:	
Organization DOJ/JMD/IRM/STS	/Contracts	Management Servi		rganization nited States	Marshals Se	rvice	
Signature			Si	gnature		4/2	4/98
Title Kary Seybolt-Mu	rphy, Assia	stant Director, F		itle E. Mead,	Chief Finan	cial Offic	er

Reimbursement Agreement Between Agencies Parties to the Agreement: Provider Agency Customer Agency Provider Cost Center IRCN RCN Description Customer Number Customer Alias 8T09400404 USMS Provider Contact Phone (202) Customer Contact **EPS** Provider Name Customer Name (If billing address is different, specify on reverse side.) Telecommunications Services Staff, IRM, JMD, DOJ United States Marshals Service Address Address 500 1st Street, N.W. , Suite 430 600 Army Navy Drive, Crystal Sq.3, Rm. State Zip City State Zip Washington D.C. 20530 Arlington VA 22202-4210 **Duration:** This Agreement shall become effective on April 4, 1998 and shall continue through May 1, 1998 Provide the Following Services or Goods: Brief explanation of work or services to be performed and basis for determining cost: Charges for TSS provided access to public information databases for designated USMS field locations. Customer will be billed based on a monthly flat rate charge plus a 4 percent administrative fee (7 ports @ \$7,000/port = \$49,000.00 + \$1,960.00 admin. fee \$50,960.00). This estimate is based on the United States Marshals Service using the service until the end of the duration date or until funds are exhausted. Estimated amount \$50,960.00 (Attach additional sheet for continuation of explanation, If necessary.) **Customer Financing:** Customer agency will indicate accounting data to be charged by completing applicable blocks. Federal agencies will be billed by OPAC, except for billings among the OBDs and USMS, billings within an organization, and bilings to the Department of Defense.) Agency Location Code Appropriation Cost Center YregDoc Obl Month Obl SOC Pay SOC 15-18-0001 19980324AH6005 ISAU1998 Symbol 2599 2599 15X0324A ANALYTIF 00002 9803 Other Accounting Information (Where applicable, multiple Obligation Month and SOC data should be identified in this block. Customers not using the may use this block to describe unique data required for their accounting system.) Approvals: (See reverse side of form.) Approved for Provider Office: Approved for Customer Office: Organization Organization DOJ/JMD/IRM/STS/Contracts Management Service United States Marshals Service Signature Signature 3/23/98 Title Title Gary E. Mead, Chief Financial Officer Kary Seybolt-Murphy, Assistant Director, BBS

hen intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods or service.

FORM DOJ—216

JULY 1994

		Parties to the Agr	eement:		. 3 11:	- 341 / 1 1 N 1 H	
Provider Agenc	у .			Cus	tomer Agency		
Provider Cost Center RCN 8T09400404	RCN Descriptio	n :	Customer		Phone		
Provider Contact		Phone 307-2265				Total Control of the	
Customer Number	Customer Alias					-	
	USMS	3					. ;
Provider Name Telecommunications Services	Staff, IRM	1, JMD	Customer Unite	Name (If billing addres d States Marsh	s is different als Ser	, specify vice	on rever
Address 600 E Street, NW, Ro	oom 3024-B	ICN	Addre	ss 600 Army Navy	Drive		
			Room	Suite 1100			
City Washington	State DC	Zip 20530	City	Arlington	State	A	Zij
		Duration:		<u></u>	4		
This Agreement shall become effective on Dec	cember 1,			ough February 2	8, 1998		
		the Following Se				111111111111111111111111111111111111111	1114899
Brief explanation of work or services to be performance. Charges for TSS provide Marshals Service. Customers will be bille administrative fee. The the service until the expression of the service of t	ed access to the ded monthly his estimate	based on a	flat r	ate charge plu United States	ıs a 4 p	ercen	t
(Attach additional sheet	t for continuation	of explanation, If	necessary.)	Estimated \$ 1	amount 52,88	0
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Agency Location Appropriation Symbol Code 15180001 15 X 03 2 4 A	Cost Center / 9 0324AH ANALY 7	GOOS ISAU	1998 0 8	498 9712	оы soc 253		28
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		Approval				The state of the s	THE BUNE
(See reverse side of form.)			·				
Approved for Provid	ler Office:		-		for Custome	1	
Organization Telegommunications Services	¥		Organiz	ation United Sta	tes Mars	hals	Servic
Sign Title		-1-97	Title	Gary E. Mead			11 1
Kari Seybolt-Murphy, Assist			1800	Chief Financial Off			
When intrafund billing data are manually s completed by the provider of the goods or	submitted to the service.	e billing office, th	e Provide	er Intrafund Data blo	ck on the re	verse sid	de must i

FORM DOJ-216 JULY 1994

Reimbursement Agreement Between Agencies

			Parties to	o the Ag	reemen	t:			111	41.
Describes Cost Cost	Provider						Customer Ag	ency	7 7 1	
Provider Cost Center 8T09400404	RCN	RCN Descript	ion		Custon	mer Number	Customer Alia USMS	S	The state of the s	
Provider Contact EPS			Phone (2	202)	Custome	r Contact		Phone		
Provider Name Telecommunicati	ons Service	s Staff, I	RM, JMD	, DOJ	Custome	r Name (If billi	ng address is differ	rent, specify o	on reverse	side.)
Address 500 1st Street,					Address					
City		State	Zip		City	my Navy L	rive, Crys	1	3, Rm	. 600
Washington		D.C.	20530		Arling	ton	VA	Zip 22202-4	210	
This Agreement shall be	come effective o	n April 4	1000 00	Duration						
This Agreement shall be	come checuve o						, 1998			
Brief explanation of work	or services to be	Provide	the Follo	wing Se	rvices o	r Goods:			the sales	
Charges for TS field location	SS provided	access to	public	inform	ost: ation	databases	for desig	nated U	SMS	
Customer will administrative \$50,960.00). the service un	e fee (7 po: This estima	rts @ \$7,00 ate is base	00/port ed on tl	= \$49, he Unit	000.00 ed Sta) + \$1,960 ites Marsh	.00 admin.	fee =	The state of the s	
			•						il:	
							Estimated amor			
(Attach	additional sheet f	or continuation c	of explanation	on, If nece	ssary.)		\$50,960.00			
				ner Fina						
(Customer agency will ind billings among the OBDs	licate accounting and USMS, billin	data to be charge gs within an orge	ed by comp anization, a	leting appl and bilings	icable blo to the Dej	cks. Federal d partment of De	igencies will be l fense.)	billed by OP.	AC, exce	pt for
Agency Location Code 15-18-0001	Appropriation Symbol	Cost Center 19980324AH	16005	YregDoc ISAU19		ol Month	оы soc	Pay SOC	740	
	15X0324A	ANALYTIF		00002		9803		A		
Other Accounting Inforn may use this block to describ	nation (Where de unique data requi	applicable, multiple red for their accou	e Obligation nting system	Month and	SOC data s	should be identifi	ed in this block. (Customers not	using the	FAYES
			Α	pproval	S:					-111
See reverse side of form.)		· · · · · · · · · · · · · · · · · · ·							
A	pproved for Pro	vider Office:				Appro	oved for Custor	ner Office:		
Organization OOJ/JMD/IRM/STS/	Contracts	Management	Servic	е	Organization United States Marshals Service					Market and the second
ignature					Signatur	e				
itle ary Seybolt-Mur							Chief Finar			471 4 1
'hen intrafund billing data are r	nanually submitted to	the billing office, the	Provider Intra	ıfund Data blo		verse side must be		vider of the goo	ds or service	æ.

FORM DOJ JULY 1994

Bar Code

			Parties t	othe Agreen	ient:				1,
	Provider Agenc	у				Custome	r Agency		
Provider Cost Center 9T09400404	RCN 051	RCN Descript Âmine	ion lment	2 C	istomer Contact	F	hone		
Provider Contact			Phone		and the second s	The state of the s		17.4	
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Customer Number		Customer Ali	as USMS						
Provider Name Telecommunica	tions Services Sta	Ef, IRM, J	MD		ustomer Name (If I			ify on revers	c side)
Address	eet, NW, Suite 430				Address 500 Army Navy	Drive. Cr	rstal Sq. 3		
		ile Kr			Room				4
City	-	State	Zip 20530	1	City	ĺ	State VA	Zip	
Washington	n.	DC		Ouration:	Arlington		VA	22202	4210
This Agreement shall	l become effective on Jan	marie 1 1			through Januar	v 31. 1999			S Hast
I IIIs Agreement shar	i become effective on the				ices or Goods:	.y 31, 1333		11.1	
Brief explanation of	work or services to be perf								k. l
Charges	for TSS provided a					(CDB Infot	ek) for the	⊋ United	States
									6
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Amendme	nt 231,200.00	(1/99)							
Total	\$124,800.00						C		
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	(Attach adalitonal she	ei jor conunua		mer Finar				1 443	THE THE
(Customer agency w	ill indicate accounting dat d USMS, billings within at	a to be charge	d by comple	ting applic	able blocks. Feder	ral agencies will	be billed by O	PAC, except	for billing
Agency Location Code	Appropriation Symbol 159032A	Cost Center 1999032A		YRegDoc ISAU-99	Оы м	Month	Obl SOC 2533	Pay SO 2533	
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				Approval	:				
(See reverse side of							<u> </u>	~	11 1
	Approved for Prov	ider Office:				Approved fo	r Customer O	IIIce:	
Organization Telecommunic	ations Services St	aff	-		Organization United Stat	es Marshals	Service		
Signature	A. N.		1-11-9	79	Signature			4	114/99
Title Kari Seybolt	-Murphy, Assistant	Director			Title Gary E. Mea	nd Je	er		
Vhen intrafund bil rovider of the goo	lling data are manually su ods or service.	bmitted to the	billing offic	e, the Prov	ider Intrafund Da	ta block on the	reverse side mi	ist be comple	tea loy the

Provider Intrafund Data (For crediting revenues to the Provider)								
YRegDoc	Obligation Month	Obligation SOC	Payment SOC					
 Other Accounting Information (When								

	Billing Address							
Name	e United States Marshals Service							
Address	ress 600 Army Navy Drive, Crystal Sq. 3							
	Room 600							
City	Arlington	State VA	Zip 22202-4210					
Contact		Phone						

Conditions of Agreement

1. Financing:

be identified in this block.)

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

2. Other Provisions:



Subject
United States Marshals Service
access to public information
system services

Date

January 01, 1999

To

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service Information Resource Management From

Karl Seybolt-Murphy
Assistant Director
Business Management Services
Telecommunications Services Staff
Justice Management Division

We are pleased to provide an amended Reimbursement Agreement (RA) per your request. This agreement will amend the original RA to add \$31,200.00 for CDB Infotek services, bringing the RA total to \$124,000.00. Enclosed are two copies of the amended RA for Fiscal Year 1999. Please complete the RA's Customer Agency information and sign all copies of the attached documentation. Kept one copy for your records and return the remaining copy to:

U.S. Department of Justice Telecommunications Services Staff Enforcement Program Services 500 First Street, NW, Suite 430 Washington, DC 20530

If there are any questions, you may contact

on

Attachments

Memorandum



Subject

United States Marshals Service Access
to Public Information System Services

To:

From:

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunications Services
Staff
Justice Management Division
Information Resources
Management

Thank you for your interest in the U. S. Department of Justice Telecommunications Services Staff's sponsored access to public information system services. Currently, our customers enjoy a 12-1/2 percent discount from published General Services Administration prices for this service. This discount is based on the combined volume usage of all our customers.

Attached are two copies of the Memorandum of Understanding and three copies of the Reimbursement Agreement (RA) for Fiscal Year 1998. Please complete the RA customer agency information and sign all copies of the attached documentation. Please keep one copy each for your records and return the remaining copies to:

U.S. Department of Justice Telecommunications Services Staff Enforcement Program Support 500 First St. NW, Room 470 Washington, DC 20530

If there are any questions, you may contact

on (202)

Attachments

Bar Code

		Parties to the Agi	reement:		
The state of the s	er Agency			Customer Agency	
Provider Cost Center RCN 8T09400404	RCN Descript	ion	Customer Contact	Phone	
Provider Contact		Phone			
Customer Number	Customer Aliz	as			
	USM	ıs			
Provider Name Telecommunications Servi	ices Staff, IR	M, JMD	Customer Name (If billing United States M	address is different, sp arshals Servic	ecify on reverse side.)
Address 600 E Street, N	V, Room 3024-B	ICN	Address 600 Army N	avy Drive	
			Room Suite 940-	1100	ALL PROPERTY OF THE PROPERTY O
City Washington	State DC	Zip 20530	City Arlington	State VA	Zip 22202-4210
		Duration			A CONTRACTOR OF THE CONTRACTOR
This Agreement shall become effective or				er 30, 1998	
Brief explanation of work or services to be		le the Following Se			
Customers will be be administrative fee. the service until to Accomp	This estima	based on æ te is based duration da	on the United St	plus a 4 perd	
				Estimated amo	7 0. UUU IIII
(Attach additiona	l sheet for continuation			\$ 612,	O O O
Customer agency will indicate accounting mong the OBDs and USMS, billings with	data to be charged by in an oreanization, an	Customer Final y completing applica d billings to the Der	ble blocks. Federal agenci	es will be billed by OP.	AC, except for billings
Agency Location Appropriation Symbols Code		YRegDoc		Obl SOC	Pay SOC
Other Accounting Information (Where of MIS may use this block to describe unique	applicable, multiple O ue data required for th	bligation Month and eir accounting syster	SOC data should be identif	ied in this block. Cust	omers not using the
		Approvals	:		
See reverse side of form.)					
Approved for P Drganization	rovider Office:		Appro Organization United	ved for Customer Of	
Telecommunications Servi	ces Staff			ocaces marsha	2 261 X 166
Signati Citle	9-	4-91	Signature Title Gary E. Mead		
Kari Seybolt-Murphy, Ass	istant Direct	or, BBS	Title Gary E. Mead Chief Financial	Officer	

When intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods or service.

		Total Tig	. coment	DCCWCC1	Ag	encies				
			Parties to	the Agr	eem	ent:				1 1
Provider Cont C	Provider .	Agency					Customer A	gency		
Provider Cost Center 8T09400404	RCN	RCN Descripti	ion	·	Cust	omer Number	Customer A USMS	lias		
Provider Contact			Phone (2	(02)	Custo	mer Contact		Phone		
Provider Name Telecommunicatio	ons Service	g Staff Ti	PM TMD	POI	Custo	mer Name (If billi	ng address is di	fferent, specify	on reverse s	del
Address 500 First Street			CT, UID	, 200	Addre	ed States M	larshals :	Service		
City Washington		State D.C.	Zip 20530	k	City	Army Navy I	State	Zip		600
J	,	p.c.			#LTT	ngton	VA	22202-	4210	
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Amales is a secure	and the second s					or Goods:	January 3	31. 199 9		
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							\$124,800			
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Agency Location Code	Appropriation	Cost Center		YregDoc		Obl Month	Oы soc	Pay SOC		13 4
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Organization DOJ/JMD/Telecomm	nunications	Services :	Staff,	BMS		nization ted States N	Marshals	Service		
Signature					Signa	ture				
Title (ari Seybolt-Mur	cphy, Assis	tant Direc	tor, BM	s	Title (Act	Broadine ing), Manag	Brown, A			

Then intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods or service.

YRegDoc		Obligation Month	Obligation SOC	Payment SOC
Other Account be identified	ting Information (W	There applicable, multiple (Obligation <u>Month and SOC</u> a	lata should

		Billing Address	and the second second
Name	U. S. Marsha	ls Service	
Address	600 Army Nav	y Drive, Cry	stal Square 3
	Suite 600		
City	Arlington	State VA	Zip 22202
Contact		Phone	

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

Reimbursement Agreement Between Agencies

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	~		Parties to t	the Agr	eemen	i:					BILLIE
Describer Cont Cont	Provider						Custome	r Agenc	v " "		
Provider Cost Center 8T09400404	RCN	RCN Description	on	C	Custon	ner Numbe	r Customer US	Alias			100
Provider Contest			Phone (20	21 (Custome	r Contact		Ph	one		
Provider Name					"iistome	r Name (If his	line eddays '	1:55		1:	
Telecommunicati	ons Service	s Staff, IR	M, JMD,	DOJ T	Jnited	r Name (If bil l States	Marshals	s different, S Servi	specify o	n revers	se side.)
Address 500 First Stree	t, N.W., St	ite 430		A	Address	my Navy					
City Washington			Zip 20530	C	City		State VA	Zir		III I	1. 600
			D.	1:						-	
This Agreement shall be	ecome effective	n January	1, 1998	and shall	continue	e through	January	31. 1	999		i in this
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Charges for T	SS provided	access to	public i	nforma	ation	database	(CDB I	nfotek)	for	+	
U.S. Marshals	Service.						,				
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Amendment 2	\$ 31,2	00.00 (Jani									
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nay use this block to describ	e unique data requ	ired for their account	ting system.)						1 1		
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Organization OJ/JMD/Telecomm	nunications	Services S	taff, BM		Organiza United	ition L States	Marshalı	s Serv	ice	·	
ignature				S	Signatur						The second secon
itle				h	litle .	Broadine	Brown	Assis	anr	TIAC	tor
ari Seybolt-Mur	cphy. Assis	tant Direct	or. BMS			ar) Mana					

hen intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods or service.

	Provider Intra (For crediting revenue			
YRegDoc	Obligation Month	Obligation SOC	Payment SOC	
Other Accounting Information (Whe be identified in this block.)	re applicable, multiple (bbligation Month and SOC	data should	

	Billing Address								
Name	U. S. Marshal	ls Service							
Address	600 Army Nav	Drive, Cry	stal Square 3						
	Suite 600								
City	Arlington	State VA	Zip 22202						
Contact		Phone							

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

Bar Code

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	Describ		Parties to t	he Agreen	nent:				
Provider Cost Center	Provider					Customer Ag	ency		1.11
7T09400404	RCN 6051	RCN Descrip USMS Mod		Cus	tomer Number	r Customer Alia	S	17	41
Provider Contact			Phone (20	2) Cusi	omer Contact		Phone		
Phil Turner, A	cting Asst.	Director		[yo	ur name here	e]	(202) 3	07-х	xxx
Provider Name Telecommunicatio	ons Service	s Staff,	IRM, JMD,	Cust DOJ Uni	omer Name (If bill ted States I	ling address is differ Marshals Se	ent, specify o	n revers	e side.)
Address 600 E Street, N	W, Room 305	7 BICEN	1	Add	ress	Drive, Suit			
City Washington		State D.C.	Zip 20530	City		State	Zip		
	war in the state about the state of the state of	7.0.			Ington	VA	22202-4	210	
This Agreement shall be	come effective	n October	1 7997 0	ration:	ions through G			(a) (ii)	
	omo chodive (es or Goods:	ptember 30.	<u> 1998</u> .		
Brief explanation of work Charges for T regional field]	SS provide ocations.	<i>performed and</i> d access t	basis for determ to public	<i>nining cost:</i> informat	ion databas		`` <u>\</u>	JSMS	
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						Estimated amou	ınt :	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The state of the s
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Customer agency will individual control of the Cartesian control of the	licate accounting and USMS, billin	data to be char gs within an or	ged by completi	r Financin ing applicabl bilings to th	e blocks. Federal	agencies will be t efense.)	oilled by OP	1C, exc	ept for
Agency Location Code	Appropriation Symbol 1560324	Cost Center	Y	regDoc	Obl Month	Obl SOC	Pay SOC		
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			App	rovals:				11	
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Organization OOJ/JMD/IRM/STS/	Contracts	Management	Service	-	nization ted States	Marshals Se	rvice	A THE COLUMN	The state of the s
Signature				Sign	ature				
Title Kary Seybolt-Mur	phy, Assis	tant Direc	ctor, BBS	Title Gar		Chief Finar	ncial Of	ficer	1
When intrafund billing data are n	nanually submitted to	the billing office, th	e Provider Intrafun	d Data block on	the reverse side must be	completed by the pro	vider of the 200	ds or serv	ice

	Provider Intra (For crediting revenue		
YRegDoc	Obligation Month	Obligation SOC	Payment SOC
Other Accounting Informa be identified in this block	tion (Where applicable, multiple C .)	Dbligation Month and SOC a	data should

	100 h	Billing Address		
Name	 			processors and an experience and an open report
Address			-	
City		State	Zip	
Contact		Phone		

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement.

Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

Bar Code

U.S. Department of Justice Reimbursement Agreement Between Agencies

				•			111	
		Parties t	o the Agr	eement:				
Provide Cont Cont	Provider				Customer Ag	ency	!	:
Provider Cost Center 7T09400404	RCN 6051	RCN Description		Customer Number 7550960303 CC03	Customer Alia	5		
Provider Contact	and the second special section of the second section of the second section sec	Phone (202) (Customer Contact		Phone		
Phil Turner, A	cting Asst.	Director				Hone		
Provider Name Telecommunicati	ons Service	s Staff, IRM, JMD	O, DOJ U	Customer Name (If billi Inited States M	ng address is differ	ent, specify on	reverse	side)
Address 600 E Street, N	W, Room 305	7 BICEN	A	Address 00 Army Navy I				
City		State Zip		City	State	Zip		
Washington		D.C. 20530		rlington	VA	22202-4	10	
and the second company that is a second second second	Market and works are the control of the control of	and the second of a second of the second of	Duration:				h . 44 1,7	
This Agreement shall be	come effective o	n <u>April 1, 1997</u> a	nd shall con	tinue through Septe	ember 30. 1	997		
		Provide the Follo				•		
Brief explanation of work	or services to be	performed and basis for de	terminino co	vices of Goods:				
Charges for Tregional field	rss provided	d access to publi	c inform	nation database	s for desi	gnated U	SMS	
administrative o	charge for	monthly on actual total usage. Thi for at least six	s estima	charges plus a te is based or	two percen a minimum	t TSS of six	USMS	
							ļi, ļ	
						i	Action (Philadelphia	
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		Custon	ner Finan	cing:			U	图 11 1
(Customer agency will ind billings among the OBDs	licate accounting and USMS, billin	data to be charged by comp gs within an organization, a	oleting applic	able blocks. Federal o	gencies will be b	illed by OPA	C, etce	pt for
Agency Location Code		Cost Center	YregDoc	Obl Month	ОЫ SOC	Pay SOC		
15-01-0004	Symbol 1560324	7550960303 CC03	7-01-	9702	2500	The state of the s		
Other Accounting Information and the second security with the second sec	,	applicable, multiple Obligation red for their accounting system		OC data should be identifi	ed in this block. C	ustomers not us	ing the	FMIS
		Λ	pprovals:					
(See reverse side of form.)		ASTONATO					11:
	pproved for Pro	vider Office:	T	Appro	ved for Custon	ner Office:		<u> </u>
Organization		Management Servic		Organization United States N	· · · · · · · · · · · · · · · · · · ·			
Signature				Signature				
Title Kary Seybolt-Mur	phy, Assis	tant Director, BE		Title Gary E. Mead, (Chief Finar	cial Off	icer	

When intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods

FORM DOJ-216

JULY 1994

Bar Code

U.S. Department of Justice Reimbursement Agreement Between Agencies

			Parties to	a tha A a						<u> </u>
	Provider .	Agency	Parties to	o the Agi	reeme		a			
Provider Cost Center	RCN	RCN Descripti	ion		Cuat		Customer Ag	ency		
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Phil Turner, Ac	eting Asst.	Director						;		
Provider Name Telecommunicatio	ons Service	s Staff, II	RM, JMD	, DOJ	Custon Unite	ner Name (If billi ed States M	ng address is diffe	rent, specify a	on revers	e side)
Address 600 E Street, NV	7, Room 305	7 BICEN			Addres					
City Washington		State	Zip		City		State	Zip		
washington		p.c.	20530			ngton	VA	22202-4	4210	
				Duration :						
This Agreement shall be	come effective o						ember 30.	<u> 1997</u> .	700.00	and the second
		Provide	the Follo	wing Ser	rvices	or Goods:				
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(Attach	additional sheet f	or continuation of	of explanati	on If nece	ssary)		\$264,000.00			
(ner Fina		•		, ,		
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Signature					Signat	ure		. 1		
Fitle	phy Aggic	tant Direc	tor BB	· C	Title	F Mead 4	Chief Fina	ncial A	661	

When intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods

Bar Code

			Parties to	the Ag	reeme	nt:			4
	Provider						Customer .	Agency	
Provider Cost Center 7T09400404	RCN 6051	RCN Descripti	on			omer Numbe 960303 CC0	r Customer A		
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Provider Name Telecommunicatio	ons Service	s Staff, I	RM, JMD	, DOJ	Custon Unite	ner Name (If bil	ling address is d Marshals	ifferent, specify Service I	on reverse side
Address 600 E Street, NV	N, Room 305	7 BICEN			Addres				
City Washington		State D.C.	Zip 20530		City	ngton	State VA	Zip 22202-	4210
and the second of the second o		and the second second second second second second	D	uration					
This Agreement shall be	come effective of	n April 15				through Sep	tember 30), 1997 .	2000
						or Goods:			
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Charges for Tregional field l	TSS provide ocations.	d access to	public	c infor	matio	on databas	es for de	esignated	USMS
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Organization DOJ/JMD/IRM/STS/			Servic	e	Organi Unit				
Signature					Signat	ure			
Title Kary Seybolt-Mur	phy, Assis	tant Direc	tor, BE	s	Title Gary	E. Mead,	Chief Fi	mancial o	fficer

Dai Couc

U.S. Department of Justice Reimbursement Agreement Between Agencies

		-			Borreres			1
			Parties to	the Agi	reement:			
	Provider A	Agency				Customer A	gency	
Provider Cost Center 7T09400404	RCN 6051	RCN Description USMS Mod #			Customer Numb 7550960303 CC	er Customer A		
Provider Contact			Phone (2		Customer Contact		Phone	
Phil Turner, Ac	cting Asst.	Director	10110		Costomer Compact		Prione	
Provider Name Telecommunicatio	ons Service	s Staff, IR	RM. JMD	. DOJ	Customer Name (If United States	billing address is di	ifferent, specify of	n reverse side.)
Address 600 E Street, NV					Address 600 Army Navy			. 5
City		·	Zip					
Washington		1	Հւբ 20530		City Arlington	State VA	Zip 22202-4	210
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Organization Organization								

Kary Seybolt-Murphy, Assistant Director, BBS Gary E. Mead, Chief Financial Officer
When intrafund billing data are manually submitted to the billing office, the Provider Intrafund Data block on the reverse side must be completed by the provider of the goods or service.

DOJ/JMD/IRM/STS/Contracts Management Service

Signature

Title

United States Marshals Service

Signature

Title

Memorandum

Subject

Date

United States Marshals Service Access to Public Information System Services

חבר ו ורחד

To:

From:

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunications Services
Staff
Justice Management Division
Information Resources
Management

Thank you for your interest in the U. S. Department of Justice Telecommunications Services Staff's sponsored access to public information system services. Currently, our customers enjoy a 12-1/2 percent discount from published General Services Administration prices for this service. This discount is based on the combined volume usage of all our customers.

Attached are two copies of the Memorandum of Understanding and three copies of the Reimbursement Agreement (RA) for Fiscal Year 1998. Please complete the RA customer agency information and sign all copies of the attached documentation. Please keep one copy each for your records and return the remaining copies to:

U.S. Department of Justice Telecommunications Services Staff Enforcement Program Support 500 First St. NW, Room 470 Washington, DC 20530

If there are any questions, you may contact

on (201

Attachments

Memorandum of Understanding

Between

The Department of Justice, Justice Management Division, Telecommunications Services Staff

and the

United States Marshals Service

<u>Subject</u>: United States Marshals Service (USMS) access to public information system services.

Introduction: The Telecommunications Services Staff (TSS) provides common user telecommunications facilities and services to support departmental and component organizational activities, and establishes and maintains policy regarding the use of voice and data telecommunications. The TSS recently upgraded the "Justice Telecommunications System" (JUST) hardware and software capabilities to better support the Department's user community legal processes, law enforcement activities, and administrative functions. As a result, the TSS is actively exploring and implementing value-added services (i.e., access to public records) which is integral to enhancing the effectiveness of our JUST user community.

<u>Purpose</u>: The TSS is to provide access to public information through a commercial services provider to the USMS as designated by the USMS.

Scope: This memorandum of understanding requires that the USMS be given access to the TSS provided public information services. The services will be utilized through the duration date or until funds are exhausted at which time an evaluation will be conducted, by the USMS to determine the permanence and/or expansion of the service.

Responsibilities

The TSS will: Provide for the implementation and activation of the public information services; provide for initial public information services training at the designated USMS location; provide monthly billing reports with invoices to the USMS and provide a central point of contact for USMS field office guidance on questions and problem resolution.

The USMS will: Provide funding in accordance with the Reimbursable Agreement; identify the office location; identify a technical point of contact at each office location; identify billing recipient and location; certify billing invoices; conduct

an evaluation at the end of the duration date or when funds are exhausted; and notify the TSS as to the continuation and/or expansion of the service.

Support: Mutual assistance shall be provided at the USMS by telephone number and at the body and at the telephone number

12-1-97

Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunication Services
Staff

12-10-97

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service

Bar Code

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			Parties to the Agr	cement:						
	Provider Agenc	. ·			Customer Agency	H I dill the to				
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Customer Number		Customer Alias								
		USMS								
Provider Name Telecommunicat	ions Services	Staff, IRM	1, JMD	Customer Name (If billing address is different, specify on reverse side) United States Marshals Service						
Address 600 E Street, NW, Room 3024-BICN				Address	and the second of the second control of the					
	Jerece, Nii, Re	(CN	600 Army Nav	y Drive					
City		State	Zip	Suite 1100						
Washington		DC	20530	City Arlington	State VA	Zip 22202-4210				
			Duration:							
This Agreement shall bec	ome effective on Dec			ontinue through February	7 28, 1998	177				
			the Following Ser							
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Customer agency will indumong the OBDs and USA	icate accounting data i	to be charged by organization, and	completing applica billings to the Dep	ble blocks. Federal agencies artment of Defense.)	will be billed by OPAC,	except for billings				
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Other Accounting Informa				SOC data should be identifien.)	ed in this block. Custome	rs not using the				
			Approvals							
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Organization Telecommunicati	ions Services	Staff		Organization United S	tates Marshals	Service				
ignat		12.	-1-97	Signature						
itle Kari Seybolt-Mu	urphy, Assista			Title Gary E. Mead Chief Financial	Officer					
Then intrafund billing of completed by the provide			billing office, the	Provider Intrafund Data	block on the reverse sid	ie must be				

FORM DOJ-216 JULY 1994

	fund Data s to the Provider)		
YRegDoc	Obligation Month	Obligation SOC	Payment SOC
Other Accounting Information be identified in this bloom	mation (Where applicable, multip ock.)	ole Obligation Month and	SOC data-should

	F	Billing Address	
Name	United St	ates Marshal	s Service
Address	600 Army	Navy Drive	
	Suite 110	00	
City Arl	ington	State VA	Zip 22202-4210
Contact		Phone	

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

Memorandum of Understanding

Between

The Department of Justice, Justice Management Division,
Telecommunications Services Staff

and the

United States Marshals Service

<u>Subject</u>: United States Marshals Service (USMS) access to public information system services.

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an evaluation at the end of the duration date or when funds are exhausted; and notify the TSS as to the continuation and/or expansion of the service.

Support: Mutual assistance shall be provided at the USMS by telephone number and at the DOJ/TSS by telephone number

12-1-97

Kari Seybolt-Murphy
Assistant Director
Budget and Billing Staff
Telecommunication Services
Staff

Chief, Analytical Support Unit Investigative Services Division United States Marshals Service

Parties to the Agreement:									
Provider Agenc	у .		Customer Agency						
Provider Cost Center RCN 8T09400404	RCN Description	K	Customer Cont	act	Phone				
Provider Contact	P	hone	The three of the entire of the entire that the entire three of the entire three three entire thr	CONTROL OF MANAGEMENT AND A VALUE OF CASE AND					
Customer Number	Customer Alias								
	USMS	·							
Provider Name Telecommunications Services	Staff, IRM,	JMD	Customer Nam United S	e (If billing address i tates Marsha	is different, specif ls Service	y on reverse side)			
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			Room	te 1100					
City	State Z	ip	City	.00 1100	State	Zip			
Washington	DC	20530	Arl	ington	VA	22202-4210			
		Duration:				1 p. 10			
This Agreement shall become effective on Jan	nuary 5, 1	998and shall co	ntinue through	April 3, 1	.998				
	Provide t	he Following Ser	vices or Good	ls:					
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Organization Telecommunications Services	Staff			United Stat	es Marshars	, service			
Signa Title Kari Seybolt-Murphy, Assist	ant Directo		The CI	ary E. Mead nief Financial Office					
When intrafund billing data are manually completed by the provider of the goods or	submitted to the b service.	ouung office, th	e rrovider II	игајина Бага віосі	on the reverse				

FORM DOJ-216 JULY 1994

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alternative department make yet an at 1911.	The larger contraction are a sale page.	Billing Address				
Name United States Marshals Service						
Address 600 Army Navy Drive						
	Suite 110	00				
City Arl	ington	State VA	Zip 22202-4210			
Contact	T 19	Phone				

Conditions of Agreement

1. Financing:

The charges for services shall include both direct and indirect costs applicable to the agreement. Advance payments are made on an estimated cost basis. If the estimated advance is different from the actual costs, proper adjustment (refund or additional billing) on the basis of the actual costs incurred shall be made upon completion of the work. (The frequency of billing, such as monthly, quarterly, etc., must be stated in the narrative portion of the form.)

	Parties to	he Agreement:	
Provider Agenc	y .[2]	c	ustomer Agency
Provider Cost Center 8T09400404	RCN Description	Customer Contact	Phone
Provider Contact	Phone		
Customer Number	Customer Alias USMS		
Provider Name Telecommunications Services	Staff, IRM, JMD	Customer Name (If billing add United States Mars	ress is different, specify on reverse side)
Address 600 E Street, NW, Ro	oom 3024-BICN	Address 600 Army Nav	y Drive
The second of th	and the second s	Room Suite 940-/	100
City Washington	State Zip 2053		State
This Agreement shall become effective on Oc		ration:	30 1998
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Organization Telecommunications Services	s Staff		
Signatu	9-4-97	Signature	19-5-9
Title Kari Seybolt-Murphy, Assis			
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FORM DOJ-216 JULY 1994

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JULY 1994

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Approved for Provider					Approved for	Customer Of	fice:					
Organization					Organization							
DOJ/JMD/IRM/	STS/Con	tracts Mai	nagemen	t Service								
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Title					Title							
Edward A. Moy	er, Assist	ant Direct	or			15						
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