AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTR	ACT	CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	14 B	EQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00003			EQUISITION/FORCHASE REQ. NO.	5. PROJECT NO. (II applicable)
6. ISSUED BY CODE	See Block 1		DMINISTERED BY (If other than Item 6)	CODE ICE/DCR
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs Office of Acquisition Manage 801 I ST NW, (b)(6); (b)(7)(C) WASHINGTON DC 20536	MOVALS Enforcement	IC Im Of 80	E/Detention Compliance migration and Customs fice of Acquisition Market NW, (b)(6); (b)(7) shington DC 20536	e & Removals Enforcement
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Cod	(x)	9A. AMENDMENT OF SOLICITATION NO.	
CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027		x	DB. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORD 7 OCDCR 2 0 D 0 0 0 0 0 1 3	ER NO.
CODE	FACILITY CODE		10B. DATED (SEE ITEM 13)	
CODE 1597341510000			07/31/2020	
The above numbered solicitation is amended as set for			DMENTS OF SOLICITATIONS	extended. is not extended.
	is received prior to the ourred)	racts/orders. It		S DESCRIBED IN ITEM 14.
	CT/ORDER IS MODIFIE H IN ITEM 14, PURSUAI	D TO REFLECT THE AUTHORI	ADMINISTRATIVE CHANGES (such as cha TY OF FAR 43.103(b).	<u> </u>
D. OTHER (Specify type of modification	and authority)			
X Other Administrative		on		
E. IMPORTANT: Contractor X is not.	is required to sign t	his document and retu	m copies to the i	ssuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF sect	ion headings, includin	g solicitation/contract subject matter where	feasible.)
DUNS Number: 159734151				
COR: (b)(6); (b)(7)(C)			@ice.dhs.gov	
ACOR: (b)(6); (b)(7)(C)				lice.dhs.gov
Contracting Specialist: (b)(6); (b)(6); (b)(7)(C) @ice.dhs.gov Contracting Officer: (b)(6); (b)(7) (b)(6); (b)(7)(C) @ice.dhs.gov			Email:	
_				
Continued				
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced	16 (b	A. NAME AND TITLE OF CONTRACTING (6); (b)(7)(C)	
15B. CONTRACTOR/OFFEROR	15C. D	ATE SIGNED 16	B. UNITED STATES OF AMERICA (6); (b)(7)(C)	16C. DATE SIGNED
(Signature of person authorized to sign)		L	(orginature or contracting officer)	0

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00003

PAGE (

OF 2

NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to correct	7			
	the wage determination incorporated in P00002.				
	l l l l l l l l l l l l l l l l l l l				
	The following corrections are made: Incorporate				
	WD 2015-5215, Revision 18, dated June 17, 2021				
	for the Texas Counties of Bastrop, Caldwell,				
	Hays, Travis, and Williamson.				
	The effective date of this WD is 08/01/2021.				
	Period of Performance: 08/01/2020 to 07/31/2030				
	All other terms and conditions of				
	70CDCR20D0000013 shall remain unchanged.				
		3			
		1			

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				CONTRACT ID CODE		PAGE OF PAGES	
						1	3
	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PI	ROJECT NO. (If applic	able)
P00004		See Block 16C	ļ.,,			-	
6. ISSUED BY	Y CODE	70CDCR	7. AL	OMINISTERED BY (If other than Item 6)	COD	E ICE/DCR	
	ON COMPLIANCE AND REM			Detention Compliance			
	mmigration and Customs			nigration and Customs I			
	of Acquisition Manage	ment		ice of Acquisition Mar		ent	
	ST NW, (b)(6);			I Street NW, (b)(6); (b)(7)((C)		
WASHING	GTON DC 20536		was	shington DC 20536			
8. NAME AND	DADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.			
CORECIV	TC TNC						
ATTN (b)(6			91	B. DATED (SEE ITEM 11)			
	RGINIA WAY (b)(6);						
	OD TN 37027		\square	A MODIFICATION OF CONTRACTORDE	2.110		
			X 7	DA. MODIFICATION OF CONTRACT/ORDER 0 CDCR 2 0 D 0 0 0 0 0 1 3	R NO.		
			10	DB. DATED (SEE ITEM 13)			
CODE 15	597341510000	FACILITY CODE	7	07/31/2020			
		11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS			
The above	numbered solicitation is amended as set for	orth in Item 14. The hour and date spec	ified for	receipt of Offers is e	xtended.	is not extended.	
Offers must	t acknowledge receipt of this amendment p	rior to the hour and date specified in the	e solicita	tion or as amended , by one of the following	methods:	(a) By completing	
				eceipt of this amendment on each copy of the			
				AILURE OF YOUR ACKNOWLEDGEMENT			
				ECIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegra			
	o the solicitation and this amendment, and				iii oi ictic	makes	
12. ACCOUN	TING AND APPROPRIATION DATA (If requ	uired)					
See Sch	nedule						
	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	RS. IT N	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIE	BED IN ITEM 14.	
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED F	PURSUANT TO: (Specify authority) THI	E CHAN	GES SET FORTH IN ITEM 14 ARE MADE I	N THE CO	ONTRACT	
	ORDER NO. IN TENTION.						
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE AI	DMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b).	es in pay	ing office,	
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO A	LITHOE	RITY OF			
Х	FAR 52.243-1 Changes		1011101				
	D. OTHER (Specify type of modification						
	, , , , , , , , , , , , , , , , , , , ,	,,					
E. IMPORTAN		x is required to sign this document ar				Э.	
		Organized by UCF section headings, in	ncluding	solicitation/contract subject matter where fea	asible.)		
DUNS Nu							
COR: (b)(b	s); (b)(7)(C)			@ice.dhs.gov			
a >	(0) (1)(7)(0)				_		
ACOR: (b)	(6); (b)(7)(C)				₫ic	e.dhs.gov	
							
	ting Specialist: (b)(6);(b)(7)(C)		Email:			
b)(6); (b)(7)	(C) @ice.dhs.gov						
Contrac	ting Officer: (b)(6); (b)(7)(C)		Email:			
(b)(6); (b)(7)							
Continu	ed						
		e document referenced in Item 9.4 or 1	0A.ash	eretofore changed, remains unchanged and	in full for	ce and effect	
	AND TITLE OF SIGNER (Type or print)	2 2234		NAME AND TITLE OF CONTRACTING OF			
(b)(6); (b)(7				6); (b)(7)(C)	-		7
Vice Pres	sident, Partnership Contracts	Counsel	TE	L: 202-732 (b)(6); E	MAIL:	b)(6); (b)(7)(C)	@ICE.DHS.GOV
15B. CONTRA	ACTOR/OFF (b)(6); (b)(7)(C)	15C. DATE SIGNED	100	UNITED STATES OF AMERICA	0	16C. DATE S	IGNED
		11/15/2021	(b)	(6); (b)(7)(C)			
	(Signature of p			(orginature or contracting cincor)			
NSN 7540-01					STANDA	ARD FORM 30 (REV. 1	0-83)

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	The purpose of this modification is to implement Executive Order 14042 by adding FAR 52.223-99 (OCT 2021) (DEVIATION).				
	This requirement shall be applicable to all subcontractors/ teaming partners, if any, and all active and future orders				
	CoreCivic reserves the right to seek adjustments in the schedule or price of this contract as a result of this change for any and all impacts to CoreCivic and/or its suppliers and subcontractors, including, but not limited to, adjustments for impacts to CoreCivic and its suppliers/subcontractors resulting from the following:				
	(1) updates or amendments to applicable guidance (including Frequently Asked Questions) published by the Safer Federal Workforce Task Force after 24 September 2021; and (2) the requirement to include the substance of FAR 52.223-99 Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. (OCT 2021) (DEVIATION)				
	Any requests for equitable adjustment must be submitted to the Government within 120 days of the compliance date or within 30 days of the compliance date for an update to the guidance referenced in (1) and (2) above. Period of Performance: 08/01/2020 to 07/31/2030 All other terms and conditions of 70CDCR20D000000013 shall remain unchanged.				

AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONTRACT	CONTRACT ID CODE			PAGE OF PAGES		
					1	11	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. P	ROJECT NO. (If ap	oplicable)	
P00005 6. ISSUED BY CODI	See Block 16C	7.40	MINISTERED BY (15 -thththth-		DE		
	70CDCK	_	MINISTERED BY (If other than Item 6)	COL	TCE/ DCK		
DETENTION COMPLIANCE AND RE U.S. Immigration and Custom			/Detention Compliance				
Office of Acquisition Manag			igration and Customs ice of Acquisition Ma				
801 I ST NW, (b)(6);	Citient		I Street NW, (b)(6); (b)(7)		CIIC		
WASHINGTON DC 20536			hington DC 20536				
		1					
8. NAME AND ADDRESS OF CONTRACTOR (No., stre	et, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.				
CORECIVIC INC							
ATTN (b)(6); (b)(7)(C)		9B	. DATED (SEE ITEM 11)				
5501 VIRGINIA WAY (b)(6);							
BRENTWOOD TN 37027		x 10	A. MODIFICATION OF CONTRACT/ORDI	ER NO.			
		1 /	UCDCR20D00000013				
		10	B. DATED (SEE ITEM 13)			10	
CODE 1597341510000	FACILITY CODE	_					
1597341510000			7/31/2020				
	11. THIS ITEM ONLY APPLIES TO						
The above numbered solicitation is amended as set Offers must acknowledge receipt of this amendmen	-				is not extende		
• •	·		ceipt of this amendment on each copy of t	-			
separate letter or telegram which includes a referen							
THE PLACE DESIGNATED FOR THE RECEIPT OF							
virtue of this amendment you desire to change an or reference to the solicitation and this amendment, an				ram or lette	er makes		
12. ACCOUNTING AND APPROPRIATION DATA (If re							
See Schedule							
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORDE	ERS. IT M	ODIFIES THE CONTRACT/ORDER NO. A	S DESCRII	BED IN ITEM 14.		
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) Th	HE CHANG	GES SET FORTH IN ITEM 14 ARE MADE	IN THE C	ONTRACT		
			ANNUATE AT U.S. OLIVANIA SEC. / /			<u></u>	
appropriation date, etc.) SET FOR	TH IN ITEM 14, PURSUANT TO THE AU	THE AD THORITY	MINISTRATIVE CHANGES (such as char OF FAR 43.103(b).	nges in pay	ring office,		
C THIS SUPPLEMENTAL ACREEME	NT IS ENTERED INTO PURSUANT TO	ALITHOD	TV OF				
F0 000 41 0 0	ontract Labor Standa		TT OF.				
D. OTHER (Specify type of modification		100.					
	,						
E. IMPORTANT: Contractor is not.	x is required to sign this document a	and return	1 copies to the is	ssuing offic	e.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION	N (Organized by UCF section headings, i	including s	solicitation/contract subject matter where f	feasible.)			
DUNS Number: 159734151							
COR: (b)(6); (b)(7)(C)			@ice.dhs.gov				
ACOR: (b)(6); (b)(7)(C)				@ic	e.dhs.gov		
Contracting Specialist: (b)(6);	(b)(7)(C)		, Email:				
b)(6); (b)(7)(C) @ice.dhs.gov							
Contracting Officer: (b)(6); (b)(7)(C)		Email:				
(b)(6); (b)(7)(C) @ice.dhs.gov							
Continued							
Except as provided herein, all terms and conditions of	the document referenced in Item 9 A or						
15A NAME AND TITLE OF SIGNER (Type or print) (b)(6); (b)(7)(C)			NAME AND TITLE OF CONTRACTING (6); (b)(7)(C)	OFFICER (Type or print)		
Vice President, Partnership Contrac	ts Counsel	TEI		ематтГ	(b)(6); (b)(7)(C)	GICE.DHS.GOV	
15(b)(6); (b)(7)(C)	15C. DATE SIGNED		6); (b)(7)(C)		7-71(-707(-7)		
	1/24/2022	1000	o), (O)(1)(O)				
-							
NS-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			6	STAND	ARD FORM 30 (RE	EV. 10-83)	
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Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005

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NAME OF OFFEROR OR CONTRACTOR

TEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	TINU (D)	UNIT PRICE (E)	AMOUNT (F)
	The purpose of administrative modification P00005 is to approve the Request for Equitable/Service Contract Act Adjustment submitted by CoreCivic Inc. concerning Bed Day Rates (BDR) for Detention Services at the T Don Hutto Residential Center in Taylor, TX. The REA addresses Wage Determination No. 2015-5215, Revision 18, dated 7/21/2021 and effective 08/01/2021 and was incorporated into the contract by 70CDCR20D00000013 P00003. For billing purposes, the new rates as indicated below shall take effect 11/01/2021. A retroactive payment in the total amount of (b)(4) is approved on the applicable Task Order to satisfy the increases from 08/01/2021 to 10/31/2021. Period of Performance: 08/01/2020 to 07/31/2030				
	Change Item 1001 to read as follows(amount shown is the obligated amount):				
001	Option Period (OP) 1 - DETENTION SERVICES POP Dates: 08/01/2021 - 07/31/2022				
	(b)(4) Beds (Guaranteed Minimum) - (day (through Oct. 31, 2021) (day (effective Nov. 1, 2021)				
	(b)(4) Beds - (b)(4) /day Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1002 to read as follows(amount shown is the obligated amount):				
02	OP 1 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2021 to 07/31/2022				
	REGULAR RATE: (b)(4) /HR (through Oct. 31, 2021) /HR (effective Nov. 1, 2021)				
	OT RATE: (b)(4) /HR (through Oct. 31, 2021) /HR (effective Nov. 1, 2021)				
	NTE: (b)(4) Hours Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued				
	-8067 2023-ICLI-00006 00250				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
1003A	Change Item 1003A to read as follows(amount shown is the obligated amount): OP1 - TRANSPORTATION LABOR POP Dates: 08/01/2021 to 07/31/2022	(b)(4)		(b)(4)	\
	Monthly FFP: Effective until 10/31/2021: (b)(4) Effective 11/1/2021: (b)(4) NTE: (b)(4) miles/year Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2001	Change Item 2001 to read as follows(amount shown is the obligated amount): OP 2 - DETENTION SERVICES POP Dates: 08/01/2022 - 07/31/2023				(b)(4)
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) /day by (b)(4) /day (b)(4) Beds - (b)(4) day				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 2002 to read as follows(amount shown is the obligated amount):				
2002	OP 2 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2022 to 07/31/2023				(b)(4)
	REGULAR RATE: The Regular Rate has increased from (b)(4) /HR by (b)(4) /HR				
	OT RATE: The OT Rate has increased from $(b)(4)$ /HR by $(b)(4)$ to $(b)(4)$ /HR				
	NTE: (b)(4) Hours Amount: (b)(4) (Option Line Item) Continued				

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OF

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 2003A to read as follows(amount shown is the obligated amount):				
2003A	OP 2 - TRANSPORTATION LABOR POP Dates: 08/01/2022 to 07/31/2023	(b)(4)	MO	(b)(4)	(b)(4)
	Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)				
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 3001 to read as follows(amount shown is the obligated amount):				
3001	OP 3 - DETENTION SERVICES POP Dates: 08/01/2023 - 07/31/2024				(b)(4)
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) / day by (b)(4) / day				
	(b)(4) Beds - (b)(4) /day Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 3002 to read as follows(amount shown is the obligated amount):				
3002	OP 3 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2023 to 07/31/2024				(b)(4)
	REGULAR RATE: The Regular Rate has increased from (b)(4) /HR by (b)(4) /HR				
	OT RATE: The OT Rate has increased from $(b)(4)$ /HR by $(b)(4)$ to $(b)(4)$ /HR				
	Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR20D0000013/P00005

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	NTE: (b)(4) Hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 3003A to read as follows(amount shown is the obligated amount):				
3003A	OP 3 - TRANSPORTATION LABOR POP Dates: 08/01/2023 to 07/31/2024	(b)(4)	МО	(b)(4)	(b)(4)
	Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)				
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 4001 to read as follows(amount shown is the obligated amount):				
4001	OP 4 - DETENTION SERVICES POP Dates: 08/01/2024 - 07/31/2025				(b)(4)
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) /day by (b)(4) /day				
	(b)(4) Beds - (b)(4) /day Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 4002 to read as follows(amount shown is the obligated amount):				
4002	OP 4 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2024 to 07/31/2025				(b)(4)
	REGULAR RATE: The Regular Rate has increased from (b)(4) HR by (b)(4)				
	OT RATE: The OT Rate has increased from (b)(4) /HR by (b)(4) Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(A)	to (b)(4) HR	(0)	(D)	(E)	(1)
	NTE: (b)(4) Hours Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 4003A to read as follows(amount shown is the obligated amount):				
AE00	OP 4 - TRANSPORTATION LABOR POP Dates: 08/01/2024 to 07/31/2025	(b)(4)	MO	(b)(4)	(b)(4)
	Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)				
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 5001 to read as follows(amount shown is the obligated amount):				
001	OP 5 - DETENTION SERVICES POP Dates: 08/01/2025 - 07/31/2026				(b)(4)
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) day by (b)(4) / day				
	(b)(4) Beds - (b)(4) /day Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 5002 to read as follows(amount shown is the obligated amount):				
002	OP 5 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2025 to 07/31/2026				(b)(4 <u>)</u>
	REGULAR RATE: The Regular Rate has increased from (b)(4) /HR by				
	Continued				
7540-01-152	2-8067 2023-ICLI-00006 002509	<u> </u>			OPTIONAL FORM 336 (4-86)

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NAME OF OFFEROR OR CONTRACTOR

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)Kr.	C. I	VI		TNC	

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B) OT RATE:	(C)	(D)	(E)	(F)
	The OT Rate has increased from (b)(4) HR by (b)(4) to (b)(4) /HR NTE: (b)(4) Hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
003A	Change Item 5003A to read as follows(amount shown is the obligated amount): OP 5 - TRANSPORTATION LABOR	(b)(4)	MO	(b)(4)	(b)(4
	PoP Dates: 08/01/2025 to 07/31/2026 Monthly FFP: The Monthly FFP has increased from (b)(4), by (b)(4)		•		
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 6001 to read as follows(amount shown is the obligated amount):				(In the second
001	OP 6 - DETENTION SERVICES PoP Dates: 08/01/2026 - 07/31/2027				(b)(4
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) day by (b)(4) / day				
	(b)(4) Beds - (b)(4) /day Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 6002 to read as follows(amount shown is the obligated amount):				
002	OP 6 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2026 to 07/31/2027				(b)(4
	REGULAR RATE: The Regular Rate has increased from (b)(4) (HR by Continued				

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NAME OF OFFEROR OR CONTRACTOR

(A) (B) (C) (C) (E) (F) WH4) GR OT RATE: The OT Rate has increased from DX4) /HR by DX4) The OT Rate has increased from DX4) /HR by DX4 NYE: DX40 Hurs Amount: [DX4] HR NYE: DX40 Hours Amount: DX40 Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 6003A to read as follows(amount shown is the obligated amount): 6003A OF 6 - TRANSFORTATION LABOR POP Dates: 08/01/2026 to 07/31/2027 Monthly FFF: The Monthly FFF has increased from DX40 by DX40 NYE: DX40 miles/year Amount: DX41 Option Line Item) Product/Service Code: \$206 Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7001 to read as follows(amount shown is the obligated amount): 7001 OF 7 - DETENTION SERVICES POP Dates: 08/01/2027 - 07/31/2028 DX40 DX40 Option Line Item) Product/Service Code: S205 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7002 to read as follows (amount shown is the obligated amount): 7002 OF 7 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2027 to 07/31/2028 Continued	ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
CT RATE: The OT Rate has increased from (D)(4) /HR by (D)(4) NTE: (D)(6) /HR NTE: (D)(6) /HR NTE: (D)(6) /HO /HR NTE: (D)(6) /HO /HR Amount: (D)(6) /HO /HR Change Item 6003A to read as follows(amount shown is the obligated amount): 6003A OP 6- TRANSPORTATION LABOR POP Dates: 08/01/2026 to 07/31/2027 Monthly FFF: The Monthly FFP has increased from (D)(6) by (D)(4) NTE: (D)(6) /HO	(A)	(B)	(C)	(D)	(E)	(F)
is the obligated amount): OP 6 - TRANSPORTATION LABOR POP Dates: 08/01/2026 to 07/31/2027 Monthly FFP: The Monthly FFP has increased from (D)(4) D(5)(4) NTE: (D)(4) miles/year Amount: (D)(4) (Option Line Item) Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7001 to read as follows(amount shown is the obligated amount): OP 7 - DETENTION SERVICES POP Dates: 08/01/2027 - 07/31/2028 (D)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (D)(4) / day by (D)(4)		OT RATE: The OT Rate has increased from (b)(4) /HR by (b)(4) to(b)(4) /HR NTE:(b)(4) Hours Amount:(b)(4) (Option Line Item) Product/Service Code: S206				
The Monthly FFP has increased from (D)(4) (D)(4) NTE: (D)(4) miles/year Amount: (D)(4) (Option Line Item) Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7001 to read as follows(amount shown is the obligated amount): 7001 OP 7 - DETENTION SERVICES PoP Dates: 08/01/2027 - 07/31/2028 (D)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (D)(4) / day by (D)(4) / day Amount: (D)(4) (Option Line Item) Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7002 to read as follows (amount shown is the obligated amount): 7002 OP 7 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2027 to 07/31/2028	6003A	is the obligated amount): OP 6 - TRANSPORTATION LABOR POP Dates: 08/01/2026 to 07/31/2027	(b)(4)	МО	(b)(4)	(b)(4)
is the obligated amount): OP 7 - DETENTION SERVICES POP Dates: 08/01/2027 - 07/31/2028 (b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (D)(4) by (D)(4) / day (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7002 to read as follows(amount shown is the obligated amount): 7002 OP 7 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2027 to 07/31/2028		The Monthly FFP has increased from (b)(4) by (b)(4) NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206				
Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7002 to read as follows(amount shown is the obligated amount): 7002 OP 7 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2027 to 07/31/2028	7001	is the obligated amount): OP 7 - DETENTION SERVICES POP Dates: 08/01/2027 - 07/31/2028 (b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) /day				(b)(4)
	7002	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7002 to read as follows (amount shown is the obligated amount): OP 7 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2027 to 07/31/2028				(b)(4)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR20 D00000013 / P00005
 PAGE 0F 9

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	REGULAR RATE: The Regular Rate has increased from (b)(4) /HR by (b)(4) OT RATE: The OT Rate has increased from (b)(4) /HR by (b)(4) to (b)(4) /HR NTE: (b)(4) Hours				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 7003A to read as follows (amount shown				
	is the obligated amount):				
7003A	OP 7 - TRANSPORTATION LABOR POP Dates: 08/01/2027 to 07/31/2028	(b)(4)	MO	(b)(4)	(b)(4)
	Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)				
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 8001 to read as follows(amount shown is the obligated amount):				
8001	OP 8 - DETENTION SERVICES POP Dates: 08/01/2028 - 07/31/2029				(b)(4)
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) / day by (b)(4) day				
	(b)(4) Beds - (b)(4) /day Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 8002 to read as follows(amount shown is the obligated amount):				
8002	OP 8 - ON CALL STATIONARY GUARD SERVICES Continued				(b)(4)

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005

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OF 11

NAME OF OFFEROR OR CONTRACTOR

EM NO. (A)	SUPPLIES/SERVICES	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(A)	(B) PoP Dates: 08/01/2028 to 07/31/2029	(0)	(D)	(E)	(E)
	REGULAR RATE: The Regular Rate has increased from (b)(4) /HR by (b)(4) OT RATE: The OT Rate has increased from (b)(4) /HR by (b)(4) to (b)(4) /HR				
	NTE: (b)(4) Hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 8003A to read as follows(amount shown is the obligated amount):				
03A	OP 8 - TRANSPORTATION LABOR POP Dates: 08/01/2028 to 07/31/2029	(b)(4)	MO	(b)(4)	(b)(4
	Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)				
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 9001 to read as follows(amount shown is the obligated amount):				
1	OP 9 - DETENTION SERVICES POP Dates: 08/01/2029 - 07/31/2030				(b)(4
	(b)(4) Beds (Guaranteed Minimum) - The Bed/Day Rate has increased from (b)(4) / day by (b)(4) / day				
	(b)(4) Beds - (b)(4) /day Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 9002 to read as follows(amount shown is the obligated amount): Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
9002	OP 9 - ON CALL STATIONARY GUARD SERVICES PoP Dates: 08/01/2029 to 07/31/2030				(b)(4)
	REGULAR RATE: The Regular Rate has increased from (b)(4) HR by OT RATE:				
	The OT Rate has increased from $(b)(4)$ /HR by $(b)(4)$ to $(b)(4)$ /HR				
	NTE: (b)(4) Hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 9003A to read as follows(amount shown is the obligated amount):				
9003A	OP 9 - TRANSPORTATION LABOR PoP Dates: 08/01/2029 to 07/31/2030	(b)(4)	МО	(b)(4)	(b)(4)
	Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)				
	NTE: (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	All other terms and conditions of 70CDCR20D00000013 shall remain unchanged.				
NCN 7540 04 45	2023-ICLL00006_00251				

PAGE

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OF

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES				
		A DE	QUISITION/PURCHASE REQ. NO.	E F	1 1	2 licable)			
2. AMENDMENT/MODIFICATION NO. P00006	3. EFFECTIVE DATE	4. KE	QUISITIUM/FURCHASE REQ. NO.	5. PROJECT NO. (If applicable)		icable)			
6. ISSUED BY CODE	See Block 16C 70CDCR	7. AI	DMINISTERED BY (If other than Item 6) CO	DE ICE/DCR				
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs Office of Acquisition Manage 801 I ST NW, (b)(6); WASHINGTON DC 20536	OVALS Enforcement	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6); (b)(7)(C) Washington DC 20536							
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION N	O.					
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		9	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/O OCDCR20D0000013	PRDER NO.					
		1	0B. DATED (SEE ITEM 13)			<u></u>			
CODE HJGMJN1JKL46	FACILITY CODE	_	07/31/2020						
	11. THIS ITEM ONLY APPLIES T	O AMEND	MENTS OF SOLICITATIONS						
12. ACCOUNTING AND APPROPRIATION DATA (If requises Schedule 13. THIS ITEM ONLY APPLIES TO M CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	ODIFICATION OF CONTRACTS/ORD		MODIFIES THE CONTRACT/ORDER NO						
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH									
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	AUTHOR	RITY OF:						
D. OTHER (Specify type of modification	and authority)								
X Other Administrative	Action								
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return	n copies to the	he issuing offic	ce.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings,	including	solicitation/contract subject matter whe	ere feasible.)					
DUNS Number: 159734151									
COR: (b)(6); (b)(7)(C)			ice.dhs.gov	7					
ACOR: (b)(6); (b)(7)(C)				@io	ce.dhs.gov				
Contracting Specialist: (b)(6); (b)(6); (b)(6); (b)(6); (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	b)(7)(C)		Email:						
Contracting Officer: (b)(6); (b)(7)(0	C)		Email:						
b)(6); (b)(7)(C) @ice.dhs.gov									
Continued	o document referenced in Item 0 A comme	10A oo h	postofore changed remains unchanged	d and in full fo	ree and effect				
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e accument referenced in item 9 A or	16A	NAME AND TITLE OF CONTRACTIN						
			6); (b)(/)(C) (L: 202-732(b)(6);	EMATI.	(b)(6); (b)(7)(C)	@ICE.DHS.GO			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	_	. UNI (b)(6); (b)(7)(C)	EMAIL:	(~)(~), (b)(1)(0)	200150			
(Signature of person authorized to sign)									

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR20D0000013/P00006

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NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to				
	incorporate the US Department of Labor	İ	ll		
	conformance of the classifications and wage rates		i i	İ	
	not listed in Wage Determination (WD) 2015-5215		l I		
	(Rev. 18), dated July 21, 2021. The WD was added		l I		
	to 70CDCR20D0000013 on P00003.		1 1		
	Per the letters from DOL the following				
	classification and hourly wage rate were approved				
	as follows:				
	Classification Wage Rate				
	Case Manager (b)(4)		1 1		
	Program Facilitator				
	Detention Counselor				
	Recreation Supervisor				
	Senior Detention Officer				
	Laundry Supervisor				
	Safety Manager				
	1				
	Please be aware that the conformed classification				
	and wage rate is in addition to the fringe		i i		
	benefits rate of \$4.60 listed on the WD and is		i i	İ	
	retroactive to the start date such unlisted		l I		
	employees started work on the contract.		l I		
	Period of Performance: 08/01/2020 to 07/31/2030	İ	l I		
	All other terms and conditions of		l I		
	70CDCR20D00000013 shall remain unchanged.		l I		
			l I		
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					CONTRACT ID CODE		1	PAGE OF PAGES	
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. F	REQUISITION/PURCHASE REC	Q. NO.	5. PRO	1 DJECT NO.	2 (If applicable)
P00001		See Bloo							
6. ISSUED BY	CODE	ICE/DCR	JR 100	7.	ADMINISTERED BY (If other th	an Item 6)	CODE	Т	
Immigration office of 801 I St	ention Compliance & R tion and Customs Enfo of Acquisition Manage treet, NW (b)(6); (b)(7)(C) TON DC 20536	emovals rcement							
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and	ZIP Code)	(x)	9A. AMENDMENT OF SOLICIT	TATION NO.			
CORECIVI	C INC								
ATTN (b)(6)					9B. DATED (SEE ITEM 11)				
	RGINIA WAY (b)(6);								
	DD TN 37027		-		10A. MODIFICATION OF CON	TO A OT (ODDED NI			
				X	70CDCR20D0000000	13	0.		
					10B. DATED (SEE ITEM 13)				
CODE 15	97341510000	FACILITY COD	DE		07/31/2020				
		11. THIS IT	M ONLY APPLIES TO A	MEN	IDMENTS OF SOLICITATIONS				
Items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. 12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule									
	13. THIS ITEM ONLY APPLIES TO MO	ODIFICATION O	F CONTRACTS/ORDERS	S. 17	MODIFIES THE CONTRACT/O	RDER NO. AS DES	SCRIBE	D IN ITEM	14.
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.								
Х	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH				199	(such as changes i	n paying	g office,	
	C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED I	NTO PURSUANT TO AU	ЛН	ORITY OF:				
	D. OTHER (Specify type of modification a	and authority)							
E. IMPORTANT	T: Contractor 🗵 is not,	□ is required t	o sign this document and	reti	ım C	opies to the issuing	office.		
	TION OF AMENDMENT/MODIFICATION (
DUNS Num	·	Organized by G	UF section neadings, inci	luan	ig solicitation/contract subject n	natter wriere reasion	le.)		
); (b)(7)(C)								
	(210) 283-(b)(6);	£223							
Emaıl: [v	b)(6); (b)(7)(C) lice.dhs.go	VC							
ACOR: (b)(6	6): /b)/7)/C)								
	(210) 283-(b)(6);								
	(210) 200 (1)(7)(0)	- dha ao							
Eluarr: [~	(O), (b), (b), (c)	e.dhs.go	V						
ACOR: (b)(6): (b)(7)(C)								
	(512) 218-(b)(6); (b)(7)(C)								
Continue									
	vided herein, all terms and conditions of the	e document refe	renced in Item 9 A or 10A	\ as	heretofore changed, remains u	inchanged and in fu	ull force	and effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)					A NAME AND TITLE OF CON				
	0.000			(0)(6); (b)(7)(C)		(h))(6);	72.00 000 000
15D CONTRA	ACTOR/OFFEROR		15C. DATE SIGNED	16	EEL: 202-732 (b)(6);	EMA1	IL: 🛴	\/7\/^\	@ICE.DHS.GOV
10B. CONTIN	ACTOR/OFFEROR		150. DATE SIGNED	(b)(6); (b)(7)(C)	н - д			THE SHAWELL
	(Signature of person authorized to sign)								

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00001
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NAME OF OFFEROR OR CONTRACTOR

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TEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
s==r	Email: (b)(6); (b)(7)(C) @ice.dhs.gov	1	, ,	(-/	ζ-/
	Contracting Officer: (b)(6); (b)(7)(C)				
	Phone: (202) 732-(b)(6); Email: (b)(6); (b)(7)(C) @ice.dhs.gov				
	Entail: (b)(b), (b)(f)(c) Pice.ans.gov	1 2			
	There is no requisition associated with this				
	modification.				
]			
	The purpose of this modification is to add (b)(6); (b)(6); (b)(7)(C) as COR's for all task	ļ			
	orders and actions related to T. Don Hutto				
	Residential Center located in Taylor, TX. (b)(6);	2			
	(b)(6); will be primary COR and $(b)(6)$; $(b)(7)(C)$ and				
	(b)(6);(b)(7)(C) will be alternate CORs.				
	Period of Performance: 08/01/2020 to 07/31/2030				
	All terms and conditions of 70CDCR20D00000013 shall remain unchanged.				
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AMENDM	ENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID COL	DE	PAGE	PAGE OF PAGES			
	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	I A BEO	UISITION/PURCHASE F	PEO NO	1 1	NO. (If applicable)			
P00002	ENT/MODIFICATION NO.	See Block 16C	4. KEQ	DISTRICTOR PORCHASE F	KEQ. NO.	5. PROJECT	NO. (II арріісавіе)			
6. ISSUED B	Y CODE	70CDCR	7. ADN	IINISTERED BY (If other	r than Item 6)	CODE TCI	E/DCR			
U.S. In Office 801 I S	ION COMPLIANCE AND REM mmigration and Customs of Acquisition Manage ST NW, (b)(6); GTON DC 20536	OVALS Enforcement	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6); (b)(7)(C) Washington DC 20536							
8. NAME ANI	D ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLI	CITATION NO.					
			9B. × 10A	DATED (SEE ITEM 11) . MODIFICATION OF CCCC20000000	013	O.				
CODE		FACILITY CODE	-	DATED (SEE ITEM 13)					
CODE 1	597341510000	11. THIS ITEM ONLY APPLIES TO		7/31/2020	ıs					
reference t	A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	is received prior to the opening hour and uired) DDIFICATION OF CONTRACTS/ORDER PURSUANT TO: (Specify authority) THE	d date spe RS. IT MC	DIFIES THE CONTRAC	T/ORDER NO. AS DES	SCRIBED IN IT	т			
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMENT	T IS ENTERED INTO PURSUANT TO A			ES (such as changes i	n paying office	,			
37	D. OTHER (Specify type of modification		- C + h							
X	FAR 52.217-9 Option			e Contract						
14 DESCRI	NT: Contractor ☑ is not. PTION OF AMENDMENT/MODIFICATION (is required to sign this document an		elicitation/contract cubic	copies to the issuing					
DUNS Nu	·	Organized by OOF Section Readings, in	icidaling se		dhs.gov	ie.)				
ACOR: (b	o)(6); (b)(7)(C)					@ice.dhs	s.gov			
Contrac b)(6); (b)(7)	cting Specialist: (b)(6); (b)(6); (c)	o)(7)(C)		Ema	ail:					
Contrac	ting Officer:(b)(6);(b)(7)(0	;)			@i	ce.dhs.q	don			
Continu	ied									
	ovided herein, all terms and conditions of th AND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A or 10	16A_1); (b)(7)(C)	ONTRACTING OFFIC					
15B. CONTR	RACTOR/OFFEROR	15C. DATE SIGNED		b); (b)(7)(C)	ERICA		16C. DATE SIGNED 07/27/2021			
NSN 7540-0	(Signature of person authorized to sign)		-4		ntracting Officer)	TANDARD FOR	RM 30 (REV. 10-83)			
	tion unusable	2023-IC	LI-0000	06 002519	Pr	escribed by GS R (48 CFR) 53	SA			

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	The purpose of this modification is to Exercise Option Period 1 in order to provide continuing detention and transportation services for the period of performance beginning 08/01/2021 through 07/31/2022 under 70CDCR20D00000013 at the T. Don Hutto Residential Facility.				· · ·
	1. Exercise the following CLINs: 1001: Detention Services 1002: On-Call Stationary Guard Services 1003A: Transportation Labor 1003B: Transportation Mileage 1004: Detainee Work Program				
	2. Integrate Wage Determination 2015-5215 Revision 17 for the Texas Counties of Bastrop, Caldwell, Hays, Travis, & Williamson Period of Performance: 08/01/2020 to 07/31/2030				
	Change Item 1001 to read as follows(amount shown is the obligated amount):				
001	Option Period (OP) 1 - DETENTION SERVICES POP Dates: 08/01/2021 - 07/31/2022				
	(b)(4) (Guaranteed Minimum) - (b)(4) /day (b)(4) Beds - (b)(4) /day Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1002 to read as follows(amount shown is the obligated amount):				
002	OP 1 - ON CALL STATIONARY GUARD SERVICES POP Dates: 08/01/2021 to 07/31/2022				
	REGULAR RATE: (b)(4) / HR OT RATE: (b)(4) / HR				
	NTE: (b)(4) Hours Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1003A to read as follows(amount shown is the obligated amount):				
	Continued				
	L-8067 2023-ICLI-00006 00252	<u> </u>	<u> </u>		

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1003A	OP1 - TRANSPORTATION LABOR	(b)(4)	MO	(b)(4)	
	PoP Dates: 08/01/2021 to 07/31/2022	_			
	Monthly FFP: (b)(4)				
	NTE: (b)(4) miles/year				
	Obligated Amount: (b)(4)				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1003B to read as follows(amount shown is the obligated amount):				
		(b)(4)		(E)(A)	9.22
1003B	OP1 - TRANSPORTATION MILEAGE	(b)(4)	DH	(b)(4)	(b)(4)
	PoP Dates: 08/01/2021 to 07/31/2022				
	Mileage Rate: (b)(4) /mile				
	NTE: (b)(4) miles				
	Obligated Amount: (b)(4)				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1004 to read as follows(amount shown				
	is the obligated amount):				
1004	OP1 - DETAINEE WORK PROGRAM	(b)(4)	EΑ	(b)(4)	(b)(4)
	PoP Dates: 08/01/2021 to 07/31/2022				,
	(b)(4)/Day				
	NTE (b)(4)				
	Obligated Amount: (b)(4)				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	5 7000000000000000000000000000000000000				
	All terms and conditions of 70CDCR20D00000013 shall remain unchanged.				
	onall lemain unonangea.				
			l		

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF F	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5 PF	1 ROJECT NO. ((If applicable)
P00001	See Block 16C	7.1123	ordinate attained the gritter.	0.11	100201110.	п аррпоавто)
6. ISSUED BY CODE	70CDCR	7. ADI	MINISTERED BY (If other than Item 6)	CODI	E ICE/D	CR
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs Office of Acquisition Manage 801 I ST NW, (b)(6); WASHINGTON DC 20536	OVALS Enforcement	Imm: Off: 801	/Detention Complianc igration and Customs ice of Acquisition M I Street NW, (b)(6);(b)(hington DC 20536	Enford anageme	movals cement	<u> </u>
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county State and TIP Code)	l loa	AMENDMENT OF SOLICITATION NO.			
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684	county, class and 211 county	9B	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORI OCDCR 2 0 D 0 0 0 0 0 1 4	DER NO.		
CODE	FACILITY CODE	-	3. DATED (SEE ITEM 13)			
CODE 1597341510000			8/13/2020			
☐ The above numbered solicitation is amended as set for	11. THIS ITEM ONLY APPLIES TO				is not exte	
CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	is received prior to the opening hour and uired) ODIFICATION OF CONTRACTS/ORDER PURSUANT TO: (Specify authority) THE CT/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	RS. IT MO	DDIFIES THE CONTRACT/ORDER NO. ASSESSED FORTH IN ITEM 14 ARE MAD MINISTRATIVE CHANGES (such as che OF FAR 43.103(b).	AS DESCRIB	DED IN ITEM 14	i.
C. THIS SUPPLEMENTAL AGREEMEN' X FAR 52.243-1 Changes D. OTHER (Specify type of modification	- Fixed Price, Alte					
E. IMPORTANT: Contractor is not,	is required to sign this document ar	nd return	1 copies to the	issuing office	ə.	
ACOR: (b)(6); (b)(7)(C) Phone: (832) 256 (b)(6);	.dhs.gov	acluding s	olicitation/contract subject matter where	feasible.)		
Email: (b)(6); (b)(7)(C) @i Contracting Officer: (b)(6); (b)(7)	ce.dhs.gov					
Phone: 202-732 (b)(6); (b)(7)(C						
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A or 10	164	NAME AND TITLE OF CONTRACTING); (b)(7)(C)	OFFICER (T		C) @ICE.DHS.GOV
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B.	UNITED STATES OF AMERICA	_	16C.	DATE SIGNED
(Signature of person authorized to sign)			(Signature of Contracting Officer)	OTANE:	- PD FORM 30	(PE) (10.00)

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00001

PAGE 2 OF 4

NAME OF OFFEROR OR CONTRACTOR

A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
	Email: (b)(6); (b)(7)(C) @ice.dhs.gov		Н		
	There is no requisition associated with this modification.				
	1a. IAW FAR 52.243-1 Alt. I, the purpose of modification P00001 to replace the following four drawings in Attachment 16A - Req C Vol II Appendices-Revised to the new contract:				
	PDF page 3 of 70 CO.0 Cover SHEET/Index of Drawings PDF page 4 of 70 C1.1 Orientation plan PDF page 5 of 70 A1.0 First Floor Building Plan PDF page 7 of 70 A3.0 Floor Plan Support A First Level				
	1b. Additionally, the language in Attachment 16 - Req C Vol II Technical-Revised has been revised to provide consistency with the four new drawings. The following language has changed:				
	PDF page 10 of 94:				
	From: Although CoreCivic staff do not provide medical care to the population, appropriate medical space and furniture is provided for Health Services (IHSC) staff. Currently, CoreCivic provides approximately 9,446 square feet of space for Medical. The proposed Medical expansion includes the addition of 8756 square feet through new construction and 206 square feet through renovation 18,408 square feet of space. Current Health Services areas are furnished with all requirements for daily operation. Areas included in the proposed Medical expansion will be furnished as necessary with items needed for daily operation such as exam tables, spot monitors, AED machines, EKG machines, suction machines, Stryker cot, stretchers, Duramax suicide bed, metal waste containers, oxygen carts, resuscitator, instrument trays, Medical stools, speculas, mattress and restraints for suicide bed and office furniture as necessary. Office furniture will be replaced as necessary due to normal daily wear.				
	To: Although CoreCivic staff do not provide medical care to the population, appropriate medical space and furniture is provided for Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00001

PAGE 3

OF 4

NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Health Services (IHSC) staff. Currently,				
	CoreCivic provides approximately 9,446 square				
	feet of space for Medical. The proposed Medical				
	expansion includes the addition of 5,600 square				
	feet through new construction and 206 square feet				
	through renovation, and 3,156 square feet of				
	repurposed existing Corecivic HR space totaling				
	18,408 square feet of space. Current Health				
	Services areas are furnished with all				
	requirements for daily operation. Areas included				
	in the proposed Medical expansion will be				
	furnished as necessary with items needed for				
	daily operation such as exam tables, spot	1			
	monitors, AED machines, EKG machines, suction				
	machines, Stryker cot, stretchers, Duramax				
	suicide bed, metal waste containers, oxygen carts, resuscitator, instrument trays, Medical				
	stools, speculas, mattress and restraints for				
	suicide bed and office furniture as necessary.				
	Office furniture will be replaced as necessary				
	due to normal daily wear				
	PDF page 48 of 94:				
	From: • Medical expansion and renovations- As the				
	PWS requires additional Medical and Mental Health		l		
	Spaces that the facility does not currently have,				
	CoreCivic is proposing to expand the current				
	Medical space by approximately 8,700 square feet				
	through new construction and approximately 200				
	square feet by renovation. The expansion will				
	include the below listed spaces:				
	To: • Medical expansion and renovations- As the				
	PWS requires additional Medical and Mental Health	l	l		
	Spaces that the facility does not currently have,				
	CoreCivic is proposing to expand the current				
	Medical space by approximately 5,600 square feet				
	through new construction and approximately 200				
	square feet by renovation. The new behavioral				
	health /mental health requirements in the PWS				
	will be housed in existing space currently				
	occupied by Corecivic HR department. This added				
	3,156 sf of space will be renovated to meet the				
	PWS requirements. The expansion and renovations will include the below listed spaces:				
	2. The modification to the Houston CDF shall be				
	done at no additional cost to the Government. Period of Performance: 08/18/2020 to 08/17/2021				
	Continued				
	osnernaed				
	2023-ICLI-00006 002524				

CONTINUIATION CUEFT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	70CDCR20D0000014/P00001	4	4

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B) All terms and conditions of 70CDCR20D00000014	(C) (D)	(E)	(F)
	shall remain the same.			
	Shall lemain the same.			
		1 1		

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CO	ONTRACT		CONTRACT ID CODE	P	AGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4 RI	EQUISITION/PURCHASE REQ. NO.	5 PPO	1 4 ECT NO. (If applicable)
P00002	See Bloo		4. 131	EQUISITION FORCINGE REQ. NO.	3. FRO.	ECT NO. (II applicable)
6. ISSUED BY CODE	70CDCR	CK 10C	7. A	DMINISTERED BY (If other than Item 6)	CODE	ICE/DCR
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs Office of Acquisition Manage 801 I ST NW, (b)(6): WASHINGTON DC 20536	OVALS Enforce	ment	Im Of 80	E/Detention Compliance & migration and Customs Englice of Acquisition Manage 1 I Street NW, (b)(6); (b)(7)(C) shington DC 20536	force	vals ment
8. NAME AND ADDRESS OF CONTRACTOR (No., street.	county. State and	ZIP Code)	!	9A. AMENDMENT OF SOLICITATION NO.		
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (6)(6); BRENTWOOD TN 370277684	ooding, data and	, and the second	(X)	OB. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO 7 OCDCR 2 0 D 0 0 0 0 0 1 4	D.	
CODE 1597341510000	FACILITY COL	DF.		0B. DATED (SEE ITEM 13) 08/13/2020		
1597341510000				DMENTS OF SOLICITATIONS		
CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	r already submit is received prior uired) ODIFICATION O PURSUANT TO:	ted , such change may be to the opening hour and of the opening hour and of the contracts/orders (Specify authority) THE	date :	le by telegram or letter, provided each telegram or	CRIBED	IN ITEM 14.
D. OTHER (Specify type of modification X FAR 52.52.217-9 "Opt	and authority)					
E. IMPORTANT: Contractor X is not.		o sign this document and			office	
ACOR: (b)(6); (b)(7)(C) Phone: (832) 256 (b)(6);	.dhs.gov		luding	g solicitation/contract subject matter where feasibi	le.)	
Contracting Officer: (b)(6); (b)(7)(Phone: 202-913 (b)(6); (b)(7)(C) Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)			16/ (b	heretofore changed, remains unchanged and in fu A. NAME AND TITLE OF CONTRACTING OFFICE 0)(6); (b)(7)(C) EL: EMAI	ER (Type	8); (b)(7)(C) Pice.dhs.gov
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	168	B. UNITED STATES OF AMERICA		16C. DATE SIGNED
(Signature of person authorized to sign)			_	(Signature of Contracting Officer)		

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00002

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
•	Email: (b)(6); (b)(7)(C) Pice.dhs.gov			,,,,	V = 1
	There is no requisition associated with this modification.				
	The purpose of modification P00002 is to:				
	1. Exercise Option CLINS 1001, 1002, 1003A, 0103B, 1003C, 1004.				
	2. Incorporate an updated wage determination 2015-5233 Rev. 18 Dated 21 Jul 21.				
	The total value of the IDIQ remains unchanged at (b)(4) Period of Performance: 08/18/2021 to 08/17/2022				
	reflod of reflormance: 00/10/2021 to 00/17/2022				
	Change Item 1001 to read as follows(amount shown is the obligated amount):				
.001	Option Period (OP) 1: Detention Services PoP: 08/18/2021 - 08/17/2022				
	Tier 1 (1-750) - (b)(4) Tier 2 (751-900) Tier 3 (901 - 1,000) - (b)(4)				
	Guaranteed Minimum is (b)(4) Beds Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1002 to read as follows(amount shown is the obligated amount):				
002	OP 1: On-Call Stationary Guard Services PoP: 08/18/2021 - 08/17/2022				
	Regular Rate: (b)(4) Overtime Rate:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1003a to read as follows(amount shown Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR20D0000014/P00002

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	is the obligated amount):				
1003a	OP1: Transportation Services - Labor PoP: 08/18/2021 - 08/17/2022	(b)(4)	MO	(b)(4)	
	Fixed Price: (b)(4) /month				
	FFP monthly price up to (b)(4) miles/year				
	Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1003b to read as follows(amount shown is the obligated amount):				
1003b	OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 1003c rate. Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1003c to read as follows(amount shown is the obligated amount):				
1003c	OP 1: Transportation Services - Mileage Rate above (b)(4) miles POP: 08/18/2021 - 08/17/2022	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Continued				

PAGE

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OF

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00002
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 OF 4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1004 to read as follows(amount shown is the obligated amount):				
	To the obligated amount).		_	(E.V.4)	
004	OP 1: Detainee Work Program	(b)(4)	EΑ	(b)(4)	(b)(4)
	PoP: 08/18/2021 - 08/17/2022		1		
	(b)(4 Day				
	NTE: (b)(4) Obligated Amount: (b)(4)				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	All terms and conditions of 70CDCR20D00000014 shall remain the same.				
	Shall Temain the Same.				
			11		
		1			
			11		
		-			
		-			
		1			

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF C	ONTRACT		CONTRACT ID CODE	P	AGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4 DE	EQUISITION/PURCHASE REQ. NO.	E PPO	1 5 JECT NO. (If applicable)			
			4. Kt	EQUISITION/PURCHASE REQ. NO.	5. PRO.	JECT NO. (If applicable)			
P00003 6. ISSUED BY CODE	See Bloo	CK 16C	7. A	DMINISTERED BY (If other than Item 6)	CODE	ICE/DCR			
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs Office of Acquisition Manage 801 I ST NW, (b)(6); WASHINGTON DC 20536	ment	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6); (b)(7)(C) Washington DC 20536							
8. NAME AND ADDRESS OF CONTRACTOR (No., street.	county. State and	ZIP Code)	, , , , ,	A. AMENDMENT OF SOLICITATION NO.					
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		,	(X) 9	OB. DATED (SEE ITEM 11) OA. MODIFICATION OF CONTRACT/ORDER NO 7 OCDCR 2 0 D 0 0 0 0 0 1 4 OB. DATED (SEE ITEM 13)	D.				
CODE 1597341510000	FACILITY COL	DE .		08/13/2020					
159/341510000				DMENTS OF SOLICITATIONS					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED PORDER NO. IN ITEM 10A.	S received prior prired) DDIFICATION OF PURSUANT TO: ET/ORDER IS M	F CONTRACTS/ORDERS (Specify authority) THE (ODIFIED TO REFLECT T JRSUANT TO THE AUTH	CHAM	MODIFIES THE CONTRACT/ORDER NO. AS DESIGNED BY A SET FORTH IN ITEM 14 ARE MADE IN THE DMINISTRATIVE CHANGES (such as changes in Y OF FAR 43.103(b).	SCRIBED	IN ITEM 14.			
D. OTHER (Specify type of modification	and authority)								
E. IMPORTANT: Contractor Sis not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 159734151 COR: (b)(6); (b)(7)(C) Phone: (832) 571 (b)(6); Email: (b)(6); (b)(7)(C)		o sign this document and CF section headings, incl							
ACOR: (b)(6); (b)(7)(C) Phone: (832) 256 (b)(6); Email: (b)(6); (b)(7)(C)	ce.dhs.g	ov							
Contracting Officer: (b)(6); (b)(7)(Phone: 202-913 (b)(6); Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)		erenced in Item 9 A or 10A	16/ (b)	neretofore changed, remains unchanged and in fu	ER (Type				
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	-	B. UNITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to sign)			_	(Signature of Contracting Officer)					

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00003

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OF 5

NAME OF OFFEROR OR CONTRACTOR

SUPPLIES/SERVICES (B)	QUANTITY (C)	1 1	UNIT PRICE (E)	AMOUNT (F)
Email: (b)(6); (b)(7)(C) Gice.dhs.gov There is no requisition associated with this modification. The purpose of modification P00003 is to: 1. Update the language on mileage CLINs 1003b, 2003b, 3003b, 4003b, 5003b, 6003b, 7003b, 8003b, and 9003b				
The total value of the IDIQ remains unchanged at (b)(4) Period of Performance: 08/18/2021 to 08/17/2022				
is the obligated amount): OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022	(b)(4)	DH	(b)(4)	(b)(4)
Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 1003c rate. Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
Change Item 2003b to read as follows (amount shown is the obligated amount): OP 2: Transportation Services - Mileage Rate	(b)(4)	DH	(b)(4)	(b)(4)
PoP: 08/18/2022 - 08/17/2023 Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 2003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 3003b to read as follows (amount shown Continued				
	Email: DN(6) (DN(7)(C) Bice.dhs.gov There is no requisition associated with this modification. The purpose of modification P00003 is to: 1. Update the language on mileage CLINs 1003b, 2003b, 3003b, 4003b, 5003b, 6003b, 7003b, 8003b, and 9003b. The total value of the IDIQ remains unchanged at DN(4) Period of Performance: 08/18/2021 to 08/17/2022 Change Item 1003b to read as follows(amount shown is the obligated amount): OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022 Mileage Rate: DN(4) miles monthly. All miles in excess of DN(4) per month will be billed at the 1003c rate. Obligated Amount: DN(4) Product/Service Code: \$206 Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2003b to read as follows(amount shown is the obligated amount): OP 2: Transportation Services - Mileage Rate PoP: 08/18/2022 - 08/17/2023 Mileage Rate: DN(4) miles monthly. All miles in excess of DN(4) miles monthly. All miles in excess of DN(4) miles monthly. All miles in excess of DN(4) per month will be billed at the 2003c rate. Amount: DN(4) Option Line Item) Product/Service Code: \$206 Product/S	Email: (b)(6)(b)(7)(C) Sice.dhs.gov There is no requisition associated with this modification. The purpose of modification P00003 is to: 1. Update the language on mileage CLINs 1003b, 2003b, 3003b, 4003b, 5003b, 6003b, 7003b, 8003b, and 9003b. The total value of the IDIQ remains unchanged at (b)(4) Period of Performance: 08/18/2021 to 08/17/2022 Change Item 1003b to read as follows (amount shown is the obligated amount): OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022 Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 1003c rate. Obligated Amount: (b)(4) Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2003b to read as follows (amount shown is the obligated amount): OP 2: Transportation Services - Mileage Rate PoP: 08/18/2022 - 08/17/2023 Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles monthly. All miles in excess of (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 2003c rate. Amount: (b)(4) miles monthly. All miles in excess of (c)(4) per month will be billed at the 2003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 3003b to read as follows (amount shown	Email: (b)(6)(b)(7)(C)	Email: [D)(6), (D)(7)(C)

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00003

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(**/	is the obligated amount):	1 (3)	(2)	(1)	(1)
3003b	OP 3: Transportation Services - Mileage Rate PoP: 08/18/2023 - 08/17/2024	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 3003c rate.				
	Amount:(b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 4003b to read as follows(amount shown is the obligated amount):				
4003b	OP 4: Transportation Services - Mileage Rate PoP: 08/18/2024 - 08/17/2025	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 4003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 5003b to read as follows(amount shown is the obligated amount):				
5003b	OP 5: Transportation Services - Mileage Rate PoP: 08/18/2025 - 08/17/2026	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 5003c rate.				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued				
	2-8067 2023-ICLI-00006 00253.				

 CONTINUATION SHEET
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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
5003b	Change Item 6003b to read as follows(amount shown is the obligated amount): OP 6: Transportation Services - Mileage Rate PoP: 08/18/2026 - 08/17/2027	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 6003c rate.				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 7003b to read as follows(amount shown is the obligated amount):				
003b	OP 7: Transportation Services - Mileage Rate PoP: 08/18/2027 - 08/17/2028	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be billed at the 7003c rate.				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 8003b to read as follows(amount shown is the obligated amount):				
003b	OP 8: Transportation Services - Mileage Rate PoP: 08/18/2028 - 08/17/2029	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess of (b)(4) per month will be Continued				
	1 2023_ICLL00006_00253	I	1	<u> </u>	

CONTINUESTICAL CUEST	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	70CDCR20D0000014/P00003	5	5	5

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT
(A)	(B) billed at the 8003c rate.	(0)	(D)	(E)	(F)
	Amount: (b)(4) (Option Line Item)				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Channel Theory 0002h has seed as fall associated above.				
	Change Item 9003b to read as follows (amount shown is the obligated amount):				
	is the obligated amount).				
9003b	OP 9: Transportation Services - Mileage Rate	(b)(4)	DH	(b)(4)	(b)(4)
	PoP: 08/18/2029 - 08/17/2030				
	[AVA]				
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year.				
	CoreCivic may bill for (b)(4) miles monthly. All				
	miles in excess during this period of performance				
	will be billed at the 9003c rate.				
	Amount: (b)(4) (Option Line Item)				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	All terms and conditions of 70CDCR20D00000014				
	shall remain the same.				
			ĺ		

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	P.	PAGE OF PAGES					
						1 14					
AMENDMENT/MODIFICATION NO. 3. EFFEC				EQUISITION/PURCHASE REQ. NO.		ECT NO. (If applicable)					
P00004 6. ISSUED BY CODE	See Block 16C			DMINISTERED BY (If other than Item 6)	an Item 6) CODE T.C.F./D.C.P.						
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536				7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6); (b)(7)(C) Washington DC 20536							
A NAME AND ADDRESS OF CONTRACTOR (II.				AMENDMENT OF COLICITATION NO							
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684				9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER NO. 7 0 CDCR 2 0 D 0 0 0 0 0 1 4							
CODE 1597341510000	FACILITY COL	DE .		0B. DATED (SEE ITEM 13) 08/13/2020							
1597341510000				DMENTS OF SOLICITATIONS							
CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	to the opening hour and of the opening hour and of the contracts/orders (Specify authority) THE of	S. IT	MODIFIES THE CONTRACT/ORDER NO. AS DES	SCRIBED	IN ITEM 14.						
C. THIS SUPPLEMENTAL AGREEMENT	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority)										
X IAW FAR 52.222-43 "Fair L	abor Stand	lards Act and Se	rvi	ce Contract Labor Standards - E	rice	Adjustment"					
E. IMPORTANT: Contractor ☐ is not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 159734151 COR: (b)(6); (b)(7)(C) Phone: (832) 571-(b)(6); Email: (b)(6); (b)(7)(C) @ice		o sign this document and CF section headings, incl									
	ce.dhs.g	ov									
Contracting Officer: (b)(6); (b)(7)(Phone: (202) 913-(b)(6); Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	_	erenced in Item 9 A or 10A	16/ (b)(A. NAME AND TITLE OF CONTRACTING OFFIC (6); (b)(7)(C)	ER (Type						
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	-	B. UNITED STATES OF AMERICA		16C. DATE SIGNED					
(Signature of person authorized to sign)				(Signature of Contracting Officer)							

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OF

NAME OF OFFEROR OR CONTRACTOR

EM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
Δ,	Email: (b)(6); (b)(7)(C) @ice.dhs.gov	(0)	(D)	(1)	(1)
	Zind I I K // K / / / Clost dilot got				
	There is no requisition associated with this				
	modification.				
	The purpose of this modification is to:				
	1.Add the following classification and rates to				
	the order in accordance with the approved				
	conformance request:				
		İ			
	Classification Wage Rate				
	Chaplain (b)(4)				
	Classification Coordinator				
	Classification Officer Quality Assurance Coordinator				
	Recreation Supervisor				
	Manager, Learning and Development				
	Safety Manager				
	Assistant Shift Supervisor				
	Master Scheduler				
	2. IAW FAR 52.222-43 and the approved Request for				
	Equitable Adjustment (REA) submitted by Core Civic on 15 Sep 21, establish new rates for				
	Houston CDF.				
		20			
	Core Civic will submit one invoice for				
	(b)(4) . This invoice will be retroactive pay				
	covering from 18 Aug 21 to 31 Oct 21.				
	3. Implement Executive Order 14042, Ensuring				
	Adequate COVID Safety Protocols for Federal				
	Contractors, by adding FAR Clause 52.223-99				
	Ensuring Adequate COVID-19 Safety Protocols for				
	Federal Contractors. (OCT 2021) (DEVIATION).				
	Please reference attachment 1. This requirement				
	shall be applicable to all subcontractors/				
	teaming partners, if any, and all active and				
	future orders.				
	4. Add the following additional language related				
	to Executive Order 14042.	8			
	"CoreCivic reserves the right to seek				
	adjustments in the schedule or price of this				
	contract as a result of this change for any and				
	all impacts to CoreCivic and/or its suppliers and				
	subcontractors, including, but not limited to, adjustments for impacts to CoreCivic and its				
	Continued				
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	suppliers/subcontractors resulting from the following:				
	(1) updates or amendments to applicable guidance (including Frequently Asked Questions) published by the Safer Federal Workforce Task Force after 24 September 2021; and (2) the requirement to include the substance of FAR 52.223-99 Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. (OCT 2021) (DEVIATION)				
	Any requests for equitable adjustment must be submitted to the Government within 120 days of the compliance date or within 30 days of the compliance date for an update to the guidance referenced in (1) and (2) above." Period of Performance: 08/18/2021 to 08/17/2022				
	Change Item 1001 to read as follows(amount shown is the obligated amount):				
1001	Option Period (OP) 1: Detention Services PoP: 08/18/2021 - 08/17/2022				
	As a result of the approved REA and WD the Tier 1 rates are increased				
	Tier 1 (b)(4) - From: (b)(4) By: To:				
	Tier 2 (b)(4) Tier 3				
	Guaranteed Minimum is(b)(4) Obligated Amount:(b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 1002 to read as follows(amount shown is the obligated amount):				
1002	OP 1: On-Call Stationary Guard Services PoP: 08/18/2021 - 08/17/2022				
	As a result of the approved REA and WD the rates are increased				
	Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00004

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) Regular Rate: From: (b)(4) By: To: Overtime Rate: From: (b)(4) By: To: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE):(b)(4) Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 1003a to read as follows (amount shown is the obligated amount): (b)(4)(b)(4) 1003a OP1: Transportation Services - Labor ΜO PoP: 08/18/2021 - 08/17/2022 As a result of the approved REA and WD the rates are increased Fixed Price: From: (b)(4) month By: To: month FFP monthly price up to (b)(4) miles/year Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2001 to read as follows (amount shown is the obligated amount): (b)(4) 2001 OP 2: Detention Services PoP: 08/18/2022 - 08/17/2023 As a result of Mod 4 Tier 1 is increased to Tier 1 (b)(4) Tier 2 (b)(4) Tier 3 Guaranteed Minimum is(b)(4) Beds Amount: (b)(4) Option Line Item) Continued ...

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 2002 to read as follows(amount shown is the obligated amount):				
2002	OP 2: On-Call Stationary Guard Services PoP: 08/18/2022 - 08/17/2023				(b)(4)
	As a result of Mod 4				
	Regular Rate: From: (b)(4) By: To:				
	Overtime Rate: From: (b)(4) By: To: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2003a	Change Item 2003a to read as follows(amount shown is the obligated amount): OP 2: Transportation Services - Labor PoP: 08/18/2022 - 08/17/2023	(b)(4)	MO	(b)(4)	(b)(4)
	As a result of Mod 4				
	Fixed Price: (b)(4) /month FFP monthly price up to (b)(4) miles/year				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 3001 to read as follows(amount shown is the obligated amount):				
3001	OP 3: Detention Services PoP: 08/18/2023 - 08/17/2024				(b)(4)
	As a result of Mod 4 Tier 1 is increased Continued				

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Tier 1 (b)(4) Tier 2 (b)(4) Tier 3 Guaranteed Minimum is(b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3002	Change Item 3002 to read as follows(amount shown is the obligated amount): OP 3: On-Call Stationary Guard Services PoP: 08/18/2023 - 08/17/2024				(b)(4)
	As a result of Mod 4 Regular Rate: From: (b)(4) By: To: Overtime Rate: From: (b)(4) By: To: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours				
3003a	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 3003a to read as follows (amount shown is the obligated amount): OP 3: Transportation Services - Labor PoP: 08/18/2023 - 08/17/2024	(b)(4)	MO	(b)(4)	(b)(4)
	As a result of Mod 4 Fixed Price: (b)(4) /month FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued				

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 4001 to read as follows(amount shown is the obligated amount):				
4001	OP 4: Detention Services PoP: 08/18/2024 - 08/17/2025				(b)(4)
	As a result of Mod 4 Tier 1 is increased				
	Tier 1 (b)(4)				
	Tier 2 (b)(4) Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 4002 to read as follows(amount shown is the obligated amount):				
4002	OP 4: On-Call Stationary Guard Services PoP: 08/18/2024 - 08/17/2025				(b)(4)
	As a result of Mod 4				
	Regular Rate: From: (b)(4) By: To:				
	Overtime Rate: From: (b)(4) By: To:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 4003a to read as follows(amount shown is the obligated amount):				
4003a	OP 4: Transportation Services - Labor PoP: 08/18/2024 - 08/17/2025	(b)(4	МО	(b)(4)	(b)(4)
	As a result of Mod 4				
	Continued				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Fixed Price: (b)(4) /month FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 5001 to read as follows(amount shown is the obligated amount):				(b)(4)
5001	OP 5: Detention Services PoP: 08/18/2025 - 08/17/2026				(0)(4)
	As a result of Mod 4 Tier 1 (b)(4)				
	Tier 2 (b)(4) Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 5002 to read as follows(amount shown is the obligated amount):				
5002	OP 5: On-Call Stationary Guard Services PoP: 08/18/2025 - 08/17/2026				(b)(4)
	As a result of Mod 4				
	Regular Rate: From: (b)(4) By: To:				
	Overtime Rate: From: (b)(4) By: To:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Continued				
	2023-ICL-00006 0025				

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
5003a	Change Item 5003a to read as follows(amount shown is the obligated amount): OP 5: Transportation Services - Labor	(b)(4)	MO	(b)(4)	(b)(4)
	PoP: 08/18/2025 - 08/17/2026 As a result of Mod 4				
	Fixed Price: (b)(4) month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 6001 to read as follows(amount shown is the obligated amount):				
6001	OP 6: Detention Services PoP: 08/18/2026 - 08/17/2027				(b)(4)
	As a result of Mod 4 Tier 1 is increased				
	Tier 1 (b)(4)				
	Tier 2 (b)(4) Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 6002 to read as follows(amount shown is the obligated amount):				
6002	OP 6: On-Call Stationary Guard Services PoP: 08/18/2026 - 08/17/2027				(b)(4)
	As a result of Mod 4				
	Regular Rate: From: (b)(4) By: To:				
	Overtime Rate: From: (b)(4) By: To:				
	Continued				
NSN 7540-01-152	2023-ICLI-00006 00254:				

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OF

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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 6003a to read as follows(amount shown is the obligated amount):				
6003a	OP 6: Transportation Services - Labor PoP: 08/18/2026 - 08/17/2027	(b)(4)	МО	(b)(4)	(b)(4)
	As a result of Mod 4				
	Fixed Price: (b)(4) /month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 7001 to read as follows(amount shown is the obligated amount):				
7001	OP 7: Detention Services PoP: 08/18/2027 - 08/17/2028				(b)(4)
	As a result of Mod 4 Tier 1 is increased				
	Tier 1 (b)(4)				
	Tier 2 (b)(4) Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 7002 to read as follows(amount shown is the obligated amount):				
7002	OP 7: On-Call Stationary Guard Services PoP: 08/18/2027 - 08/17/2028				(b)(4)
	As result of Mod 4 Continued				
SN 7540-01-15	L2-8067 2023-ICLI-00006 00254	<u> </u>	1	l	OPTIONAL FORM 336 (4-86)

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(A)	Regular Rate: From: (b)(4) By: To: Overtime Rate: From: (b)(4) By: To: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206	(C)		(E)	(1)
7003a	Product/Service Description: HOUSEKEEPING- GUARD Change Item 7003a to read as follows(amount shown is the obligated amount): OP 7: Transportation Services - Labor PoP: 08/18/2027 - 08/17/2028	(b)(4)	МО	(b)(4)	(b)(4)
	As a result of Mod 4 Fixed Price: (b)(4) /month FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
8001	Change Item 8001 to read as follows(amount shown is the obligated amount): OP 8: Detention Services PoP: 08/18/2028 - 08/17/2029 As a result of Mod 4 Tier 1 is increased				(b)(4)
	Tier 1 (b)(4) Tier 2 (b)(4) Tier 3 Guaranteed Minimum is(b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Change Item 8002 to read as follows(amount shown is the obligated amount):				
8002	OP 8: On-Call Stationary Guard Services PoP: 08/18/2028 - 08/17/2029				(b)(4)
	As result of Mod 4				
	Regular Rate: From: (b)(4) By: To:				
	Overtime Rate: From: (b)(4) By: To:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 8003a to read as follows(amount shown is the obligated amount):				
3003a	OP 8: Transportation Services - Labor PoP: 08/18/2028 - 08/17/2029	(b)(4)	MO	(b)(4)	(b)(4)
	Fixed Price: (b)(4) /month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 9001 to read as follows(amount shown is the obligated amount):				
001	OP 9: Detention Services PoP: 08/18/2029 - 08/17/2030				(b)(4)
	As a result of Mod 4 Tier 1 is increased				
	Tier 1 (b)(4)				
	Tier 2 (b)(4) Tier 3 Continued				
	2023-ICLI-00006 00254				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				,-,
	Change Item 9002 to read as follows(amount shown is the obligated amount):				Volva
9002	OP 9: On-Call Stationary Guard Services PoP: 08/18/20289 - 08/17/2030				(b)(4)
	As result of Mod 4				
	Regular Rate: From: (b)(4) By: To:				
	Overtime Rate: From: (b)(4) By: To:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 9003a to read as follows(amount shown is the obligated amount):	(6)(4)			(A)(A)
9003a	OP 9: Transportation Services - Labor PoP: 08/18/2029 - 08/17/2030	(b)(4)	MO	(b)(4)	(b)(4)
	As a result of Mod 4	2 2			
	Fixed Price: (b)(4) /month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	All terms and conditions of 70CDCR20D00000014 shall remain the same.				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS				REQUISITION NUMBER PAGE C						
2. CONTRACT NO.		3. AWARD/	24, & 30 4. ORDER NUMBER				5. SOLICITATION NUMBER	1 1	79	6. SOLICITATION
2. CONTRACT NO. 7 0 CDCR 2 0 D 0 0 0		EFFECTIVE DAT 08/18/20	E							ISSUE DATE
 FOR SOLICIT INFORMATION 	0.37	AME 6); (b)(7)(C)	7		b. TELEPHONE 202-732	(b)(6):		8. OFFER DU	JE DATE	LOCAL TIME
9. ISSUED BY		CODE	ICE/DCR	10. THIS ACQ	UISITION IS	X UN		SET ASIDE:		% FOR:
ICE/Detention Immigration a Office of Acc 801 I Street, WASHINGTON DO	and Customs E quisition Mar , NW <mark>(b)(6);(b)(7)(</mark> (Enforcement nagement		VETERA	E SMALL	(WOS	IEN-OWNED SMALL BUSIN SB) ELIGIBLE UNDER THE V I RUSINESS PROGRAM OSB	WOMEN-OWNEI		61612 DARD: (b)(4)
11. DELIVERY FOR FOB D				130 THI	S CONTRACT IS	Α.	13b. RATING			
MARKED SEE SCHEDULE		Net 30		RAT	ED ORDER UNI S (15 CFR 700)		14. METHOD OF SOLIC		RFP	
15. DELIVER TO		CODE		16. ADMINIST	ERED BY			CODE IC	E/DO	CR
				Immigr Office 801 I	ation as of Acq	nd Cu uisit NW (b	liance & Rem stoms Enforc ion Manageme)(6);(b)(7)(C)	ement		
17a. CONTRACTOR/ OFFEROR	CODE 1597341	1510000 FACILITY		18a. PAYMEN	T WILL BE MAD	E BY		CODE (b)((7)(E)	
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6): BRENTWOOD TN 370277684 DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: (b)(7)(E) Williston VT 05495-1620										
TELEPHONE NO.	NCE IS DIFFERENT AND PI	UT SUCH ADDRESS IN OFFE	R				HOWN IN BLOCK 18a UNLE	ESS BLOCK BE	LOW	
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/S	-EDW0-F0	IS CHEC	21. QUANTITY	SEE ADDE	23. UNIT PRICE		24. AMOU	
COR: Phone Emai COR: Phone Emai Cont.	(b)(6); (b)(7)(C) e: (832) 571 1: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) e: (832) 256 1: (b)(6); (b)(7)(C) racting Office: 202-732 (b)	(b)(6); cer: (b)(6); (b)(7)(C								
25. ACCOUNTING AND	APPROPRIATION DATA		-			2	6. TOTAL AWARD AMOU			nly)
See schedule	NCORPORATES BY REF	FERENCE FAR 52.212-1,	52.212-4. FAR 52.212-3	AND 52.212-5	ARE ATTACH	ED. AD	\$490,78 DENDA	•		NOT ATTACHED.
X 27b. CONTRACT/PUR X 28. CONTRACTOR IS COPIES TO ISSUING ALL ITEMS SET FOR SHEETS SUBJECT TO 30a. SIGNATURE OF OFFER	REQUIRED TO SIGN TO OFFICE. CONTRACTO THE OR OTHERWISE IDE OF THE TERMS AND COROR/CONTRACTOR	RPORATES BY REFEREN HIS DOCUMENT AND RE DR AGREES TO FURNISH ENTIFIED ABOVE AND ON NOTIONS SPECIFIED. Cartnership Contract	CE FAR 52.212-4. FAR 52 TURN 1 AND DELIVER N ANY ADDITIONAL	.212-5 IS ATT	29. AWARD O DATED O INCLUDING A HEREIN, IS A	ADDEND DF CONTI 17 / 24 / ANY ADDI ACCEPTE MERICA (S	AC 700F	X ARE [OCR20R00 ER ON SOLICI WHICH ARE S	ARE	NOT ATTACHED. OFFER (BLOCK 5),
30b. NAME A (b)(6); (b)	(7)(C)	"	8/13/2020			CTING O	FFICER (Type or print)			TE SIGNED
T			0,10,2020	(b)(6); (b)	(7)(C)		OTAND 1	D FORM 1110		3/2020
PREVIOUS EDITION IS N	NOT USABLE		2023-ICLI-0	0006 0025	48			D FORM 1449 d by GSA - FA		,

19. ITEM NO.		20. SCHEDULE OF SUPPLIES	S/SERVICE	ES .		21. QUANTITY	22. UNIT	23. UNIT PR	RICE	24. AMOUNT
	Email: (b)(6)	(b)(7)(C) @ice.d	lhs.gc	DV						
	7000000000	0000014	1 61	611	2020					
		0000014 is a hybri labor-hour (LH) In		-						
		-Quantity (IDIQ) t		_						
comprehensive Detention and Transportation										
		t Houston Contract		1.00	tv					
		ted in Houston, TX			-1					
	shall house	e detainees and pr	ovide	e the necessa	ry					
	physical st	tructure, equipmen	t, an	nd facilities	on					
	a 24 hours	a day, 7 days per	week	k, 365 day						
	per-year ba	asis.								
The Contractor shall provide services in										
		with the PWS, PWS			eir					
	submitted p	proposal in respon	se to	RFP						
	70CDCR20R0	000001, Requiremen	t C.	Given that t	he					
	bed day rat	te has increased i	n the	e base period	l as					
	a result o	f the Contractor's	faci	ility renovat	ions					
costs, these facility renovation costs shall not										
		d in building depr								
	_	ure year cost work			.0					
	any agency	of the Federal Go	vernn	ment.						
	All service	es shall be furnis	hed i	in compliance	<u> </u>					
	with the fo	ollowing regulatio	ns/pc	olicies/stand	lards:					
		rmance Based Natio								
		(PBNDS 2011) as re	vised	d in DEC 2016)					
32a QUANTITY	Continued YIN COLUMN 21 HAS									
RECEIV			D, AND CO	ONFORMS TO THE COM	NTRACT, E	XCEPT AS	NOTE	D:		
32b. SIGNATUR	RE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E	32c. DATE	32d. PRIN	ITED NAME	AND 1	TITLE OF AUTH	ORIZED G	OVERNMENT REPRESENTATIVE
32e. MAILING A	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESEN	NTATIVE		32f. TELE	PHONE NUI	MBER	OF AUTHORIZ	ED GOVER	RNMENT REPRESENTATIVE
					32g. E-MA	AIL OF AUTH	IORIZI	ED GOVERNME	NT REPRI	ESENTATIVE
33. SHIP NUME	BER	34. VOUCHER NUMBER	35. AMO	UNT VERIFIED CT FOR	36. PAYM	ENT				37. CHECK NUMBER
PARTIAL	FINAL	-			COV	MPLETE		PARTIAL	FINAL	
38. S/R ACCOL		39. S/R VOUCHER NUMBER	40. PAID	BY						1
	THIS ACCOUNT IS C	CORRECT AND PROPER FOR PAY		41c. DATE	42a. RE	ECEIVED BY	(Prin	t)		
5.5/4/101		2/			42b. RI	42b. RECEIVED AT (Location)				
					42c. DA	TE REC'D (YY/MI	M/DD)	42d. TOTA	AL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR
CORECIVIC INC

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	- Prison Rape Elimination Act (PREA) standards for DHS detention facilities - American Correctional Association (ACA) Standards				
	All IDIQ terms and conditions flow down to any Task Orders placed against the contract.				
	Scope of work changes must be submitted in writing and approved by a warranted ICE Contracting Officer. Any work conducted outside the scope of the terms of this contract will be at the contractor's own risk.				
	The annual escalation included in the applicable CLINs below covers non Service Contract Act of 1965 costs. If a DoL Wage Determination or CBA incorporation results in an increase to service employee wages, the vendor must submit an SCA request for equitable adjustment and provide sufficient documentation to the CO's satisfaction in accordance with FAR 52.222-41 (Service Contract Labor Standards) and FAR 52.222-43 (Fair Labor Standards Act and Service Contract Labor Standards - Price Adjustment).				
	The Contractor shall not be entitled to a guaranteed minimum on any CLIN for any day unless the Contractor has made the number of beds that constitute that guaranteed minimum available to ICE.				
	All ordering of services under this IDIQ and funding for such orders will be provided on subsequent task orders.				
	Pursuant to FAR 52.216-22(b), the maximum amount of services the Contractor shall furnish under this IDIQ is (b)(4) and the minimum amount of services the Government shall order under this IDIQ is (b)(4) Period of Performance: 08/18/2020 to 08/17/2021				
001	Base Period: Detention Services PoP: 08/18/2020 - 08/17/2021				
	Tier 1 (b)(4) Continued				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	Tier 2 (b)(4) Tier 3 Guaranteed Minimum is (b)(4) Beds Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0002	Base Period: On-Call Stationary Guard Services PoP: 08/18/2020 - 08/17/2021 Regular Rate: (b)(4) Overtime Rate: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE):(b)(4) hours Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0003a	Base Period: Transportation Services - Labor PoP: 08/18/2020 - 08/17/2021 Fixed Price: (b)(4) /month FFP monthly price up to (b)(4) miles/year Obligated Amount: (b)(4) /month Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4	MO	(b)(4)	
0003b	Base Period: Transportation Services - Mileage Rate PoP: 08/18/2020 - 08/17/2021 Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 0003c rate. Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued	(b)(4)	DH	(b)(4)	(b)(4)

70CDCR20D00000014 79 NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) (b)(4)(b)(4)0003c Base Period: Transportation Services - Mileage DH Rate above (b)(4) miles PoP: 08/18/2020 - 08/17/2021 Mileage Rate: (b)(4) There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4) (b)(4)0004 Base Period: Detainee Work Program (b)(4)EΑ PoP: 08/18/2020 - 08/17/2021 (b)(4 _{Day} NTE: (b)(4) Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD 1001 Option Period (OP) 1: Detention Services (b)(4)PoP: 08/18/2021 - 08/17/2022 Tier 1 (b)(4)Tier 2 Tier 3 Guaranteed Minimum is(b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4) 1002 OP 1: On-Call Stationary Guard Services PoP: 08/18/2021 - 08/17/2022 Regular Rate: (b)(4) Overtime Rate: Continued ...

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1003a	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD OP1: Transportation Services - Labor PoP: 08/18/2021 - 08/17/2022	(b)(4)	MO	(b)(4)	(b)(4)
	Fixed Price: (b)(4) / month FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item)				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
1003b	OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 1003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				(AVA)
1003c	OP 1: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2021 - 08/17/2022 Mileage Rate: (b)(4) There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Continued	(b)(4)	DH	(b)(4)	(b)(4)

79 NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Product/Service Description: HOUSEKEEPING- GUARD (b)(4)(b)(4) (b)(4)1004 OP 1: Detainee Work Program ΕA PoP: 08/18/2021 - 08/17/2022 (b)(4 _{Day} NTE: (b)(4) (Option Line Item) Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4)OP 2: Detention Services 2001 PoP: 08/18/2022 - 08/17/2023 Tier 1 (b)(4) Tier 2 Tier 3 Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD 2002 OP 2: On-Call Stationary Guard Services PoP: 08/18/2022 - 08/17/2023 Regular Rate: (b)(4) Overtime Rate: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4) 2003a OP 2: Transportation Services - Labor PoP: 08/18/2022 - 08/17/2023 Fixed Price: (b)(4) /month FFP monthly price up to (b)(4) miles/year Continued ...

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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2003b	OP 2: Transportation Services - Mileage Rate PoP: 08/18/2022 - 08/17/2023	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 2003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2003c	OP 2: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2022 - 08/17/2023	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
2004	OP 2: Detainee Work Program PoP: 08/18/2022 - 08/17/2023	(b)(4)	EA	(b)(4)	(b)(4)
	(<u>b)(</u> Day				
	NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3001	OP 3: Detention Services Continued				(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	PoP: 08/18/2023 - 08/17/2024				
	Tier 1 (b)(4) Tier 2 Tier 3 Guaranteed Minimum is (b)(4) Amount: (b)(4) (Option Line Item)				
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3002	OP 3: On-Call Stationary Guard Services PoP: 08/18/2023 - 08/17/2024				(b)(4)
	Regular Rate: (b)(4) Overtime Rate:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3003a	OP 3: Transportation Services - Labor PoP: 08/18/2023 - 08/17/2024	(b)(4)	МО	(b)(4)	(b)(4)
	Fixed Price: (b)(4) /month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3003b	OP 3: Transportation Services - Mileage Rate PoP: 08/18/2023 - 08/17/2024	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 3003c rate.				
	Amount: (b)(4) (Option Line Item) Continued				

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NAME OF OFFEROR OR CONTRACTOR
CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3003c	OP 3: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2023 - 08/17/2024	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
3004	OP 3: Detainee Work Program PoP: 08/18/2023 - 08/17/2024	(b)(4)	EA	(b)(4)	(b)(4)
	(b)(/ Day				
	NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
4001	OP 4: Detention Services PoP: 08/18/2024 - 08/17/2025				(b)(4)
	Tier 1 (b)(4) Tier 2 Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
4002	OP 4: On-Call Stationary Guard Services PoP: 08/18/2024 - 08/17/2025				(b)(4)
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NAME OF OFFEROR OR CONTRACTOR

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CORE	ムヘエ	A T C	INC	

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	Regular Rate: (b)(4) Overtime Rate:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
4003a	OP 4: Transportation Services - Labor PoP: 08/18/2024 - 08/17/2025	(b)(4)	МО	(b)(4)	(b)(4)
	Fixed Price: (b)(4) month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
4003b	OP 4: Transportation Services - Mileage Rate PoP: 08/18/2024 - 08/17/2025	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 4003c rate. Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
4003c	OP 4: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2024 - 08/17/2025	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Continued				

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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
4004	OP 4: Detainee Work Program PoP: 08/18/2024 - 08/17/2025	(b)(4)	EA	(b)(4)	(b)(4)
	(b)(4) Day				
	NTE: (b)(4) Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
5001	OP 5: Detention Services PoP: 08/18/2025 - 08/17/2026				(b)(4)
	Tier 1 (b)(4) Tier 2 Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
5002	OP 5: On-Call Stationary Guard Services PoP: 08/18/2025 - 08/17/2026				(b)(4)
	Regular Rate: (b)(4) Overtime Rate:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
5003a	OP 5: Transportation Services - Labor PoP: 08/18/2025 - 08/17/2026	(b)(4) MO	(b)(4)	(b)(4)
	Fixed Price: (b)(4) /month				
	FFP monthly price up to $(b)(4)$ miles/year Continued				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD OP 5: Transportation Services - Mileage Rate	(b)(4)	DH	(b)(4)	(b)(4)
	PoP: 08/18/2025 - 08/17/2026 Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 5003c rate.				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
5003c	OP 5: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2025 - 08/17/2026	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
5004	OP 5: Detainee Work Program PoP: 08/18/2025 - 08/17/2026	(b)(4)	EΑ	(b)(4)	(b)(4)
[(b)(/ Day				
	NTE: (b)(4) Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)	
6001	OP 6: Detention Services PoP: 08/18/2026 - 08/17/2027					(b)(4)
	Tier 1 (b)(4) Tier 2 Tier 3 Guaranteed Minimum is (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD					
6002	OP 6: On-Call Stationary Guard Services PoP: 08/18/2026 - 08/17/2027					(b)(4)
	Regular Rate: (b)(4) Overtime Rate:					
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD					
6003a	OP 6: Transportation Services - Labor PoP: 08/18/2026 - 08/17/2027	(b)(4)	МО	(b)(4)		(b)(4)
	Fixed Price: (b)(4) month					
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD					
6003b	OP 6: Transportation Services - Mileage Rate PoP: 08/18/2026 - 08/17/2027	(b)(4)	DH	(b)(4)		(b)(4)
	Mileage Rate: (b)(4)					
	Guaranteed Minimum is $(b)(4)$ miles/year. CoreCivic may bill for $(b)(4)$ miles monthly. All miles in excess during this period of performance will be billed at the 6003c rate.					
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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
6003c	OP 6: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2026 - 08/17/2027	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
6004	OP 6: Detainee Work Program PoP: 08/18/2026 - 08/17/2027	(b)(4)	EA	(b)(4)	(b)(4)
	(b)(4) Day				
	NTE:(b)(4) Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
7001	OP 7: Detention Services PoP: 08/18/2027 - 08/17/2028				(b)(4)
	Tier 1 (b)(4) Tier 2 Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
7002	OP 7: On-Call Stationary Guard Services Continued				(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	PoP: 08/18/2027 - 08/17/2028 Regular Rate: (b)(4) Overtime Rate: This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
7003a	OP 7: Transportation Services - Labor PoP: 08/18/2027 - 08/17/2028 Fixed Price: (b)(4) month FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	МО	(b)(4)	(b)(4)
7003b	OP 7: Transportation Services - Mileage Rate PoP: 08/18/2027 - 08/17/2028	(b)(4)	DH	(b)(4)	(b)(4)
7003c	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 7003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD OP 7: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2027 - 08/17/2028 Mileage Rate: (b)(4) There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all Continued	(b)(4)	DH	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT		AMOUNT (F)
	associated transportation costs in accordance with the Performance Work Statement.				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD	(L)(4)		(III)	
7004	OP 7: Detainee Work Program PoP: 08/18/2027 - 08/17/2028	(b)(4)	EA	(b)(4)	(b)(4)
	(b)(4) Day				
	NTE: (b)(4) Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
8001	OP 8: Detention Services PoP: 08/18/2028 - 08/17/2029				(b)(4)
	Tier 1 (b)(4) Tier 2 Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
8002	OP 8: On-Call Stationary Guard Services PoP: 08/18/2028 - 08/17/2029				(b)(4)
	Regular Rate: (b)(4) Overtime Rate:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
8003a	OP 8: Transportation Services - Labor PoP: 08/18/2028 - 08/17/2029 Continued	(b)(4)	МО	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Fixed Price: (b)(4) month FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4)(b)(4)(b)(4) 8003b OP 8: Transportation Services - Mileage Rate DH PoP: 08/18/2028 - 08/17/2029 Mileage Rate: (b)(4) Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All miles in excess during this period of performance will be billed at the 8003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4)8003c OP 8: Transportation Services - Mileage Rate (b)(4)DH above (b)(4) miles PoP: 08/18/2028 - 08/17/2029 Mileage Rate: (b)(4) There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD (b)(4)(b)(4) 8004 OP 8: Detainee Work Program EA PoP: 08/18/2028 - 08/17/2029 (b)(/ Day NTE: (b)(4) (Option Line Item) Amount: (b)(4) Product/Service Code: S206 Continued ...

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Product/Service Description: HOUSEKEEPING- GUARD				
9001	OP 9: Detention Services PoP: 08/18/2029 - 08/17/2030 Tier 1 (b)(4)				(b)(4)
	Tier 2 Tier 3				
	Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
9002	OP 9: On-Call Stationary Guard Services PoP: 08/18/20289 - 08/17/2030				(b)(4)
	Regular Rate: (b)(4) Overtime Rate:				
	This is a Labor Hour CLIN. NOT-TO-EXCEED (NTE): (b)(4) hours Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
9003a	OP 9: Transportation Services - Labor PoP: 08/18/2029 - 08/17/2030	(b)(4)	МО	(b)(4)	(b)(4)
	Fixed Price: (b)(4) month				
	FFP monthly price up to (b)(4) miles/year Amount: (b)(4) Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
9003b	OP 9: Transportation Services - Mileage Rate PoP: 08/18/2029 - 08/17/2030	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All Continued				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	miles in excess during this period of performance will be billed at the 9003c rate.				
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
9003c	OP 9: Transportation Services - Mileage Rate above (b)(4) miles POP: 08/18/2029 - 08/17/2030	(b)(4)	DH	(b)(4)	(b)(4)
	Mileage Rate: (b)(4)				
	There is no Guaranteed Minimum for this CLIN. Mileage rate for up to (b)(4) miles/year billed on usage. This rate is inclusive of all associated transportation costs in accordance with the Performance Work Statement. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
9004	OP 9: Detainee Work Program PoP: 08/18/2029 - 08/17/2030	(b)(4)	EA	(b)(4)	(b)(4)
	(b)(4 Day				
	NTE: (b)(4) Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	The obligated amount of award: $(b)(4)$ The total for this award is shown in box 26.				

SECTION B: SUPPLIES OR SERVICES AND PRICES/COSTS

B.1 GENERAL

The Contractor shall provide all management, supervision, labor, and materials necessary to perform the services identified in the Performance Work Statement, including the purchase of detention bed at firm-fixed prices, on an Indefinite Delivery – Indefinite Quantity basis to have detention beds purchased on a firm fixed price basis.

B.2 CONTRACT PRICING

Please see Section B above.

B.3 MINIMUM AND MAXIMUM QUANTITIES

In accordance with FAR 16.504(a)(4)(ii), the minimum and maximum quantity the Government will acquire under this contract is as follows:

Minimum: (b)(4) during the period of performance of the IDIQ contract.

Maximum: The maximum for this IDIQ contract will be the calculated total maximum value of all the CLINs in Section B of this IDIQ contract in Section B, including the base year and all options. This amount is (b)(4)

B.4 FUNDING

Funds for the services ordered will be obligated, at the task order level, in advance of such services being ordered, or excess funds de-obligated at the task order level, by modification to the task order contracts unilaterally by the Government.

AMENDMENT OF SOLICITATION/MODIFICA	TRACT		CONTRACT ID CODE	OF PAGES						
2 AMENDMENTINODIFICATION NO	la effective pa	 -	DEC	HOLTION/DUDOLINOS DEO NO	1 1	4				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DA	1		JISITION/PURCHASE REQ. NO. 20FSLLVG00005.1	5. PROJEC	T NO. (If applicable)				
P00001 6. ISSUED BY CODE	See Block	100		INISTERED BY (If other than Item 6)	CODE T					
ICEDETENT MNGTDETENT CONTRAC IMMIGRATION AND CUSTOMS ENFO OFFICE OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677	RCEMENT	I I I I I I I I I I I I I I I I I I I	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DM/DC-LAGUNA ICEDETENT MNGTDETENT CONTRACT-LAG IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 24000 AVILA ROAD (b)(6); (b)(7)(C) ATTN (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677							
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP	Code) (x	9A.	AMENDMENT OF SOLICITATION NO.						
CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027-7684		X	9B. 10A 0D 70	DATED (SEE ITEM 11) . MODIFICATION OF CONTRACT/ORDER NOTE:	0.					
CODE 1597341510000	FACILITY CODE		03	3/18/2020						
	11. THIS ITEM (ONLY APPLIES TO AM		ENTS OF SOLICITATIONS						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offe	oies of the amendme to the solicitation ar DFFERS PRIOR TO r already submitted,	ent; (b) By acknowledgi nd amendment numbers THE HOUR AND DATE such change may be r	ing reco s. FAI E SPE0 made b	eipt of this amendment on each copy of the off LURE OF YOUR ACKNOWLEDGEMENT TO CIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram o	fer submitted BE RECEIVE UR OFFER	; or (c) By ED AT If by				
reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If requ				rease: (b)	(4)					
see schedule			1110.							
	CT/ORDER IS MODI I IN ITEM 14, PURS	FIED TO REFLECT TH UANT TO THE AUTHO	IE ADN DRITY (ES SET FORTH IN ITEM 14 ARE MADE IN THE MINISTRATIVE CHANGES (such as changes in DF FAR 43.103(b).						
D. OTHER (Specify type of modification	and authority)									
X Funding Action Per F		1 (a) Fullv	Fui	nding						
E. IMPORTANT: Contractor X is not.		gn this document and re			office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 159734151	Organized by UCF	section headings, includ	ding so		le.)					
Contracting Officer Representation (6); (b)(7)(C)	tative (CO	R): (b)(6); (b)(7))(U)		or e-n	mail at				
				Gioc dha go						
This modification increase the Detention Bed Day and CLIN 10 order in the amount of (b)(4) LIST OF CHANGES: Reason for Modification: Functional Amount for this Modification and Continued	002 Escort f ding Only cation: (b)(4	/Guard/Trans or ICE deta: Action 4)	spor inee	tation Services under es housed at Pahrump, No	CLIN 10 the suk	oject task				
15A. NAME AND TITLE OF SIGNER (Type or print)		l.		IAME AND TITLE OF CONTRACTING OFFICE	∟K (Type or	print)				
			(b)(6)	; (b)(7)(C)						
15B. CONTRACTOR/OFFEROR	150	C. DATE SIGNED	16B. U	NITED STATES OF AMERICA		16C. DATE SIGNED				
(Signature of person authorized to sign)				(Signature of Contracting Officer)						

NSN 7540-01-152-8070 Previous edition unusable
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:	8			
	(b)(4)				
	Total Obligated Amount for this Award:	3			
	(b)(4)	5			
	(0)(4)	55			
	0111 VODO - FOR - FIVE - FERM 0001 - R - 1 - 1 - R	2			
	CHANGES FOR LINE ITEM 0001 - Detainee Work Program				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)				
	Obligated Amount for this Modification: (b)(4)	0			
	Amount changed from (b)(4)				
	Delivery Date changed from 05/01/2020 to	3			
	10/31/2020	2			
	Account code:	7			
	(b)(7)(E)				
	(b)(7)(E) NSDC00 Amount: (b)(4)				
	CHANGES FOR LINE ITEM 1001 Detention Bed				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4) to	N.			
	(b)(4)	1,000			
	Obligated Amount for this Modification:	3			
	(b)(4)	₹!			
	Amount changed from (b)(4)	200			
	Delivery Date changed from 05/01/2020 to				
	10/31/2020				
	Account code:				
	(b)(7)(E)				
	(b)(7)(E) NSDC00 Amount:				
	(b)(4)				
		3			
		-			
	CHANGES FOR LINE ITEM 1002 - Escort/Guard	2			
	Quantity changed from (b)(4)	7			
	Total Amount changed from (b)(4)	,			
	Obligated Amount for this Modification: (b)(4)	J			
	Amount changed from (b)(4)				
	ACCOUNT CODE:	7.5			
	(b)(7)(E)				
	(b)(7)(E) NSDC00 Amount: (b)(4)				
		Page 1			
	CHANGES FOR LINE ITEM 1002 - Transportation	7			
	Quantity changed from (b)(4)	Ĺ			
	Total Amount changed from (b)(4)	ļ			
	Obligated Amount for this Modification: (b)(4)	J			
	Amount changed from (b)(4)				
	Delivery Date changed from 05/01/2020 to				
	10/31/2020				
	Account code:				
	Continued				
	1		ı		l

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(E) NSDC00 Amount: (b)(4)				
	Period of Performance: 05/01/2020 to 04/30/2021				
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Detainee Work Program Reimbursement	(b)(4)	DA	(b)(4)	(b)(4)
	Unit of Issue: DA = Day				
	Change Item 1001 to read as follows(amount shown is the obligated amount):				
1001	Option Period No. 1 (10/01/2015-09/30/2020) Incremental Unit Price Per Detainee Day (b)(4) Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.	(b)(4)	DA	(b)(4)	(b)(4)
	Unit of Issue: DA = Day				
	Change Item 1002 to read as follows(amount shown is the obligated amount):				
1002	Escort/Guard Services Option Period No. 1 (10/01/2015-09/30/2020) In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.	(b)(4)	HR	(b)(4)	(b)(4)
	Unit of Issue: HR = Hour				
	Change Item 1002. to read as follows(amount shown is the obligated amount):				
1002.	Guard (Transportation) Services Option Period No. 1 (10/01/2015-09/30/2020) In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.	(b)(4)	HR	(b)(4)	(b)(4)
	Continued				

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
1/	Unit of Issue: HR = Hour	, , ,	, - ,	(2)	(1)
(A)				(E)	(E.)

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES				
		1.050		1	2			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		UISITION/PURCHASE REQ. NO. 21FSLLVG00001	5. PROJEC	T NO. (If applicable)			
P00002	See Block 16C			CODE				
6. ISSUED BY CODE ICEDETENT MNGTDETENT CONTRAC	T-LAG	_	MINISTERED BY (If other than Item 6) DETENT MNGTDETENT COI	_	CE/DM/DC-LAGUNA			
IMMIGRATION AND CUSTOMS ENFO			IGRATION AND CUSTOMS					
OFFICE OF ACQUISITION MANAGE		- 1	ICE OF ACQUISITION M					
24000 AVILA ROAD (b)(6); (b)(7)(C)		2400	00 AVILA ROAD (b)(6); (b)(7	')(C)				
LAGUNA NIGUEL CA 92677			(b)(6); (b)(7)(C)	·				
		_	JNA NIGUEL CA 92677					
NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.					
CORECIVIC INC								
ATTN (b)(6); (b)(7)(C)		9B.	DATED (SEE ITEM 11)					
5501 VIRGINIA WAY (b)(6);								
BRENTWOOD TN 37027-7684		x 104	MODIFICATION OF CONTRACT/ORD	DER NO.				
		1 101	T-8-C-0001					
			CDCR20FIGR00131		<u></u>			
0005	EACH ITY CODE	_	3. DATED (SEE ITEM 13)					
CODE 1597341510000	FACILITY CODE	0	3/18/2020					
	11. THIS ITEM ONLY APPLIES TO	O AMENDM	ENTS OF SOLICITATIONS					
The above numbered solicitation is amended as set for Offers must acknowledge receipt of this amendment p					not extended.			
Items 8 and 15, and returning cop separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offe	to the solicitation and amendment nul PFFERS PRIOR TO THE HOUR AND	mbers. FA DATE SPE	CIFIED MAY RESULT IN REJECTION C	NT TO BE RECEIVE OF YOUR OFFER	ED AT If by			
reference to the solicitation and this amendment, and	don all			(b)(4)				
12. ACCOUNTING AND APPROPRIATION DATA (If requires Schedule)	irea) Ne	et Inc	rease:	(0)(4)				
	ODIFICATION OF CONTRACTS/OPDI	EDS IT MO	DDIFIES THE CONTRACT/ORDER NO. A	AS DESCRIBED IN I	TEM 14			
A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRAC appropriation date, etc) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN	CT/ORDER IS MODIFIED TO REFLEC I IN ITEM 14, PURSUANT TO THE AU	CT THE ADI UTHORITY	MINISTRATIVE CHANGES (such as cha OF FAR 43.103(b).					
D. OTHER (Specify type of modification	and authority)							
X Funding Action Per F	AR 32.703-1 (a) Ful	lly Fu	nding					
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return	copies to the i	issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 159734151	Organized by UCF section headings,	including s	olicitation/contract subject matter where	feasible.)				
Contracting Officer Represent	tative (COR): (b)(6) (h)(7)(C)		or e-m	nail at			
0)(6); (b)(7)(C) @ice.dhs.gov	(0)(0); (0	-/(-/(-/						
ACOR: (b)(6); (b)(7)(C)			@ice.dhs	COM				
300K.			erce. ans	•90v				
mbi difiration in		1000						
This modification increase t								
under the subject task order	in the amount of (b)	0)(4)	for ICE detained	es nousea	at			
Pahrump, NV.								
LIST OF CHANGES:								
Reason for Modification: Fun-								
Total Amount for this Modifi	cation: (b)(4)							
Continued								
Except as provided herein, all terms and conditions of the	e document referenced in Item 9 A or							
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6	NAME AND TITLE OF CONTRACTING); (b)(7)(C)					
		_	// 1/71/0	EMAIL (b)(6); (b				
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. I	JNITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to sign)			(Signature of Contracting Officer)					
NSN 7540-01-152-8070			(S.g. Maior or Contracting Officer)	STANDARD FO	DRM 30 (REV. 10-83)			

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
		1			
.002.	Amount: (b)(4) Period of Performance: 05/01/2020 to 04/30/2021 Change Item 1002. to read as follows(amount shown is the obligated amount): Guard (Transportation) Services Option Period No. 1 (10/01/2015-09/30/2020) In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.	(b)(4)	HR	(b)(4)	(b)(4)
	Unit of Issue: HR = Hour The funding provided in this Task Order is the amount presently available for payment and allotted to the award. The service provider agrees to perform to the point that service does not exceed the total amount currently allotted to the items funded under the Task Order. The service provider is not authorized to continue work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.				
	All terms and conditions of the contract remain the same.				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE	OF PAGES
		4.05	OLUGITION/PURGUAGE REG. NO.	1	2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO. 121FSLLVG00001.1	5. PROJECT	NO. (If applicable)
P00003 6. ISSUED BY CODE	See Block 16C 70CDLG		MINISTERED BY (If other than Item 6)	CODE TO	E/DM/DC-LAGUNA
DETENTION MANAGEMENT - LAGUNUS IMMIGRATION AND CUSTOMS FOR OFFICE OF ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT ACQUISITION MANAGEMENT - LAGUNA NIGUEL CA 92677	IA ENFORCEMENT	IMM OFF 240 ATT	DETENT MNGTDETENT CONTIGRATION AND CUSTOMS E CICE OF ACQUISITION MAND (b)(6): (b)(7)(C) (N(b)(6): (b)(7)(C) (UNA NIGUEL CA 92677	RACT-LAG NFORCEME IAGEMENT	
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Code)		A. AMENDMENT OF SOLICITATION NO.		
CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027-7684		96 x 11 0 7	3. DATED (SEE ITEM 11) 10. MODIFICATION OF CONTRACT/ORDER DT - 8 - C - 0 0 0 1 0 CDCR 2 0 F I GR 0 0 1 3 1 10. DATED (SEE ITEM 13)	R NO.	
CODE 1597341510000	FACILITY CODE		03/18/2020		
1397341510000			MENTS OF SOLICITATIONS		
Items 8 and 15, and returning consequence of the PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an office reference to the solicitation and this amendment, and	o to the solicitation and amendr OFFERS PRIOR TO THE HOU er already submitted , such cha	ment numbers. F JR AND DATE SP nge may be made	ECIFIED MAY RESULT IN REJECTION OF Yeb yet legram or letter, provided each telegran	TO BE RECEIVE YOUR OFFER If	DAT
12. ACCOUNTING AND APPROPRIATION DATA (If req		Net In	/1)(4)	
See Schedule	ODIEICATION OF CONTRACT	S/ODDEDS IT M	ODIFIES THE CONTRACT/ORDER NO. AS I	DESCRIBED IN I	FEM 14
	CT/ORDER IS MODIFIED TO I	REFLECT THE AL THE AUTHORIT	GES SET FORTH IN ITEM 14 ARE MADE IN DMINISTRATIVE CHANGES (such as change Y OF FAR 43.103(b). ITY OF:		<u></u>
D. OTHER (Specify type of modification	and authority)				
X Unilateral Modificat)3-1 (a) 1	Fully Funding		
E. IMPORTANT: Contractor X is not,	is required to sign this do			uing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 159734151 Contracting Officer Represend D)(6); (b)(7)(C)	tative (COR):	adings, including (b)(6); (b)(7)(C)	•	or e-m	ail at
ACOR: (b)(6); (b)(7)(C)			@ice.dhs.g	VOV	
This modification is to incrunder the subject task order Pahrump, NV. LIST OF CHANGES: Reason for Modification: Fun Total Amount for this Modifi Continued Except as provided herein, all terms and conditions of the subject of t	in the amount ding Only Actio cation: (b)(4)	of (b)(4)	for ICE detainees	housed	at ffect.
TO SEE PARTIE THEE OF GRONER (1996 OF PIIIII)		(D)(t	b); (b)(7)(C)	(b)(6):	.@ice.dhs.gov
15B. CONTRACTOR/OFFEROR	15C. DATE S	SIGNED 16B.	UNITED STATES OF AMERICA	MIL: (15)(0),	16C. DATE SIGNED
(Signature of person authorized to sign)			(Signature of Contracting Officer)	OTANI- 1	PM 20 /PE\/ 10 92\

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

ODT-8-C-0001/70CDCR20FIGR00131/P00003

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OF 2

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	New Total Amount for this Award: (b)(4) CHANGES FOR LINE ITEM NUMBER: 1002. Description changed from Guard (Transportation) Services In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001. Unit of Issue: HR = Hour Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4) (b)(7)(E)	QUANTITY (C)		UNIT PRICE (E)	
002.	Quantity(b)(4) Amount: Discount Terms: Net(b)(4) Period of Performance: 05/01/2020 to 04/30/2021 Change Item 1002. to read as follows(amount shown is the total amount): Guard (Transportation) Services Option Period No. 1 In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No.	(b)(4)	HR	(b)(4)	(b)(4)
	of the Federal Detention Trustee Contract No. ODT-8-C-0001. Unit of Issue: HR = Hour The funding provided in this Task Order is the amount presently available for payment and allotted to the award. The service provider agrees to perform to the point that service does not exceed the total amount currently allotted to the items funded under the Task Order. The service provider is not authorized to continue work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.				
	All terms and conditions of the contract remain the same.				

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT	CONTRACT ID CODE	P	PAGE OF PAGES			
		A REQUIRETION/DURGUAGE DEC	NO E SEC	1 2			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. 192121FSLLVG00001.2		DJECT NO. (If applicable)			
P00004 6. ISSUED BY CODE	See Block 16C	7. ADMINISTERED BY (If other than		T/			
DETENTION MANAGEMENT - LAGUN US IMMIGRATION AND CUSTOMS E OFFICE OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677	NFORCEMENT	ICEDETENT MNGTDETE IMMIGRATION AND CU OFFICE OF ACQUISIT 24000 AVILA ROAD (b) ATTN (b)(6), (b)(7)(C)	INT CONTRACT-I STOMS ENFORCE TON MANAGEMEN (b)(6); (b)(7)(C)	EMENT			
8. NAME AND ADDRESS OF CONTRACTOR (No., street	assists State and ZID Code	LAGUNA NIGUEL CA 9					
CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027-7684	county, state and En-Code)	9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTROL OF TOUR OF T	RACT/ORDER NO.				
CODE 1597341510000	FACILITY CODE	10B. DATED (SEE ITEM 13) 03/18/2020					
1597341510000		O AMENDMENTS OF SOLICITATIONS					
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning cop separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF of virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and	oles of the amendment; (b) By acknown to the solicitation and amendment nu DFFERS PRIOR TO THE HOUR AND Fraiready submitted, such change ma	wledging receipt of this amendment on ea umbers. FAILURE OF YOUR ACKNOWL DATE SPECIFIED MAY RESULT IN REJ by be made by telegram or letter, provided	ch copy of the offer submi EDGEMENT TO BE REC JECTION OF YOUR OFFE	itted; or (c) By CEIVED AT ER If by			
12. ACCOUNTING AND APPROPRIATION DATA (If requ	due all	et Increase:	(b)(4)				
See Schedule		ERS. IT MODIFIES THE CONTRACT/OR					
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN	T/ORDER IS MODIFIED TO REFLECTION ITEM 14, PURSUANT TO THE A	THE CHANGES SET FORTH IN ITEM 14 A CT THE ADMINISTRATIVE CHANGES (SI UTHORITY OF FAR 43.103(b). DAUTHORITY OF:					
D. OTHER (Specify type of modification							
X FAR 32.703-1 Fully F		ENTERSORS NO.					
E. IMPORTANT: Contractor Sis not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION (is required to sign this document Organized by UCF section headings,		pies to the issuing office. atter where feasible.)				
DUNS Number: 159734151							
Contracting Officer Represen (b)(6); (b)(7)(C) gice.dhs.gov	tative (COR): (b)(6);((b)(7)(C)					
ACOR: (b)(6); (b)(7)(C)		@ice.dhs.gov					
Contract Specialist: (b)(6); (b)(7)(6	C)		e.dhs.gov				
Contracting Officer: (b)(6); (b)(7)		@ice.dhs	_				
Service Provider: Service Provider; Service Provider: Service Prov	A. M. Carlotte, A. Carlotte,						
This purpose of this modific	ation is to add fur	nds under the subject	. task order ı	under CLIN			
Except as provided herein, all terms and conditions of the	e document referenced in Item 9 A or						
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONT (b)(6); (b)(7)(C)		be or print) 6); (b)(7)(C) @ice.dhs.gov			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		2.1.1.2.2.4	16C. DATE SIGNED			
(Signature of person authorized to sign)		(Signature of Contrac		D FORM 30 (REV. 10-83)			

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-8-C-0001/70CDCR20FIGR00131/P00004
 PAGE OF 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

COR	ECT	VT	C	INC	
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
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ATTIN (D)(6), (b)(7)(C) 5501 VIRGINIA WAY (D)(6); BRENTWOOD TN 37027-7684 X 10A, MODIFICATION OF CONTRACT/ORDER IS 10B, AND AND AND AND AND AND AND AND AND AND	PAGE O	F PAGES
See Block 16C 6. ISSUED BY CODE 7. OCCLIG 7. ADMINISTRED BY (If other than item 6) 7. ADMINISTRED BY (If other than ite	5. PROJECT NO	(If applicable)
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DETENTION MANAGEMENT - LAGUNA US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 24000 AVILA ROAD [DIG], (b)(7)(C) LAGUNA NIGUEL CA 92677 R. NAME AND ADDRESS OF CONTRACTOR (No. street. county. State and ZIP Code) SCRECIVIC INC ATTN [DIG], (b)(7)(C) STOTE (b)(G), (b)(7)(C) STOTE (b)(G), (b)(7)(C) STOTE (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	CODE TOF	DM/DC-LAGUNA
8. NAME AND ADDRESS OF CONTRACTOR (No. street. county), State and ZIP Code) CORECIVIC INC ATTM [D/60], (b/07)(C) BRENTWOOD TN 37027-7684 CODE 1597341510000 FACILITY CODE 1. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers 1. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers 1. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIJOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN SECTION OF VIVILE OF INSTANCE AND AND APPROPRIATION DATA (If required) 1. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule 1. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATED FOR INSTANCE AND APPROPRIATION DATA (If required) Net Decrease: 1. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESIGNATION OF CONT	ACT-LAG FORCEMENT	
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E. IMPORTANT: Contractor		
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Service Provider: Service Provider: (b)(6); (b)(7)(C) D)(6); (b)(7)(C) @corecivic.com	V	
0)(6); (b)(7)(C) @corecivic.com		
The purpose of this modification is to do shliggto suggest funds and allower		
The purpose of this modification is to de-obligate excess funds and closeou Continued \dots		ntract.
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in 15A. NAME AND TITLE OF SIGNER (Type or print) 16A NAME AND TITLE OF CONTRACTING OFF (b)(6); (b)(7)(C) TEL: EMI)
15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF AMERICA	full force and effec)(C)@ice.dhs.gov
(Signature of person authorized to sign) (Signature of Contracting Officer) NSN 7540-01-152-8070	full force and effect CER (<i>Type or print</i> IL: (b)(6); (b)(7	C. DATE SIGNED

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

ODT-8-C-0001/70CDCR20FIGR00131/P00005

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	The parties agree as follows:	 			
	1) All services/supplies have been received,				
	inspected, and accepted by the Government.				
	2) The Contractor releases the Government from				
	any and all liability under this contract for				
	further equitable and/or price adjustments				
	including, but not limited to, claims and causes				
	of action for the recovery of direct costs,				
	indirect costs, delay costs, disruption costs,				
	profit, interest, attorney's fees, damages, etc.				
	3) The Government agrees that all obligations				
	under this contract are concluded. The total				
	obligated amount is decreased by: (b)(4)				
	from: (b)(4) This				
	contract is closed.				
	LIST OF CHANGES:				
	Reason for Modification: Close Out				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Award: (b)(4)				
	New rotal Amount for this Award. WAY				
	CHANGES FOR LINE ITEM NUMBER: 1				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)				
	Obligated Amount for this Modification: (b)(4)				
	(b)(7)(E)				
	(0)(1)(2)				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	Thiodire changed 110iii (4)(1)				
	CHANGES FOR LINE ITEM NUMBER: 1002				
	Total Amount changed from (b)(4)	4			
	Obligated Amount for this Modification:	┪			
	(b)(4)				
	(b)(7)(E)				
	(0)(1)(2)				
	Amount changed from (b)(4)				
	Imount changed from 1-7.7				
	CHANGES FOR LINE ITEM NUMBER: 1002.				
	Total Amount changed from (b)(4)	1			
	Obligated Amount for this Modification:	7			
	(b)(4)				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	Discount Terms:				
	Net (b)(4)				
	Period of Performance: 05/01/2020 to 04/30/2021				
	Continued				
	continued				
			1	ı	I

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

ODT-8-C-0001/70CDCR20FIGR00131/P00005

PAGE 3

) 3

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Detainee Work Program Reimbursement	(b)(4)	DA	(b)(4)	(b)(4)
	Unit of Issue: DA = Day				
	Change Item 1002 to read as follows(amount shown is the obligated amount):				
1002	Escort/Guard Services Option Period No. 1 (10/01/2015-09/30/2020) In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.				(b)(4)
	Unit of Issue: HR = Hour				
	Change Item 1002. to read as follows(amount shown is the obligated amount):				
1002.	Guard (Transportation) Services Option Period No. 1 In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001. Unit of Issue: HR = Hour				(b)(4)
	The funding provided in this Task Order is the amount presently available for payment and allotted to the award. The service provider agrees to perform to the point that service does not exceed the total amount currently allotted to the items funded under the Task Order. The service provider is not authorized to continue work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.				
	All terms and conditions of the contract remain the same.				

		OR	DER FOR S	UPPLIE	S OR SERV	ICES					PAGE (F PAGE	S	
IMPORTANT: Mark all packages and papers with contract and/or order numbers.							1							
1. DATE OF OR	DER	2. CONTRACT NO. (If any)				6. SHIP TO:								
03/18/20	20	ODT-8-C-0001				a. NAME OF CONSIGNEE								
			4 DEOUGETION	VDEEEDE	NOT NO	Multiple Destinations								
3. ORDER NO. 70CDCR20	FICEN	N131	4. REQUISITION											
- TOCDCK20	FIGRO	0131	19212015.	пплдо	0003									
		ress correspondence to) TDETENT CONTRACT	T-LAG			b. STREE	TADD	DRESS						
		ND CUSTOMS ENFOR												
	-	UISITION MANAGEN OAD (b)(6); (b)(7)(C)	MENT I											
		CA 92677				c. CITY d. STATE e. ZIP CODE								
INCOM NICOLD ON 52077					0.0					0.0	0. 2 0	-		
7. TO: (b)(6);	(b)(7)(C)					f. SHIP VI	IA							
a. NAME OF CONTRACTOR					-	,								
CORECIVI	C INC							8. TYI	PE OF ORDER					
b. COMPANY N	AME					a. PU	RCHA	SE		X	b. DELIVERY			
c. STREET ADD	RESS					REFERE								
10 BURTO	N HIL	LS BLVD									ept for billing in erse, this delive			
											ject to instructi	-		
						Please fui	rnish th	ne following on the terms			side only of th			
						I		pecified on both sides of			ied subject to t ditions of the a			
d. CITY NASHVILLI	E		e. STAT		P CODE			n the attached sheet, if elivery as indicated.		conf	tract.			
		DDODDIATION DATA	TN	37,	215									
See Sche		PROPRIATION DATA						NING OFFICE RCEMENT REMO	VAL					
		CATION (Check appropriate be	ox(es))							1	12. F.O.B. POII	VT		
a. SMALL		b. OTHER THAN SMALL	c. DISAD	/ANTAGE	D d. WOI	MEN-OWNE	D	e. HUBZone						
f. SERVIC					SB) h. E	DWOSB								
VETERA	AN-OWNE		THE WOSB PRO		VEDNIMENT DALAM	10		45 DELIVED TO 5 O B	DOINT	4	46 BIGGOLII	IT TEDM	2	
		13. PLACE OF		14. GO	VERNMENT B/L N	О.		15. DELIVER TO F.O.B. ON OR BEFORE (Date 05/01/2020			16. DISCOU	NI IERM	5	
a. INSPECTION Destinat		b. ACCEPTANCE Destinati						05/01/2020				Ne	(b)(4)	
	1011	Descrinati	-011	1	7. SCHEDULE (See	e reverse for	Pajar	tions)		\rightarrow				
					. CONEDUE (CO	QUANTITY	_	UNIT	<u> </u>			01	JANTITY	
ITEM NO.		SUPPLIES (OR SERVICES			ORDERED			AMO	AMOUNT ACCE			CEPTED	
(a)			(b)			(c)	(d)	(e)		(f)			(g)	
		Number: 1597341		+ 1 770	(COP) ·									
	Contracting Officer Representative (COR): (b)(6); (b)(7)(C) or e-mail													
Ţ	at (b)(6	6); (b)(7)(C) @ i	ice.dhs.go	_										
		(b)(6); (b)(7)(C)			7									
		nued			or									
	COILCI	naca												
	18. SHIP	PING POINT		19. GF	ROSS SHIPPING V	VEIGHT	_	20. INVOICE NO.	<u> </u>				^{17(h)}	
													TOTAL (Cont.	
				21 MAII	INIVOICE TO:								pages)	
		21. MAIL INVOICE TO:							(b)(4)			٦		
	a. NAME		ICE						(D)(4)	(b)(4)			-	
SEE BILLING INSTRUCTIONS	h STDE			TNINNIC	E CENTED					—				
ON REVERSE	(or P.O.	Day)	LINGTON F	INANC	E CENTER								17(i)	
	PO BOX 1620 ATTN (b)(7)(E)												GRAND	
									(b)(4)	(b)(4)			TOTAL	
	c. CITY					d. STA	ATE	e. ZIP CODE	(b)(4)					
	MI	LLISTON				VT 05495-1620								
22. UNITED	STATES O	F						23. NAME (Typed)						
AMERIC	ABY (Sigi	nature)						(b)(6); (b)(7)(C)						
								TITLE: CONTRACTING	ORDERING OF	FICE	ER			

PAGE NO

2

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

 DATE OF ORDER
 CONTRACT NO.
 ORDER NO.

 03/18/2020
 ODT-8-C-0001
 70CDCR20FIGR00131

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
(a)	e-mail at (b)(6); (b)(7)(C)				(f)	
1001	Detainee Work Program Reimbursement— Unit of Issue: DA = Day Accounting Info: (b)(7)(E) Funded: (b)(4) Option Period No. 1 (10/01/2015-09/30/2020) Incremental Unit Price Per Detainee Day (751+) In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001. Continued	(b)(4)	DA	(b)(4)	(b)(4)	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/HI))				Vb)(4)	

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

PAGE NO

DATE OF ORDER CONTRACT NO. ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131 03/18/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (f) (a) (c) (e) (g) Unit of Issue: DA = Day Accounting Info: (b)(7)(E) Funded: (b)(4) (b)(4) (b)(4)(b)(4)1002 Escort/Guard Services HR Option Period No. 1 (10/01/2015-09/30/2020)In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001. Unit of Issue: HR = Hour Accounting Info: (b)(7)(E) Funded: (b)(4) (b)(4) (b)(4) (b)(4)1002. HR Guard (Transportation) Services Option Period No. 1 (10/01/2015-09/30/2020)In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001. Unit of Issue: HR = Hour Accounting Info: (b)(7)(E) Funded: (b)(4) **For inquiries regarding ICE detainee information or ICE's usage of this Task Order, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE.** Invoice Instructions: Continued ... (b)(4) TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

PAGE NO

4

03/18/20	020 ODT-8-C-0001				ORDER NO. 70CDCR20FIGR00131			
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUN	Т	QUANTITY
(a)	(b)	(c)	(d)	(e)		(f)		(g)
		ORDERED (c)		PRICE			T	ACCEPTED
	I .	I	1	l		(b)(4)		l

PAGE NO

5

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

 DATE OF ORDER
 CONTRACT NO.

 03/18/2020
 ODT-8-C-0001

ORDER NO.

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
, ,		1	Ť	, ,		107
	Submissions by facsimile shall include a					
	cover sheet, point of contact and the					
	number of total pages.					
	Note: the Service Providers or Contractors					
	Dunn and Bradstreet (D&B) DUNS Number must					
	be registered in the System for Award					
	Management (SAM) at https://www.sam.gov					
	prior to award and shall be notated on					
						1
	every invoice submitted to ensure prompt					8
	payment provisions are met. The ICE program					
	office identified in the task					
	order/contract shall also be notated on					7
	every invoice.					
	2. Content of Invoices: Each invoice shall					
	contain the following information in					
	accordance with 52.212-4 (g), as					
	applicable:					
	(i). Name and address of the Service					
	Provider/Contractor. Note: the name,					
	address and DUNS number on the invoice MUST					
	match the information in both the					
	Contract/Agreement and the information in					
	the SAM. If payment is remitted to another					
	entity, the name, address and DUNS					
	information of that entity must also be					
	provided which will require Government					
	verification before payment can be		l			
	processed;		l			
	(ii). Dunn and Bradstreet (D&B) DUNS Number;					
	(iii). Invoice date and invoice number;					
	(iv). Agreement/Contract number, contract					
						4,
	line item number and, if applicable, the					
	order number;					·
	(v). Description, quantity, unit of					
	measure, unit price, extended price and					
	period of performance of the items or					
	services delivered;					
	delivered,					
	(vi). If applicable, shipping number and					
	Continued		ĺ			
					(I-)(A)	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq			(b)(4)	

PAGE NO

6

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131 03/18/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (a) (f) (b) (c) (e) (g) date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii). Terms of any discount for prompt payment offered; (viii). Remit to Address; (ix). Name, title, and phone number of person to resolve invoicing issues; (x). ICE program office designated on order/contract/agreement and (xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing) (xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management. 3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when quaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows: (i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN Continued ...

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

(b)(4)

PAGE NO

7

DATE OF ORDER CON 03/18/2020 OD'

CONTRACT NO.
ODT-8-C-0001

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUN ⁻	г	QUANTITY
		ORDERED		PRICE	7.00000.000		ACCEPTED
(a)	(s) for the invoice period, the Contractor	(c)	(d)	(e)	(f)		(g)
	is required to submit invoice supporting documentation for all detention services						
	provided during the invoice period which						
	provides the information described below:				[
	98 1 2 2 8 10 10 10 10 10						
	a. Detention Bed Space Services						
	• Bed day rate;						
	 Detainees check-in and check-out dates; 						
	 Number of bed days multiplied by the be 	d					
	day rate;						
	 Name of each detainee; 						
	Detainees identification information						
	(ii). Allowable Incurred Cost. Fixed Unit						
	Price Items (items for allowable incurred						
	costs, such as transportation services,					l	
	stationary guard or escort services,					l	
	transportation mileage or other Minor					l	
	Charges such as sack lunches and detainee						
	wages): shall be fully supported with						
	documentation substantiating the costs						
	and/or reflecting the established price in						
	the contract and shall be submitted in .pdf						
	format:						
	I O I M O I						
	a. Detention Bed Space Services. For						
	detention bed space CLINs without a GM, the						
	supporting documentation must include:						
	bapporeing accumentation made include.						
	Bed day rate;						
	 Detainees check-in and check-out dates; 						
		1					
	 Number of bed days multiplied by the be day rate; 	μ					
	Name of each detainee;Detainees identification information						
	• Detainees identification information						
	h Evanganantation Commission Fire						
	 Transportation Services: For transportation CLINs without a GM, the 						
	supporting documentation must include:						
	Supporting documentation must include:						
	Milegge mate heirs and ind for the						
	 Mileage rate being applied for that invoice; 						
	• Number of miles;						
	 Transportation routes provided; 						
	• Locations serviced;						
	Continued						
	I				(b)(4)		
AUTHODIZED (TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) FOR LOCAL REPODUCTION				(5)(4)		AL FORM 348 (Bass 4/200)

PAGE NO

8

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

DATE OF ORDER CONTRACT NO. ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131 03/18/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (a) (f) (b) (c) (e) (g) Names of detainees transported; Itemized listing of all other charges; and, for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. Stationary Guard Services: The itemized monthly invoice shall state: The location where the quard services were provided, The employee guard names and number of hours being billed, The employee guard names and duration of the billing (times and dates), and (4) for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted. d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.): The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support. (iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs. 4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in Continued ...

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

(b)(4)

PAGE NO

9

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131 03/18/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (a) (f) (b) (c) (e) (a) harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status. As part of your obligation to safeguard information, the follow precautions are required: (i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract. Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. Use shredders when discarding paper (iii) documents containing Sensitive PII. Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/d hs-privacy-safequardingsensitivepiihandbookmarch2012.pdf for more information on and/or examples of Sensitive PII. 5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-(b)(7)(or by e-mail at @ice.dhs.gov. The total amount of award: (b)(4) The obligation for this award is shown in Continued ... (b)(4) TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

PAGE NO

10

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

DATE OF ORDER CONTRACT NO.

03/18/2020 ODT-8-C-0001

ORDER NO.

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUN ⁻	· I	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)		ACCEPTED (g)
	box 17(i).	1 ,,	<u> </u>	,,	,,		107
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AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CON	TRACT		CONTRACT ID CODE		PAGE OF PAGE	ES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DA	ATE.	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	1 ROJECT NO. (If ap)	2 olicable)
P00001	See Block	160				, ,	,
6. ISSUED BY CODE	70CDCR	100	7. ADI	MINISTERED BY (If other than Item 6)	CODE	E ICE/DCR	
DETENTION COMPLIANCE AND REMUS IMMIGRATION AND CUSTOMS EOFFICE OF ACQUISITION MANAGE 801 I ST NW (b)(6); WASHINGTON DC 20536	MOVALS INFORCEMENT	[ICE IMM OFF 801		AGEME	/ALS CEMENT	
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIF	Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.			
CORECIVIC INC							
ATTN CORECIVIC INC			9B	DATED (SEE ITEM 11)			
10 BURTON HILLS BLVD							
NASHVILLE TN 372156105			10	A. MODIFICATION OF CONTRACT/ORDER	NO		
			× OI	T-10-C-0001,	NO.		
			70	CDCR20FIGR00193			<u></u>
			108	B. DATED (SEE ITEM 13)			
CODE 1597341510000	FACILITY CODE		0	4/28/2020			
	11. THIS ITEM	ONLY APPLIES TO A	MENDN	IENTS OF SOLICITATIONS			
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF (virtue of this amendment you desire to change an offe	pies of the amendm to the solicitation a OFFERS PRIOR TO ar already submitted	ent; (b) By acknowled nd amendment numb THE HOUR AND DA , such change may b	dging red ers. FA ATE SPE e made	ceipt of this amendment on each copy of the ILURE OF YOUR ACKNOWLEDGEMENT TO ICIFIED MAY RESULT IN REJECTION OF Y by telegram or letter, provided each telegran	offer sub FO BE RE OUR OF	mitted; or (c) By ECEIVED AT FER If by	
reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If requ					b)(4)		
See Schedule		Nec	рес	rease:	D)(+)		
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF C	ONTRACTS/ORDER	S. IT M	DDIFIES THE CONTRACT/ORDER NO. AS E	DESCRIB	ED IN ITEM 14.	
	CT/ORDER IS MOD H IN ITEM 14, PURS	IFIED TO REFLECT SUANT TO THE AUTH	THE AD HORITY	SES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).			
D. OTHER (Specify type of modification	and authority)						
X FAR 4.804 - Contract	closeout						
E. IMPORTANT: Contractor is not.	x is required to s	ign this document and	d return	1 copies to the issu	ing office		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 159734151	(Organized by UCF	section headings, inc	cluding s	olicitation/contract subject matter where fea	sible.)		
Contracting Officer Represen	tative(COR	(b)(6); (b)(7)	(C)	@ice.dh	s.ao	J	
Alternate Contracting Office							
(b)(6); (b)(7)(C) Qice.dhs.gov		(/	,,(0), (2)(.)(0)			
Contracting Officer: (b)(6); (b)(7))(C)		a	ice.dhs.gov			
Contract Specialist: (b)(6); (b)(7)		a		dhs.gov			
· · · · · · · ·				• go •			
The purpose of this modifica The parties agree as follows 1) All services/supplies hav 2) The Contactor releases th	: e been rec	eived, ins	pect	ed and accepted by the	Gove	ernment	
Continued							
Except as provided herein, all terms and conditions of the	ne document referen	ced in Item 9 A or 10	A, as he	retofore changed, remains unchanged and i	n full force	e and effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)				NAME AND TITLE OF CONTRACTING OF (b)(7)(C)	_	ype or print) 0)(6); (b)(7)(C)	gice.dhs.gov
15B. CONTRACTOR/OFFEROR	15	C. DATE SIGNED	_	UNITED STATES OF AMERICA	ruin:		E SIGNED
(Signature of person authorized to sign)				(Signature of Contracting Officer)			
NSN 7540-01-152-8070					STANDA	RD FORM 30 (RE	V. 10-83)

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-10-C-0001,/70CDCR20FIGR00193/P00001
 PAGE OF 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

COR	E.C.	TΛ	TC	INC

further equitable and/or price adjustments including, but not limited to, claims and causes of action for the recovery of direct costs, indirect costs, delay costs, disruption costs, profit, interest, attorney's fees, damages, etc.) 3) The Government agrees that all obligations under this contract are concluded. 4) Line Item 0001 is decreased by (b)(4) The total contract value is decreased by (b)(4) The total contract value is decreased by (b)(4) This contract is closed. Discount Terms: Net (b)(4)
Accounting Info: (b)(7)(E) Period of Performance: 06/01/2020 to 05/31/2021 Change Item 0001 to read as follows (amount shown is the obligated amount): BEDSPACE AT A DAILY BED RATE OF (b)(4) CLIN 0001 is decreased: FROM: (b)(4) BY: TO:

		OR	DER FOR	SUPPL	LIES OR SERV	ICES					PAGE (OF PAGES	;	
IMPORTANT:	Mark all	packages and papers with	contract and/or	order r	numbers.						1		8	
1. DATE OF OR	DER	2. CONTRACT NO. (If any) ODT-10-C-0001,				6. SHIP TO:								
04/28/20	20	0001 10 0 0001,				a. NAME	OF CO	NSIGNEE						
3. ORDER NO.			4. REQUISITIO	N/REFE	RENCE NO.	7		D. C. D. C. C. C. C. C. C. C. C. C. C. C. C. C.						
70CDCR20	FIGR0	0193	192120FN	NLOAK	(15111	ICE ENFORCEMENT REMOVAL								
ICEDETEN IMMIGRAT OFFICE O	TIÓN 'ION A F ACQ	ND CUSTOMS ENFOR					RAT ST	ION AND CUSTO REET NW	MS ENFOR	CEN	MENT			
801 I ST		NW (b)(6); (b)(7)(C)				c. CITY					d. STATE	e. ZIP CO	DDE	
WASHINGI	ON DC	20336				WASHI	ON	DC	20536					
7. TO: CORE	CIVIC	INC				f. SHIP VI	Α							
a. NAME OF CO														
								8. TYF	E OF ORDER					
b. COMPANY N						_	RCHA			Χ	b. DELIVERY			
c. STREET ADD 10 BURTO		LS BLVD				REFERE	NCE Y	OUR:			cept for billing i			
											erse, this deliver eject to instruct	-		
						Please fur	rnish th	ne following on the terms			side only of thus			
d. CITY						and condi	tions s	pecified on both sides of		con	ditions of the a			
NASHVILLE E. STATE F. ZIP CODE TN 372156105								n the attached sheet, if elivery as indicated.		con	tract.			
9. ACCOUNTING		PROPRIATION DATA						NING OFFICE RCEMENT REMO	VAT.					
		CATION (Check appropriate be	ox(es))			1202 2				1	12. F.O.B. POI	NT		
a. SMALL		b. OTHER THAN SMALL	c. DISAL	OVANTA	GED d. WO	MEN-OWNE	D	e. HUBZone						
f. SERVICI	E-DISABLE AN-OWNE				' n. E	DWOSB								
		13. PLACE OF	THE WOODT IN		GOVERNMENT B/L N	O.		15. DELIVER TO F.O.B.	POINT	4	16. DISCOU	NT TERMS	(
a. INSPECTION		b. ACCEPTANCE		_				ON OR BEFORE (Date 30 Days Afte) r Award					
Destinat		Destinati										Ne	t (b)(4)	
					17. SCHEDULE (See	e reverse for	Rejec	tions)						
ITEM NO.		SUPPLIES (OR SERVICES			QUANTITY UNIT ORDERED UNIT PRICE					QUANT ACCEP			
(a)		((b)			(c)	(d)	(e) (f)					(g)	
K	Contro b)(6); (b) Alter: repre (b)(6); (b)	nate Contracting sentative (ACOR)	Represent @ic g Officer	e.dh	re(COR): s.gov									
	18. SHIP	PING POINT		19.	GROSS SHIPPING V	VEIGHT		20. INVOICE NO.			'		17(h) TOTAL (Cont.	
				21. M	AIL INVOICE TO:								pages)	
	a. NAME		ICE						(b)(4)				◀	
SEE BILLING INSTRUCTIONS	h STDE			י א ד א ד א	NCE CENTER				-					
ON REVERSE	(or P.O.	Pov)	BOX 1620	LINAI	NCE CENTER								17(i)	
			N (b)(7)(E)										GRAND	
									(b)(4)				IOIAL	
	c. CITY	T. T. G. M. C. T.				d. STA		e. ZIP CODE					—	
	'	LLISTON				IV		05495-1620	L					
22. UNITED S	STATES O A BY <i>(Sigi</i>	L						23. NAME (Typed) (b)(6); (b)(7)(C) TITLE: CONTRACTING	OPDEDING O	EELO	ED			
		•						TITLE. CONTRACTING	ONDERING O	FIUE	LIN			

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

PAGE NO	

DATE OF ORDER CONTRACT NO. ORDER NO. ODT-10-C-0001, 70CDCR20FIGR00193 04/28/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (c) (e) (g) Contracting Officer: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov Contract Specialist: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov The purpose of this FY20 Task Order is to provide funding for detention services for ICE detainees at AT WEST TENN. (CCA) for the period of performance of June 01, 2020 through May 31, 2021 under the provisions of Agreement ODT-10-C-0001. The total amount obligated is as follows: From: (b)(4) Ву: To: Invoice Instructions: ICE - ERO Contracts Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows: a) Email: (b)(7)(E) @ice.dhs.gov · Contracting Officer Representative (COR) or Government Point of Contact (GPOC) · Contract Specialist/Contracting Officer Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. b) USP DHS, ICE Financial Operations - Burlington P.O. Box 1620 Continued ... (b)(4) TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

PAGE NO

3

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

DATE OF ORDER CONTR. 04/28/2020 ODT-

CONTRACT NO.
ODT-10-C-0001,

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	77.17.0	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
		ORDERED (c)		PRICE	200000.00000	ACCEPTED
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		<u> </u>	<u>I</u>	(b)(4)	1

PAGE NO

4

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

DATE OF ORDER CONTRACT NO.

04/28/2020 ODT-10-C-0001,

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	1010 1000 1000 1000	ORDERED		PRICE	V2000000000000000000000000000000000000	ACCEPTED
	52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award					
	3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			(b)(4)	

PAGE NO

5

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

DATE OF ORDER CONTRACT NO. 04/28/2020

ODT-10-C-0001,

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUN ⁻	г	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)		ACCEPTED (g)
	the Contracting Officer Representative	, ,	, ,	, ,	V		
	(COR) or Point of Contact (POC) identified	İ	İ				
	in the contract. Invoice charges must align		İ				
	with the contract CLINs. Supporting		İ				
	documentation is required when guaranteed	İ	İ				
	minimums are exceeded and when allowable		İ				
	costs are incurred. Details are as follows:		İ				
	(i). Guaranteed Minimums. If a guaranteed		İ				
	minimum is not exceeded on a CLIN(s) for	İ	İ				
	the invoice period, no supporting		ĺ				
	documentation is required. When a						
	guaranteed minimum is exceeded on a CLIN						
	(s) for the invoice period, the Contractor						
	is required to submit invoice supporting						
	documentation for all detention services						
	provided during the invoice period which						
	provides the information described below:						
	a Dotantian Rad Chasa Commission						
	a. Detention Bed Space ServicesBed day rate;						
	• Detainees check-in and check-out dates;						
	Number of bed days multiplied by the bed						
	day rate;						
	• Name of each detainee;						
	Detainees identification information						
	<pre>(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format: a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include: • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; Continued</pre>						
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				(b)(4)		

PAGE NO

6

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

DATE OF ORDER CONTRA

04/28/2020 ODT-

CONTRACT NO.
ODT-10-C-0001,

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	Detainees identification information					
	b. Transportation Services: For					
	transportation CLINs without a GM, the					
	supporting documentation must include:					
	 Mileage rate being applied for that invoice; 					
	• Number of miles;					
	• Transportation routes provided;					
	• Locations serviced;					
	• Names of detainees transported;					
	• Itemized listing of all other charges;					
	and,					
	• for reimbursable expenses (e.g. travel					
	expenses, special meals, etc.) copies of					
	all receipts.					
	c. Stationary Guard Services: The itemized					
	monthly invoice shall state:					
	The location where the guard services					
	were provided,					
	The employee guard names and number of					
	hours being billed,					
	• The employee guard names and duration of					
	the billing (times and dates), and • for individual or detainee group escort					
	services only, the name of the detainee(s)					
	that was/were escorted.					
	d. Other Direct Charges (e.g. VTC support,					
	transportation meals/sack lunches,					
	volunteer detainee wages, etc.):					
	1) The invoice shall include appropriate					
	supporting documentation for any direct					
	charge billed for reimbursement. For					
	charges for detainee support items (e.g.		İ			
	meals, wages, etc.), the supporting	İ				
	documentation should include the name of					
	the detainee(s) supported and the date(s)					
	and amount(s) of support.					
	(iii) Firm Fixed-Price CLINs. Supporting					
	documentation is not required for charges					
	for FFP CLINs.					
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			l	(b)(4)	
	TO THE OMNINED FORWARD TO TOT FAGE (ITEM TY(II))					

PAGE NO

7

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

DATE OF ORDER CONTRACT NO.

04/28/2020 ODT-10-C-0001,

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	4. Safeguarding Information: As a	,,	, ,	, ,	**	
	contractor or vendor conducting business	İ				
	with Immigration and Customs Enforcement	İ	l			
	(ICE), you are required to comply with DHS		l			
	Policy regarding the safeguarding of					
	Sensitive Personally Identifiable					
	Information (PII). Sensitive PII is					
	information that identifies an individual,					
	including an alien, and could result in					
	harm, embarrassment, inconvenience or					
	unfairness. Examples of Sensitive PII					
	include information such as: Social					
	Security Numbers, Alien Registration					
	Numbers (A-Numbers), or combinations of information such as the individuals name or					
	other unique identifier and full date of					
	birth, citizenship, or immigration status.					
	As part of your obligation to safeguard					
	information, the follow precautions are					
	required:					
			İ			
	(i) Email supporting documents containing					
	Sensitive PII in an encrypted attachment					
	with password sent separately to the					
	Contracting Officer Representative assigned to the contract.					
	to the contract.					
	(ii) Never leave paper documents containing					
	Sensitive PII unattended and unsecure. When					
	not in use, these documents will be locked					
	in drawers, cabinets, desks, etc. so the					
	information is not accessible to those					
	without a need to know.					
	(iii) Use shredders when discarding paper documents containing Sensitive PII.					
	documents containing sensitive Fir.					
	(iv) Refer to the DHS Handbook for					
	Safeguarding Sensitive Personally					
	Identifiable Information (March 2012) found					
	at	İ				
	http://www.dhs.gov/xlibrary/assets/privacy/d					
	hs-privacy-safeguardingsensitivepiihandbookm					
	arch2012.					
	pdf for more information on					
	and/or examples of Sensitive PII.					
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>	l	l	(b)(4)	<u> </u>
	The state of the s	-				

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

PAGE NO 8

DATE OF ORDER CONTRACT NO. ORDER NO. ODT-10-C-0001, 70CDCR20FIGR00193 04/28/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (b) (c) (e) (g) 5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov Accounting Info: ERODETN-008 E1 31-12-00-000 18-62-0600-00-00-00 GE-25-72-00- -------- 000000 Period of Performance: 06/01/2020 to 05/31/2021 (b)(4)(b)(4)BEDSPACE AT A DAILY BED RATE OF (b)(4) 0001 (b)(4) EΑ CLIN 0001 is increased as follows: FROM: (b)(4) BY: TO: Bed quantity has increased as follows: FROM: (b)(4) BY: TO: The funding provided in this Task Order is the amount presently available for payment and allotted to the award. The service provider agrees to perform to the point that service does not exceed the total amount currently allotted to the items funded under the Task Order. The service provider is not authorized to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. (b)(4) TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

AMENDMENT OF SOLICITATION/MOD	DIFICATION (OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES			
		CTIVE DATE	14 DE	QUISITION/PURCHASE REQ. NO.	E 000	1 3			
2. AMENDMENT/MODIFICATION NO.			1	21FNE00CCA114	5. PRC	OJECT NO. (If applicable)			
P00005 6. ISSUED BY	ODE 70CD	Block 16C		MINISTERED BY (If other than Item 6)	CODE	TOP / DOD			
DETENTION COMPLIANCE AND US IMMIGRATION AND CUSTON OFFICE OF ACQUISITION MAN 801 I ST NW (b)(6); WASHINGTON DC 20536	5	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536							
8. NAME AND ADDRESS OF CONTRACTOR (No	street county St.	ate and 7IP Code)		. AMENDMENT OF SOLICITATION NO.					
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684			9B x 10 0: 7:	A. MODIFICATION OF CONTRACT/ORDER DT-5-C-0010 DCDCR20FIGR00217 B. DATED (SEE ITEM 13)	NO.				
CODE 1597341510000	FACILIT	Y CODE	-	5/05/2020					
1397341310000	11 TI	HIS ITEM ONLY APPLIES TO		-,,					
Items 8 and 15, and returning separate letter or telegram which includes a ref THE PLACE DESIGNATED FOR THE RECEIF virtue of this amendment you desire to change reference to the solicitation and this amendment	erence to the sol T OF OFFERS F an offer already s	icitation and amendment numb PRIOR TO THE HOUR AND Do submitted , such change may b	bers. Fr ATE SPE be made	ECIFIED MAY RESULT IN REJECTION OF Y by telegram or letter, provided each telegram	O BE REC	CEIVED AT FER If by			
12. ACCOUNTING AND APPROPRIATION DATA					0)(4)				
See Schedule	TO MODIFICAT	ION OF CONTRACTS/ORDER	e it M	ODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBE	ED IN ITEM 14			
	NTRACT/ORDEF FORTH IN ITEM	R IS MODIFIED TO REFLECT 14, PURSUANT TO THE AUT	THE AD	GES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b). ITY OF:					
D. OTHER (Specify type of modif	ication and autho	prity)							
X Funding Only Mod		**							
E. IMPORTANT: Contractor X is		uired to sign this document an	d return	copies to the issu	ing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION OF AMENDMENT AND A DUNS Number: 159734151 CONTRACT ADMINISTRATION For Program Office/Receiving Contracting Officer: (b)(6);	OC: Official (b)(7)(C)					e.dhs.gov			
Contract Specialist: (b)(6);(The purpose of this modif (b)(4)		is to provide f	undi	@ice.dhs.gov ng for Elizabeth CDF i	n the	e amount of			
The obligated amount of t	his Task	Order has incr	ease	d					
Except as provided herein, all terms and condition	ns of the docume	nt referenced in Item 9 A or 10	A, as he	eretofore changed, remains unchanged and in	full force	e and effect.			
15A. NAME AND TITLE OF SIGNER (Type or prid	nt)		(b)(NAME AND TITLE OF CONTRACTING OFF δ); (b)(7)(C) 202-923 (b)(6); EM		$(pe \ or \ print)$ (b)(6), (b)(7)(C) ice.dhs.go			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		UNITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to sign)				(Signature of Contracting Officer)	STANDAR	RD FORM 30 (REV. 10-83)			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00005
 PAGE 2
 OF 3

NAME OF OFFEROR OR CONTRACTOR

C	OR	ΕC	ZI:	VΙ	C	INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	From(b)(4) By: To: Discount Terms: Net (b)(4) Period of Performance: 09/01/2020 to 08/31/2021				
	Change Item 1101 to read as follows (amount shown is the obligated amount):				
1101	DETAINEE SERVICES (HOUSING) (b)(4) BEDS, FLAT RATE @ (b)(4) PER MONTH (Bed Day Rate = (b)(4)				(b)(4)
	The obligated amount of this CLIN has increased: From(b)(4) By: To:				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
11012	Change Item 1104A to read as follows(amount shown is the obligated amount):				(6)(4)
1104A	GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF (b)(4) PER MONTH.				(b)(4)
	The obligated amount of this CLIN has increased: Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00005
 PAGE OF 3
 OF 3

NAME OF OFFEROR OR CONTRACTOR

CODI	COT	VIC	INC	
JUK.	ロヘエ	$^{\wedge}$ T C	TIVC	

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Funded: (D)(4) Accounting Info: (D)(7)(E) Funded: (D)(4) Accoun				

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CON	TRACT	1.	CONTRACT ID CODE	PAGE OF PAGES	AGE OF PAGES			
				TIONIBULGO	1 4				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DA			TION/PURCHASE REQ. NO. FNE 0 0 CCA 1 1 5	5. PROJECT NO. (If applicable)	•)			
P00006	See Block	16C			0005				
6. ISSUED BY CODE	70CDCR		7. ADMINI	STERED BY (If other than Item 6)	CODE ICE/DCR				
DETENTION COMPLIANCE AND REM		_			REMOVALS				
US IMMIGRATION AND CUSTOMS E		ľ		RATION AND CUSTOMS EN					
OFFICE OF ACQUISITION MANAGE 801 I ST NW (b)(6);	EMENT			E OF ACQUISITION MANA STREET NW (b)(6); (b)(7)(C)	AGEMENT				
WASHINGTON DC 20536				NGTON DC 20536	_				
Wildlimeren De 2000			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VOTON DO 20000					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	et, county, State and ZIP	Code)	(x) 9A. AM	ENDMENT OF SOLICITATION NO.					
CODERTITE THE			(*/						
CORECIVIC INC ATTN CORECIVIC INC			OR DA	TED (SEE ITEM 11)					
5501 VIRGINIA WAY(b)(6);				(SEE TIEW TI)					
BRENTWOOD TN 370277684									
3/02//001			X ODT-	ODIFICATION OF CONTRACT/ORDER	NO.				
				CR20FIGR00217					
				ATED (SEE ITEM 13)					
CODE 1597341510000	FACILITY CODE		. 05/	05/2020					
	44 THIS ITEM	ONLY ADDITIES TO A		S OF SOLICITATIONS					
☐ The above numbered solicitation is amended as set for					tended. is not extended.				
Offers must acknowledge receipt of this amendment p									
	•			of this amendment on each copy of the					
separate letter or telegram which includes a reference									
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer					•				
reference to the solicitation and this amendment, and			-	-	of letter filakes				
12. ACCOUNTING AND APPROPRIATION DATA (If req	quired)	Net	Incre	ase: (b)	(4)				
See Schedule									
13. THIS ITEM ONLY APPLIES TO M	MODIFICATION OF C	ONTRACTS/ORDER	S. IT MODIF	IES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.				
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Sp	ecify authority) THE	CHANGES	SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT				
B. THE ABOVE NUMBERED CONTRA	CT/ORDER IS MOD	IFIED TO REFLECT	THE ADMINI	STRATIVE CHANGES (such as changes	s in paving office.				
B. THE ABOVE NUMBERED CONTRAI appropriation date, etc.) SET FORTI	H IN ITEM 14, PURS	SUANT TO THE AUTI	HORITY OF	FAR 43.103(b).	,,,				
C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INT	O PURSUANT TO AL	UTHORITY C	PF:					
D. OTHER (Specify type of modification	n and authority)								
X Funding Only Modific	cation								
E. IMPORTANT: Contractor X is not,		gn this document and	d return	copies to the issui	ing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION									
DUNS Number: 159734151	, ,	0 /		•					
CONTRACT ADMINISTRATION POC:	:								
Program Office/Receiving Off	Ficial POC:	(b)(6); (b)(7)(C)			@ice.dhs.gov				
Contracting Officer: (b)(6); (b)(7)				@ice.dhs.gov					
Contract Specialist: (b)(6); (b)(7)				@ice.dhs.gov					
concrace opecialise.	,(0)			erce.diis.gov					
The purpose of this modifies	ation in to	nunciida E		for Elizabeth CDE in	n the emount of				
The purpose of this modifica (b)(4)	ition is to	provide i	unaing	for Elizabeth CDF in	n the amount of				
)(4)									
The obligated amount of this	3 Task Orde	r has incr	eased						
Continued									
Except as provided herein, all terms and conditions of the	he document referen	ced in Item 9 A or 10	A, as heretof	ore changed, remains unchanged and in	full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)						
			(b)(6); (l		(b)(6): (b)(7)(C)	dhe			
45D CONTRACTOR/OFFE						e.dhs.gov			
15B. CONTRACTOR/OFFEROR						4ED			
	15	C. DATE SIGNED	16B. UNIT	ED STATES OF AMERICA	16C. DATE SIGNI				
(Signature of person authorized to sign)	15	C. DATE SIGNED	16B. UNIT	(Signature of Contracting Officer)	ToC. DATE SIGN				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
ODT-5-C-0010/70CDCR20FIGR00217/P00006

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	From(b)(4) By: To: Period of Performance: 09/01/2020 to 08/31/2021 Change Item 1101 to read as follows(amount shown is the obligated amount):				
1101	DETAINEE SERVICES (HOUSING) (b)(4) BEDS, FLAT RATE @ (b)(4) PER MONTH (Bed Day Rate = (b)(4) The obligated amount of this CLIN has increased: From (b)(4)				(b)(4)
	By: To: Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E)				
1104A	Funded: (b)(4) Change Item 1104A to read as follows(amount shown is the obligated amount): GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF Continued				(b)(4)
					_

PAGE

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OF

4

PAGE REFERENCE NO. OF DOCUMENT BEING CONTINUED OF **CONTINUATION SHEET** ODT-5-C-0010/70CDCR20FIGR00217/P00006 3

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(4) PER MONTH.				
	The obligated amount of this CLIN has increased:				
	Fron(b)(4)				
	By:				
	To:				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info: (b)(7)(E)	5			
	(A) (A)				
	Funded: (b)(4)				
	Accounting Info:	1			
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1104B to read as follows(amount shown is the obligated amount):				
	TO VAN	(b)(4)		7.74	(h)/4)
1104B	TRANSPORTATION MILEAGE @ (b)(4) PER MILE.	(0)(4)	EΑ	(b)(4)	(b)(4)
	The quantity of this CLIN has increased:				
	From(b)(4)	1			
	By:				
	To:				
	The obligated amount of this CLIN has increased:				
	Fron(b)(4)				
	By:				
	Continued				
NSN 7540-01-152	2023-ICLI-00006 00260	7	_		OPTIONAL FORM 336 (4-86)

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REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE **CONTINUATION SHEET** ODT-5-C-0010/70CDCR20FIGR00217/P00006 4 4

Accounting Info: D(N/E)	ГЕМ NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
Accounting Info: D(T)(E)	(A)	(B)	(C)	(D)	(E)	(F)
Accounting Info: D(T)(E)		To: (b)(4)		Н		
Funded: [D)(4) Accounting Info: [D)(7)(E) Funded: [D)(4) Accounting Info: [D)(7)(E) Funded: [D)(4) Accounting Info: [D)(7)(E) Funded: [D)(4) Accounting Info: [D)(7)(E) Funded: [D)(4) Notwithstanding the period of performance indicated above, the funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.			1	Ιİ	İ	
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ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.		for performance beyond the funding allotted.		Ш		
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	A DEC	UISITION/PURCHASE REQ. NO.	E DD	1 3 OJECT NO. (If applicable)				
			21FNE00CCA116	5. PK	OJECT NO. (If applicable)				
P00007 6. ISSUED BY CODE	See Block 16C		MINISTERED BY (If other than Item 6)	CODE	ICE/DCR				
DETENTION COMPLIANCE AND REMUS IMMIGRATION AND CUSTOMS FOR OFFICE OF ACQUISITION MANAGER 801 I ST NW (b)(6); (b)(7)(C) WASHINGTON DC 20536	INFORCEMENT	ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536							
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	county. State and ZIP Code)	, . I9A	AMENDMENT OF SOLICITATION NO.						
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY(b)(6); (b)(7)(C) BRENTWOOD TN 370277684		x 10, OI	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDI OT -5 - C - 0 0 1 0 OCDCR 2 0 F I GR 0 0 2 1 7	ER NO.					
CODE 1597341510000	FACILITY CODE		5. DATED (SEE ITEM 13)						
1597341510000	11. THIS ITEM ONLY APPLIES		5/05/2020						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer	pies of the amendment; (b) By ackno to the solicitation and amendment n OFFERS PRIOR TO THE HOUR AN er already submitted, such change m	owledging red numbers. FA D DATE SPE nay be made	eipt of this amendment on each copy of the NLURE OF YOUR ACKNOWLEDGEMEN CIFIED MAY RESULT IN REJECTION OI by telegram or letter, provided each telegr	he offer subi T TO BE RE F YOUR OF	mitted ; or (c) By CCEIVED AT FER If by				
reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req	internal)	let Inc		(b)(4)					
See Schedule									
A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORTI									
D. OTHER (Specify type of modification	and authority)								
X Funding Only Modific	5								
E. IMPORTANT: Contractor X is not,	is required to sign this documen	nt and return	copies to the is	ssuing office					
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 159734151 CONTRACT ADMINISTRATION POC:									
Program Office/Receiving Off	icial POC: (b)(6); (b)(7)	(C)		@ice	e.dhs.gov				
Contracting Officer: $(b)(6)$; $(b)(7)$			@ice.dhs.gov	7					
Contract Specialist: (b)(6), (b)(7) The purpose of this modifica		fundi	Pice.dhs.gov	in the	e amount of				
The obligated amount of this Continued Except as provided herein, all terms and conditions of the				nd in full force	e and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6	NAME AND TITLE OF CONTRACTING (): (b)(7)(C)	OFFICER (T)	ype or print)				
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNE		UNITED STATES OF AMERICA	EMAIL: (E	D)(6); (b)(7)(C) @ice.dhs.gov				
(Signature of person authorized to sign) NSN 7540-01-152-8070			(Signature of Contracting Officer)	STANDA	RD FORM 30 (REV. 10-83)				

NSN 7540-01-152-8070 Previous edition unusable
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00007
 PAGE 2
 OF 3

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1101A	From (b)(4) By: To: Period of Performance: 09/01/2020 to 09/30/2021 Change Item 1101A to read as follows (amount show is the obligated amount): REA RETROACTIVE PAYMENT AMOUNT FOR 2 MONTHS. (September and October 2020) The obligated amount of this CLIN has increased From (b)(4) By: To:				(b)(4)
1104C	Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Change Item 1104C to read as follows (amount show is the obligated amount): ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR. The obligated amount of this CLIN has increased From (b)(4) By: To: Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Continued				(b)(4)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00007
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 OF 3

NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC

TEM NO.	SUPPLIES/SERVICES	QUANTITY	ı	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded:(b)(4)				
	Notwithstanding the period of performance				
	indicated above, the funding provided in this				
	modification is the amount presently available				
	for payment and allotted to this task order. The				
	service provider agrees to perform to the point				
	that does not exceed the total amount currently				
	allotted to the items currently funded under this				
	task order. The service provider is not				
	authorized to continue to work on those item(s)				
	beyond that point. The Government will not be				
	obligated to reimburse the service provider in				
	excess of the amount allotted to those item(s)				
	for performance beyond the funding allotted.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.				
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AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CO	NTRACT		CONTRACT ID CODE	PAGE OF PAGES			
AMENDMENT/MODIFICATION NO	To EFFECTIVE	2475	4 050	HIGH TON PURPOUNDS DEC. NO.	15.000	1 4		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE I		4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJ	JECT NO. (If applicable)		
P00008 6. ISSUED BY CODE	See Bloc	k 16C	7 404	MINISTERED BY (If other than Item 6)	CODE			
	70CDCR					ICE/DCR		
DETENTION COMPLIANCE AND REM		2222		Detention Compliance &				
U.S. Immigration and Customs		ment		gration and Customs En				
Office of Acquisition Manage 801 I ST NW, (b)(6);	ement			ice of Acquisition Mana I Street NW, (b)(6); (b)(7)(C)	gemen	t		
WASHINGTON DC 20536				nington DC 20536				
WASHINGTON DC 20000			Wasi	iriigeon be 20000				
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and 2	ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.				
			(^)					
CORECIVIC INC			OB	DATED (SEE ITEM 44)				
ATTN CORECIVIC INC			98.	DATED (SEE ITEM 11)				
5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684								
3RENTWOOD IN 3/02//684			x 10/	MODIFICATION OF CONTRACT/ORDER N	Ο.			
			1 101	T-5-C-0010				
				CDCR20FIGR00217				
	Texau ieu con			DATED (SEE ITEM 13)				
CODE HJGMJN1JKL46	FACILITY CODE	Ε	0	5/05/2020				
	11. THIS ITE	M ONLY APPLIES TO A	MENDM	ENTS OF SOLICITATIONS				
The above numbered solicitation is amended as set for				•		is not extended.		
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning cop				on or as amended , by one of the following me eipt of this amendment on each copy of the of				
separate letter or telegram which includes a reference								
THE PLACE DESIGNATED FOR THE RECEIPT OF C								
virtue of this amendment you desire to change an offe					or letter ma	akes		
reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required)				/l= \ /	4)			
See Schedule	an ou,	Net	рес	rease: (D)(7)			
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF	CONTRACTS/ORDER	S. IT MC	DIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED	IN ITEM 14.		
CHECK ONE A. THIS CHANGE ORDER IS ISSUED F	PURSUANT TO: (Specify authority) THE	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN TI	HE CONT	RACT		
ORDER NO. IN ITEM 10A.								
B. THE ABOVE NUMBERED CONTRAC	CT/ORDER IS MC	DIFIED TO REFLECT	THE ADI	MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).	in paying	office,		
appropriation date, etc.) SETFORTE	I IN ITEM 14, PUI	RSUANT TO THE AUT	HORITY	OF FAR 43.103(b).				
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED IN	ITO PURSUANT TO AL	JTHORI	TY OF:				
D. OTHER (Specify type of modification	and authority)							
X FAR 4.804, Closeout	of Contra	act Actions						
E. IMPORTANT: Contractor X is not.		sign this document and	d return	copies to the issuing	g office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION (
CONTRACT ADMINISTRATION POC:	,0.94204 2, 00	. coolien medalinge, inc	g		,			
Program Office/Receiving Off	icial POC	(b)(6); (b)(7)(C))		@ice.	dhs.gov		
Contracting Officer: (b)(6); (b)(7)(@ice.dhs.gov				
Contract Specialist: (b)(6); (b)(7)((C)			@ice.dhs.gov				
UEI SAM: HJGMJN1JKL46								
The purpose of this modifica	tion is t	o de-obliga	te ez	cess funding and close	out	this Task		
Order.								
1.) All invoices have been p	aid.							
Continued								
	o document refer	ancod in Itam 0 A as 10	A ach-	otoforo changed, romains unchanged and in f	ull force o	and offect		
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document refer	enceu in item 9 A or 10.	_	etofore changed, remains unchanged and in f NAME_AND TITLE OF CONTRACTING OFFIC				
TOAL HANNE AND THEE OF SIGNER (Type or print)				i); (b)(7)(C)	JER (1906	; or printy		
				: 202-923-(b)(6); EMA:	IL: (b)(6);(b)(7)(C) @ice.dhs.gov		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	_	JNITED STATES OF AMERICA		16C. DATE SIGNED		
(Signature of person authorized to sign)				(Signature of Contracting Officer)				
NSN 7540-01-152-8070					TANDARE	FORM 30 (REV. 10-83)		

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
ODT-5-C-0010/70CDCR20FIGR00217/P00008

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	2.) All services/supplies have been received,				
	inspected, and accepted by the Government.	l	Ιİ	İ	
	3.) The Contractor releases the Government from		l I	İ	
	any and all liability under this Order.		l I	İ	
	4.) The Government agrees that all obligations		l I		
	under this Order are concluded.				
	In accordance with the closeout procedures of FAR				
	4.804, this Order is hereby modified as follows:				
	1. De-obligate a total of (b)(4) in funding				
	from this task order. Funding is de-obligated				
	from CLINs 1104B, 1104C, 1105. Please see the				
	aforementioned CLINs below for details.				
	2. As a result, the total amount of funding				
	obligated under this Order is decreased as	l	ll		
	follows:				
	From: (b)(4)				
	By:				
	To:				
	All other terms and conditions of this task order				
	remain unchanged.				
	Temain unchanged.				
	Discount Terms:				
	Net (b)(4)				
	Period of Performance: 09/01/2020 to 09/30/2021				
	Change Item 1104B to read as follows(amount shown				
	is the obligated amount):				
	(h)(A)				(6)(4)
.04B	TRANSPORTATION MILEAGE @ (D)(4) PER MILE.				(b)(4)
	With this Modification (P00008), the obligated				
	amount of this CLIN has decreased:				
	From:(b)(4)				
	By:				
	To:				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00008
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(A) (B) (C) (D) (E) (F) (B) (C) (D) (E) (F) (C) (D) (E) (F) (F) (F) (F)	ITEM NO.	SUPPLIES/SERVICES	QUAN	NTITY	TINL	UNIT PRICE	AMOUNT
Funded: [D)(4) Accounting Info: (D)(7)(E) Funded: [D)(4) Accounting Info: (D)(7)(E) Funded: [D)(4) Change Item 1104C to read as follows (amount shown is the obligated amount): 1104C ADDITIONAL GUARD SERVICES PER DIEM RATE @ \$25.81 PER HOUR. With this Modification (P00008), the obligated amount of this CLIN has decreased: From: [D)(4) By: To: Accounting Info: (D)(7)(E) Funded: [D)(4) Accounting Info: (D)(7)(E) Funded: [D)(4) Funded: [D)(4) Funded: [D)(4)	(A)	(B)	(C) (D)	(E)	(F)
Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Funded: (b)(4) Continued	(A)	(b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Change Item 1104C to read as follows(amount shown is the obligated amount): ADDITIONAL GUARD SERVICES PER DIEM RATE (e) \$25.81 PER HOUR. With this Modification (P00008), the obligated amount of this CLIN has decreased: From: (b)(4) By: To: Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E)	(C				(F)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 ODT-5-C-0010/70CDCR20FIGR00217/P00008
 4
 4

NAME OF OFFEROR OR CONTRACTOR CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1105 to read as follows(amount shown is the obligated amount):				
1105	DETAINEE WAGES @ (b)(4) PER MONTH.				(b)(4)
	With this Modification (P00008), the obligated amount of this CLIN has decreased:				
	From: (b)(4) By: To:				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	NOTHING FOLLOWS				

	OF	DER FOR SU	PPLIES OR SERV	ICES		PAGE	OF PAGES					
IMPORTANT: Ma	ark all packages and papers with	contract and/or or	der numbers.					1	11			
1. DATE OF ORDER	2. CONTRACT NO. (If any) ODT-5-C-0010						6. SHIP TO:					
05/05/2020				a. NAME	OF CC	ONSIGNEE						
3. ORDER NO.		4. REQUISITION/F	REFERENCE NO.									
70CDCR20F1	IGR00217	192120FNE	00CCA110	ICE ENFORCEMENT REMOVAL								
ICEDETENTS IMMIGRATION OFFICE OF	ON AND CUSTOMS ENFO			b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6); (b)(7)(C)								
WASHINGTON	EET NW (b)(6); (b)(7)(C)			c. CITY				d. STATE	e. ZIP CODE			
WINDHINGTON	V DO 20000			WASHI	NGT	ON	DC	20536				
7. TO: COREC				f. SHIP VIA								
a. NAME OF CONT CORECIVIC												
b. COMPANY NAM					RCHA		PE OF ORDER	X b. DELIVER	·			
c. STREET ADDRE	SS			REFERE				D. DELIVER				
5501 VIRG	INIA WAY (b)(6);							Except for billing reverse, this deliv	instructions on the			
								subject to instruc	tions contained on			
				Please fur	rnish th	ne following on the terms	I	this side only of to issued subject to				
d. CITY		e. STATE	f. ZIP CODE	_		pecified on both sides of the attached sheet, if		conditions of the	above-numbered			
BRENTWOOD		370277684			elivery as indicated.		contract.					
	ND APPROPRIATION DATA	'			NING OFFICE	+						
See Schedu	1⊥∈ ASSIFICATION (Check appropriate b		ICE E	NFO.	RCEMENT REMO	VAL	12. F.O.B. PO	INT				
a. SMALL b. OTHER THAN SMALL c. DISADVANTAGED d. V					D	e. HUBZone						
f. SERVICE-D		ED SMALL BUSINES	' ' n. E	DWOSB								
VETERAN-OWNED ELIGIBLE UNDER THE WOSB PROGRAM						45 DELIVED TO 5 0 D	DOINT	L 46 DISSOIL	INT TERMS			
	13. PLACE OF		14. GOVERNMENT B/L N	10.		15. DELIVER TO F.O.B. ON OR BEFORE (Date	e)	16. DISCOL				
a. INSPECTION Destination	b. ACCEPTANCE on Destinati					30 Days Afte	er Award		Net (b)(4)			
			17. SCHEDULE (See	e reverse for	Rejec	tions)						
		2000 A 200 A 200 A		QUANTITY		UNIT		QUANT				
ITEM NO. (a)		OR SERVICES (b)		ORDERED (c)	(d)	PRICE (e)	1	AMOUNT AC				
(b)(JNS Number: 159734: DNTRACT ADMINISTRAT: -Program Office/Rece (6): (b)(7)(C) (6): (b)(7)(C) Contracting Office: Dntinued	151 ION POC: eiving Off: 							(g)			
18	B. SHIPPING POINT		19. GROSS SHIPPING V	WEIGHT		20. INVOICE NO.	<u>' T </u>		17(h) TOTAL			
									(Cont.			
		2	1. MAIL INVOICE TO:						pages)			
a.	NAME						(b)(4)		1 ◀			
SEE BILLING		ICE							J			
	or D.O. Boyl		NANCE CENTER						470			
0///272//02	PO BOX 1620								17(i) GRAND			
	ATT	'N (b)(7)(E)						TOTAL				
C.	. CITY			d. STA	TE	e. ZIP CODE	(b)(4)		」			
	WILLISTON	VI		05495-1620								
22. UNITED STA	ATES OF			23. NAME (Typed)					1			
AMERICA B	Y (Signature)					(b)(6); (b)(7)(C) TITLE: CONTRACTING	ORDERING OF	FICER				
	•											

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

PAGE NO

DATE OF ORDER CONTRACT NO. ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217 05/05/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (c) (e) (g) 202-732-(b)(6); (b)(7)(C) @ice.dhs.gov --Contract Specialist: (b)(6); (b)(7)(C) 202-732-(b)(6); (b)(7)(C) ice.dhs.gov The purpose of this new task order is to provide funding for Detention and Transportation services for ICE detainees at the Elizabeth Detention Center, NJ. Funding is provided for CLINS 0001, 0004, 0005, 0006, and 0007 in the amount of (b)(4)The total obligated amount is increased as follows: FROM(b)(4) BY: TO: Period of Performance: 09/01/2020 to 08/31/2021 (b)(4) $_{EA}$ (b)(4) 0001 DETAINEE SERVICES (HOUSING) (b)(4)BEDS, (b)(4)FLAT RATE @ PER MONTH. The total amount of this CLIN has increased: FROM: (b)(4) BY: TO: The total quantity of this CLIN has increased: FROM: (b)(4) BY: TO: Accounting Info: (b)(7)(E) Funded: (b)(4) (b)(4) 0002 DETAINEE SERVICES (HOUSING) BEDS EΑ (b)(4) @ (b)(4) ΕA The total amount of this CLIN has increased: FROM: (b)(4) BY: Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

			papers with contract and/or	order numbers.								
DATE OF ORD		CONTRACT NO.							ORDER			
05/05/20	020	ODT-5-C-	0010						70CDC	CR20FIGR00217		
ITEM NO.			SUPPLIES/SERVICES			QUANTITY		UNIT		AMOUNT		QUANTITY
(a)	1		(b)			ORDERED (c)	(d)	PRICE (e)		(f)		ACCEPTED (g)
	TO:	(b)(4)				, ,		. , ,			\dashv	107
	inc FRC BY: TO: Acc	ereased: DM: (b)(4) counting I	uantity of this	CLIN has								
	1	<u> </u>										
0003	DET (b)(4		RVICES (HOUSING	(b)(4) + BE	DS @		EA		(b)(4)		=	
)M: (b)(4)	nount of this (CLIN has inc	creased:							
	inc FRC BY: TO:	creased: om: (b)(4) counting I	nantity of this	CLIN has								
	ı								- 1			
	Fun	ided: (b)(4)										
0004	GUA		CES (TRANSPORTA		.ΑΤ	(b)(4	EA	(b)(4)				
		M: (b)(4)	nount of this (CLIN has inc	creased:							
	inc FRC BY:	reased: DM: (b)(4)	aantity of this	CLIN has								
	TOTA	L CARRIED FOR	NARD TO 1ST PAGE (ITEM	17(H))						(b)(4)		

DATE OF ORI	CONTRACT NO.			ORDER	NO	<u></u>
	020 ODT-5-C-0010				CR20FIGR00217	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	TO: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4)					
0005	TRANSPORTATION MILEAGE @ (b)(4) PER MILE.	(b)(4)	EΑ	(b)(4))
	The total amount of this CLIN has increased: FROM: (b)(4) BY: TO: The total quantity of this CLIN has increased:					
	FROM: (b)(4) BY: TO: Accounting Info: (b)(7)(E)					
0006	Funded: (b)(4) ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR.	(b)(4)	EΑ	(b)(4)		
	The total amount of this CLIN has increased: FROM: (b)(4) BY: TO: The total quantity of this CLIN has increased: FROM: (b)(4) BY: TO: Accounting Info: (b)(7)(E)					
	Funded: (b)(4) Continued TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				(b)(4)	

	T: Mark all packages and papers with contract and/or order numbers.					
DATE OF ORI				-	RDER NO.	
05/05/2	020 ODT-5-C-0010			7	OCDCR20FIGR002	17
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
10102		(b)(4)	1	(b)(4)		
0007	DETAINEE WAGES @ (b)(4) PER MONTH.	(b)(4)	ľΕΑ	(b)(4)		
	The total amount of this CLIN has increased:		H			
	FROM: (b)(4)		H			
	BY:		ΙI			
	TO:					
	The total and the of this GITW has					
	The total quantity of this CLIN has increased:					
	FROM: (b)(4)					
	BY:					
	TO:					
			ΙI			
	Accounting Info:					
	(b)(7)(E)					
	Funded: (b)(4)					
	Turaca.					
	The funding provided in this order is the		ΙI			
	amount presently available for payment and		ΙI			
	allotted to this Task Order. The Service					
	Provider agrees to perform to the point					
	that does not exceed the total amount					
	currently allotted to the items funded					
	under this Task Order. The Service Provider is not authorized to continue to work on					
	those item(s) beyond that point. The					
	Government will not be obligated to					
	reimburse the Service Provider in excess of					
	the amount allotted to those item(s) for		1 1			
	performance beyond the funding allotted.		ΙI			
	Invoice Instructions:					
	ICE - ERO Contracts		H			
	Service Providers/Contractors shall use					
	these procedures when submitting an invoice.		ΙI			
			Ιİ			
	All other terms and conditions remained					
	unchanged.					
	1. Invoice Submission: Invoices shall be					
	submitted in a ".pdf" format in accordance					
	with the contract terms and conditions via					
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			•	(b)(4)	<u>'</u>

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

TOTAL CARREST FORMAND TO IST FACE (SEM) TOTAL CARREST FACE (TOT	DATE OF ORD						ORDER NO.			
on by ONDERED (D PRICE OF ACCEPTED (D) PRICE (05/05/20	20	ODT-5-C-0010		70CDCR20FIGR00217					
email, United States Postal Service (USPS) or faccimile as follows: a) Email: - (DNT/NC) - (Contracting Officer Expresentative (COR) or Government Point of Contact (GPC) - (Contract Specialist/Contracting Officer Sach email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. b) USPS: OHS, ICE Financial Operations - Burlington P.O. BOX 1620 Williston, VT O5495-1620 ATTN: (DNT/NE) The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Axand Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c) Facsimile: Alternative Invoices shall be submitted to: (802)-288-7658 Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (DAS) DUNS Number must be registered in the System for Axand Management (SAM) at https://www.sam.gov prior to award and shall be notated on Continued	ITEM NO.		SUPPLIES/SERVICES					AMOU	NT	
or faceimile as follows: a) Emmail: • [PMTME] • Contracting Officer Empresentative (COR) or Government Point of Contact (GPCC) • Contract Specialist/Contracting Officer Sach email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. b) USPS: DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: [DMTME] The Contractors Data Universal Numbering System (DUMS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c) Faceimile: Alternative Invoices shall be submitted to: (802)-288-7658 Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (DaB) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on Continued			**					(f)		
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Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620 ATTN: [DV(7)(E) The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c) Facsimile: Alternative Invoices shall be submitted to: (802)-288-7658 Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on Continued		ر ک								
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Management (SAM) at https://www.sam.gov prior to award and shall be notated on Continued										
prior to award and shall be notated on Continued		be	registered in the System for Award							
Continued										
		-					-			
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		Con	tinued							
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))										
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		TOTAL	CARRIED FORWARD TO 1ST PAGE (ITFM 17/H))			<u> </u>		(b)(4)		

PAGE NO

7

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

 DATE OF ORDER
 CONTRACT NO.

 05/05/2020
 ODT-5-C-0010

ORDER NO.

70CDCR20FIGR00217

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED	(al)	PRICE	(5)	ACCEPTED
(a)	every invoice submitted to ensure prompt	(c)	(d)	(e)	(f)	(g)
	payment provisions are met. The ICE program					
	office identified in the task					
	order/contract shall also be notated on					
	every invoice.					
	2. Content of Invoices: Each invoice shall					
	contain the following information in					7
	accordance with 52.212-4 (g), as applicable:					
	accordance with 52.212-4 (g), as applicable:					
	(i). Name and address of the Service					7
	Provider/Contractor. Note: the name,					
	address and DUNS number on the invoice MUST					
	match the information in both the					
	Contract/Agreement and the information in					
	the SAM. If payment is remitted to another					1
	entity, the name, address and DUNS information of that entity must also be					
	_					
	provided which will require Government					
	verification before payment can be					
	processed;					
	(ii). Dunn and Bradstreet (D&B) DUNS Number;					
	(iii). Invoice date and invoice number;					
	(iv). Agreement/Contract number, contract					
	line item number and, if applicable, the					
	order number;					
	1					
	(v). Description, quantity, unit of					
	measure, unit price, extended price and					
	period of performance of the items or					8
	services delivered;					
	,					
	(vi). If applicable, shipping number and		l			
	date of shipment, including the bill of		l			
	lading number and weight of shipment if					
	shipped on Government bill of lading;					
	(wii) Manna of any discount for any					
	(vii). Terms of any discount for prompt					
	payment offered;					
	(viii). Remit to Address;					
	,					
	(ix). Name, title, and phone number of					
	person to resolve invoicing issues;					1
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		1	I	(b)(4)	1

PAGE NO

8

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

DATE OF ORDER | CONTRACT NO. | 05/05/2020 | ODT-5-C-0010

ORDER NO.

70CDCR20FIGR00217

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
(~)	1	(5)	,	(0)		(9)
	(x). ICE program office designated on					
	order/contract/agreement and					
	(xi). Mark invoice as "Interim" (Ongoing					
	performance and additional billing					
	<pre>expected) and "Final" (performance complete and no additional billing)</pre>					
	and no additional billing)					
	(xii). Electronic Funds Transfer (EFT)					
	banking information in accordance with					
	52.232-33 Payment by Electronic Funds					
	Transfer - System for Award Management or					
	52-232-34, Payment by Electronic Funds	l				
	Transfer - Other than System for Award					
	Management.					
	2 Invoice Cupperting Decumentation To					
	3. Invoice Supporting Documentation. To ensure payment, the vendor must submit					
	supporting documentation which provides					
	substantiation for the invoiced costs to					
	the Contracting Officer Representative					
	(COR) or Point of Contact (POC) identified					
	in the contract. Invoice charges must align					
	with the contract CLINs. Supporting	l				
	documentation is required when guaranteed					
	minimums are exceeded and when allowable					
	costs are incurred. Details are as follows:					
	(i). Guaranteed Minimums. If a guaranteed					
	minimum is not exceeded on a CLIN(s) for					
	the invoice period, no supporting					
	documentation is required. When a					
	guaranteed minimum is exceeded on a CLIN					
	(s) for the invoice period, the Contractor					
	is required to submit invoice supporting					
	documentation for all detention services					
	provided during the invoice period which					
	provides the information described below:					
	a. Detention Bed Space Services					
	Bed day rate;					
	• Detainees check-in and check-out dates;					
	Number of bed days multiplied by the bed					
	day rate;					
	• Name of each detainee;					
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq			(b)(4)	

PAGE NO

9

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

DATE OF ORDER CONTRACT NO.

ODT-5-C-0010 05/05/2020

ORDER NO.

70CDCR20FIGR00217

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT		QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)		ACCEPTED (g)
	Detainees identification information						
		İ	ĺ			İ	
	(ii). Allowable Incurred Cost. Fixed Unit						
	Price Items (items for allowable incurred						
	costs, such as transportation services,						
	stationary guard or escort services,						
	transportation mileage or other Minor						
	Charges such as sack lunches and detainee						
	wages): shall be fully supported with						
	documentation substantiating the costs						
	and/or reflecting the established price in						
	the contract and shall be submitted in .pdf format:						
	iormat:						
	a. Detention Bed Space Services. For						
	detention bed space CLINs without a GM, the						
	supporting documentation must include:						
	• Bed day rate;						
	• Detainees check-in and check-out dates;						
	Number of bed days multiplied by the bed						
	day rate;						
	• Name of each detainee;						
	Detainees identification information						
	b. Transportation Services: For						
	transportation CLINs without a GM, the						
	supporting documentation must include:				l		
			İ				
	Mileage rate being applied for that						
	invoice;						
	• Number of miles;						
	• Transportation routes provided;						
	• Locations serviced;						
	Names of detainees transported;						
	• Itemized listing of all other charges;						
	and,for reimbursable expenses (e.g. travel						
	expenses, special meals, etc.) copies of				1		
	all receipts.						
	c. Stationary Guard Services: The itemized						
	monthly invoice shall state:						
	mba lagatian alta a lagatian						
	• The location where the guard services						
	were provided,						
	Continued						
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		<u> </u>	I	(b)(4)		
	TO THE STREET OF THE TOTAL (TENT IT (TI))						

PAGE NO

10

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

DATE OF ORDER 05/05/2020

CONTRACT NO. ODT-5-C-0010 ORDER NO. 70CDCR20FIGR00217

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
(ω)	The employee guard names and number of	(0)	(4)	(6)	(1)	(9)
	hours being billed,					
	The employee guard names and duration of					
	the billing (times and dates), and					
	• (4) for individual or detainee group					
	escort services only, the name of the					
	detainee(s) that was/were escorted.					
	6 CONS 10 CONS					
	d. Other Direct Charges (e.g. VTC support,					
	transportation meals/sack lunches,					
	volunteer detainee wages, etc.):					
	1) The invoice shall include appropriate					
	supporting documentation for any direct					
	charge billed for reimbursement. For					
	charges for detainee support items (e.g.		l			
	meals, wages, etc.), the supporting					
	documentation should include the name of					
	the detainee(s) supported and the date(s)					
	and amount(s) of support.					
	and amount(s) of support.					
	(iii) Firm Fixed-Price CLINs. Supporting					
	documentation is not required for charges					
	for FFP CLINs.					
	lor i'i odino.					
	4. Safeguarding Information: As a					
	contractor or vendor conducting business					
	with Immigration and Customs Enforcement					
	(ICE), you are required to comply with DHS					
	Policy regarding the safeguarding of					
	Sensitive Personally Identifiable					
	Information (PII). Sensitive PII is					
	information that identifies an individual,					
	including an alien, and could result in					
	harm, embarrassment, inconvenience or					
	unfairness. Examples of Sensitive PII					
	include information such as: Social		l			
	Security Numbers, Alien Registration	İ	İ	İ		į.
	Numbers (A-Numbers), or combinations of		l			
	information such as the individuals name or		l		İ	
	other unique identifier and full date of					
	birth, citizenship, or immigration status.					
					İ	
	As part of your obligation to safeguard					
	information, the follow precautions are					
	required:					
	Continued					
					1	
					(b)(4)	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) OR LOCAL REPODUCTION	\geq			(12)(4)	

ORDER FOR SUPPLIES OR SERVICES PAGE NO **SCHEDULE - CONTINUATION** 11 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217 05/05/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (f) (a) (b) (c) (e) (g) (i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract. (ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. (iii) Use shredders when discarding paper documents containing Sensitive PII. (iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/d hs-privacy-safeguardingsensitivepiihandbookmarch2012.pdf for more information on and/or examples of Sensitive PII. 5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at $1-877-491 \frac{(b)(7)(E)}{(b)}$ or by e-mail at lice.dhs.gov. (b)(7)(E)

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

(b)(4)

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	A REC	UISITION/PURCHASE REQ. NO.	5 PPO	1 5 JECT NO. (If applicable)	
P00001		4. 1120	OISTHON, FORCHASE REQ. NO.	J. PKO	SECT NO. (II applicable)	
6. ISSUED BY CODE	See Block 16C ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR	
ICEDETENTION COMPLIANCE REMIMMIGRATION AND CUSTOMS ENFOOFFICE OF ACQUISITION MANAGES 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536	MOVALS DRCEMENT	IMM OFF 801	DETENTION COMPLIANCE IGRATION AND CUSTOMS E ICE OF ACQUISITION MAN I STREET NW (b)(6); (b)(7)(C) HINGTON DC 20536	AGEME	ALS EMENT	
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t county State and ZIP Code)	I9A	AMENDMENT OF SOLICITATION NO.			
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		x 10/	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER OF CONTRACT/ORDER OF CONTRACT/ORDER	NO.		
			OCDCR20FIGR00217 B. DATED (SEE ITEM 13)			
CODE 1597341510000	FACILITY CODE	_	5/05/2020			
	11. THIS ITEM ONLY APPLIES T					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	IODIFICATION OF CONTRACTS/ORD PURSUANT TO: (Specify authority) T	HE CHANG	DDIFIES THE CONTRACT/ORDER NO. AS DESIGNED TO BE SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).	THE CON	TRACT	
C. THIS SUPPLEMENTAL AGREEMEN						
D. OTHER (Specify type of modification	and authority)					
X Administrative Modif						
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return	copies to the issu	ing office.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 159734151 CONTRACT ADMINISTRATION POC:	(Organized by UCF section headings,		- '			
Program Office/Receiving C	fficial POC: (b)(6); (b)	(7)(C)		@io	ce.dhs.gov	
Contracting Officer: (b)(6); (b)(7)(C)		@ice.dhs.go			
Contract Specialist: (b)(6); (b)(7)(C)		∂ice.dhs.g	OV		
The purpose of this FY20 Tas (70CDCR20FIGR00217) CLIN num Contract (ODT-5-C-0010)						
This Modification accomplish	es the following ac	ctions	:			
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A or	r 10A, as he	retofore changed, remains unchanged and in	n full force	and effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)		16A	NAME AND TITLE OF CONTRACTING OF (6); (b)(7)(C)	FICER (Typ		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		UNITED STATES OF AMERICA		16C. DATE SIGNED	
(Signature of person authorized to sign)			(Signature of Contracting Officer)	STANDAR	D FORM 30 (REV. 10-83)	

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

ODT-5-C-0010/70CDCR20FIGR00217/P00001

PAGE 2 **OF** 5

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	The Numbering for CLINs 0001, 0002, 0003, 0004, 0005, 0006, and 0007 are hereby replaced by the following numbering CLINs 1101, 1102, 1103, 1104A, 1104B, 1104C, and 1105, respectively.				
	All other aspects and amounts remain unchanged from the Base action.				
	Funding is not included on and is not increased by this action. Discount Terms:				
	Net (b)(4) Period of Performance: 09/01/2020 to 08/31/2021				
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Disassociated - See Item 1101	(b)(4)	EA	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	Disassociated - See Item 1102		EΑ	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	Disassociated - See Item 1103		EΑ	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
	Continued				
SN 7540-01-15	2-8067 2023-ICLI-00006 00262				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00001
 PAGE OF 3
 OF 5

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0004	Disassociated - See Item 1104A	(b)(4)	EΑ	(b)(4)	
			1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0005 to read as follows(amount shown				
	is the obligated amount):		H		
0005	Disassociated - See Item 1104B	(b)(4)	EΑ	(b)(4)	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
				İ	
	Change Item 0006 to read as follows(amount shown				
	is the obligated amount):				
0006	Disassociated - See Item 1104C	(b)(4)	EΑ	(b)(4)	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0007 to read as follows (amount shown is the obligated amount):				
	is the obligated amount;				
0007	Disassociated - See Item 1105	(b)(4)	EΑ	(b)(4)	
			1		
	Accounting Info: (b)(7)(E)				
	(0)(1)(1)				
	Funded: (b)(4)				
	Add Item 1101 as follows:				
	Add Item 1101 as follows:	1			
1101	DETAINEE SERVICES (HOUSING) (b)(4) BEDS, FLAT	(b)(4)	EA	(b)(4)	
	RATE @ (b)(4) PER MONTH.	_	1		
	Accounting Info:				
	(b)(7)(E)				
	Continued				
		1	<u>ı l</u>	<u> </u>	

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00001
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1102	Funded: (b)(4) Add Item 1102 as follows: DETAINEE SERVICES (HOUSING) (b)(4) BEDS @ (b)(4) EA Accounting Info: (b)(7)(E)		EΑ	(b)(4)	
1103	Funded: (b)(4) Add Item 1103 as follows: DETAINEE SERVICES (HOUSING) (b)(4) BEDS @ (b)(4) EA. Accounting Info: (b)(7)(E)		EΑ	(b)(4)	
1104A	Funded: (b)(4) Add Item 1104A as follows: GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF (b)(4) PER MONTH. Accounting Info: (b)(7)(E)	(b)(4)	EΑ	(b)(4)	
1104B	Funded: (b)(4) Add Item 1104B as follows: TRANSPORTATION MILEAGE @ (b)(4) PER MILE. Accounting Info: (b)(7)(E)	(b)(4)	EΑ	(b)(4)	
1104C	Funded: (b)(4) Add Item 1104C as follows: ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR. Continued	(b)(4)	EΑ	(b)(4)	

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CONTINUATION SHEET	ODT-5-C-0010/70CDCR20FIGR00217/P00001	5	5

CORECIVI	EROR OR CONTRACTOR				
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	
(A)	(B)	(C)	(D)	(E)	

(A)	(B)	(C)	(D)	(上)	(+)
	Accounting Info: (b)(7)(E) Funded: (b)(4) Add Item 1105 as follows:				
1105	DETAINEE WAGES @ (b)(4) PER MONTH.	(b)(4)	EA	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
					l

AMOUNT

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 PEO	JISITION/PURCHASE REQ. NO.	5 000 150	T NO. (If applicable)			
			21FNE00CCA111	5. PROJEC	I NO. (If applicable)			
P00002 6. ISSUED BY CODE	See Block 16C			CODE				
		ICED IMMI OFFI 801	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	, 9A	AMENDMENT OF SOLICITATION NO.					
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6): BRENTWOOD TN 370277684		x 10A OD 70	DATED (SEE ITEM 11) MODIFICATION OF CONTRACT/ORDER T-5-C-0010 CDCR20FIGR00217 DATED (SEE ITEM 13)	NO.				
CODE 1597341510000	FACILITY CODE	_	5/05/2020					
1597341510000	11. THIS ITEM ONLY APPLIES TO							
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning cop separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF of virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and	pies of the amendment; (b) By acknow to the solicitation and amendment nu DFFERS PRIOR TO THE HOUR AND or already submitted, such change ma	wledging reco umbers. FAI DDATE SPEC ay be made b	eipt of this amendment on each copy of the o LURE OF YOUR ACKNOWLEDGEMENT TO DIFIED MAY RESULT IN REJECTION OF YO y telegram or letter, provided each telegram	offer submitted O BE RECEIVI OUR OFFER	; or (c) By ED AT If by			
12. ACCOUNTING AND APPROPRIATION DATA (If requ	-los di	et Inc	71.)(4)				
See Schedule			L DIFIES THE CONTRACT/ORDER NO. AS D					
	CT/ORDER IS MODIFIED TO REFLEC IN ITEM 14, PURSUANT TO THE A	CT THE ADM UTHORITY (ES SET FORTH IN ITEM 14 ARE MADE IN IN INSTRATIVE CHANGES (such as changes OF FAR 43.103(b). Y OF:					
D. OTHER (Specify type of modification	and authority)							
X Funding Only Modific								
E. IMPORTANT: Contractor is not.	is required to sign this document	and return	copies to the issui	ng office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 159734151								
CONTRACT ADMINISTRATION POC: Program Office/Receiving O	fficial POC: (b)(6); (b))(7)(C)		24.00	.dhs.gov			
Program Office/Receiving OContracting Officer: (b)(6);(b)			@ice.dhs.gov		uns.yov			
Contract Specialist: (b)(6); (b)								
The purpose of this FY20 Tas funding and add a new CLIN (k Order Administrat	tive Mc			nal			
This Modification accomplish Addition funding is added to Continued	CLINS 1101, 1104A,	, and 1	104C. Additionally, Cl					
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	a document referenced in item a A or	16A. N (b)(6)	AME AND TITLE OF CONTRACTING OFF	ICER (Type or				
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		NITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to sign)			(Signature of Contracting Officer)	STANDARD FO	DRM 30 (REV. 10-83)			

NSN 7540-01-152-8070 Previous edition unusable
 CONTINUATION SHEET
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	added to this TO (see CLIN description for details).				
	This modification increases the total amount of obligated funding: From (b)(4) By: To:				
	All other aspects and amounts remain unchanged. Discount Terms: Net (b)(4) Period of Performance: 09/01/2020 to 08/31/2021				
	Change Item 1101 to read as follows(amount shown is the obligated amount):				
1101	DETAINEE SERVICES (HOUSING) (b)(4) BEDS, FLAT RATE @ (b)(4) PER MONTH.				(b)(4)
	The obligated amount of this CLIN has increased: From(b)(4) By: To::				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1104A to read as follows(amount shown is the obligated amount):				Ta see
1104A	GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF (b)(4) PER MONTH.				(b)(4)
	The obligated amount of this CLIN has increased: From(b)(4) By: To:				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00002
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1104C to read as follows(amount shown is the obligated amount):				
1104C	ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR.				(b)(4)
	The obligated amount of this CLIN has increased: From(b)(4) By: To:				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Add Item 1107 as follows:				
1107	ERO DETENTION EXPENSES - New Jersey State Bill - SB 2519. Elizabeth Contract Detention Facility will contract out for approximately (b)(4) meal bags (3 meals per each detainee) and at an estimated cost of (b)(4) each meal bag.				(b)(4)
	The obligated amount of this CLIN has increased: From(b)(4) By: To:				
	The quantity of this CLIN has increased: From(b)(4) By: To::				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES			
		4.850	HEITION/DUDGUAGE DEC. NO.	le 5-	1 4			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		JISITION/PURCHASE REQ. NO. 21FNE00CCA112	5. PR	OJECT NO. (If applicable)			
P00003 6. ISSUED BY CODE	See Block 16C			CODE				
DETENTION COMPLIANCE AND REI US IMMIGRATION AND CUSTOMS I OFFICE OF ACQUISITION MANAGE 801 I ST NW(b)(6); WASHINGTON DC 20536	MOVALS ENFORCEMENT	ICEI IMMI OFFI 801	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.					
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); (b)(7)(C) BRENTWOOD TN 370277684		9B. X 10A	DATED (SEE ITEM 11) MODIFICATION OF CONTRACT/ORDI T-5-C-0010 CDCR20FIGR00217	ER NO.				
			. DATED (SEE ITEM 13)					
CODE 1597341510000	FACILITY CODE	0:	5/05/2020					
	11. THIS ITEM ONLY APPLIES TO	O AMENDM	ENTS OF SOLICITATIONS					
Items 8 and 15, and returning consequence of the PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and	e to the solicitation and amendment nu OFFERS PRIOR TO THE HOUR AND er already submitted , such change ma	mbers. FAI DATE SPE	CIFIED MAY RESULT IN REJECTION OF y telegram or letter, provided each telegr	T TO BE RE F YOUR OF	CEIVED AT FER If by			
12. ACCOUNTING AND APPROPRIATION DATA (If red See Schedule	uired) N∈	et Inc	rease:	(b)(4)				
	MODIFICATION OF CONTRACTS/ORD	ERS. IT MO	DIFIES THE CONTRACT/ORDER NO. A	S DESCRIBE	ED IN ITEM 14.			
	CT/ORDER IS MODIFIED TO REFLEC H IN ITEM 14, PURSUANT TO THE AU	CT THE ADN	ES SET FORTH IN ITEM 14 ARE MADE IINISTRATIVE CHANGES (such as char DF FAR 43.103(b). Y OF:					
D. OTHER (Specify type of modification	n and authority)							
X Funding Only Modific	cation							
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return	copies to the is	ssuing office				
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 159734151 CONTRACT ADMINISTRATION POC:			licitation/contract subject matter where f	easible.)				
Program Office/Receiving C		7)(C)			ice.dhs.gov			
Contracting Officer: (b)(6); (t Contract Specialist: (b)(6); (t			@ice.dhs.gov					
The purpose of this modifica (b)(4)	tion is to provide	fundir	ng for Elizabeth CDF	in the	e amount of			
The obligated amount of this	Task Order has inc	creased	l					
Continued								
Except as provided herein, all terms and conditions of t	he document referenced in Item 9 A or							
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6); (b)(7)(C)						
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		NITED STATES OF AMERICA	EMAIL: (D)(6); (b)(7)(C) ice.dhs.gov 16C. DATE SIGNED			
(Signature of person authorized to sign) NSN 7540-01-152-8070			(Signature of Contracting Officer)	STANDA	RD FORM 30 (REV. 10-83)			

NSN 7540-01-152-8070 Previous edition unusable
 CONTINUATION SHEET
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ITEM NO.	. SUPPLIES/SERVICES		QUANTITY UNIT UNIT PRICE			AMOUNT
(A)		(B)	(C)	(D)	(E)	(F)
	From(b)(4) By: To: Discount Terms: Net(b) Period of Performance	0(4) e: 09/01/2020 to 08/31/2021				
1101	Change Item 1101 to is the obligated amount of the control of the					(b)(4)
		of this CLIN has increased:				
	Accounting Info: (b)(7)(E)					
	Funded: (b)(4) Accounting Info: (b)(7)(E)					
	is the obligated amo					
1104A	(b)(4) PER MONTH	SPORTATION) @ FLAT RATE OF of this CLIN has increased:				(b)(4)
	From(b)(4) By: To:					
	Accounting Info: (b)(7)(E)					
	Funded: (b)(4) Accounting Info: Continued					

PAGE REFERENCE NO. OF DOCUMENT BEING CONTINUED OF **CONTINUATION SHEET** ODT-5-C-0010/70CDCR20FIGR00217/P00003 3 4

NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1104B	Funded: (b)(4) Change Item 1104B to read as follows(amount shown is the obligated amount): TRANSPORTATION MILEAGE @ (b)(4) PER MILE. The obligated amount of this CLIN has increased: From(b)(4) By: To:	(h)/A)	EΑ	(b)(4)	
1104C	Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Change Item 1104C to read as follows (amount shown is the obligated amount): ADDITIONAL GUARD SERVICES PER DIEM RATE (b)(4) PER HOUR. The obligated amount of this CLIN has increased: From (b)(4) By: To: Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Continued				(b)(4)
NSN 7540-01-152	I -8067 2023-ICLI-00006 00263	<u>1</u> 37	1	ı	OPTIONAL FORM 336 (4-86)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-5-C-0010/70CDCR20FIGR00217/P00003
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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

TEM NO.	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Funded: (b)(4) Notwithstanding the period of performance				
	indicated above, the funding provided in this				
	modification is the amount presently available			\	
	for payment and allotted to this task order. The				
	service provider agrees to perform to the point				
	that does not exceed the total amount currently			(
	allotted to the items currently funded under this				
	task order. The service provider is not	2			
	authorized to continue to work on those item(s)				
	beyond that point. The Government will not be				
	obligated to reimburse the service provider in				
	excess of the amount allotted to those item(s)				
	for performance beyond the funding allotted.	2			
	The following and the contract of the contract				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.				
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AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRA	CT	CONTRACT ID CODE	PAGE OF	PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	14 0	EQUISITION/PURCHASE REQ. NO.	1 1	5				
		1.0	2121FNE00CCA113	5. PROJECT NO	. (п аррисавіе)				
P00004 6. ISSUED BY CODE	See Block 16	, C	ADMINISTERED BY (If other than Item 6)	CODE TOF/	DCP				
DETENTION COMPLIANCE AND REMUS IMMIGRATION AND CUSTOMS EOFFICE OF ACQUISITION MANAGE 801 I ST NW (b)(6); WASHINGTON DC 20536	IOVALS INFORCEMENT	IC IM OF 80	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536						
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code) (x)	9A. AMENDMENT OF SOLICITATION NO.						
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); (b)(7)(C) BRENTWOOD TN 370277684			9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER ODT - 5 - C - 0 0 1 0 7 OCDCR 2 0 F I GR 0 0 2 1 7	NO.					
	Texas in cone		10B. DATED (SEE ITEM 13)						
CODE 1597341510000	FACILITY CODE		05/05/2020 DMENTS OF SOLICITATIONS						
☐ The above numbered solicitation is amended as set for Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning cop separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF 0 virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and	prior to the hour and date pies of the amendment; (I to the solicitation and an DFFERS PRIOR TO THE r already submitted, such	specified in the solici b) By acknowledging nendment numbers. HOUR AND DATE S n change may be ma	tation or as amended , by one of the following m receipt of this amendment on each copy of the of FAILURE OF YOUR ACKNOWLEDGEMENT TO PECIFIED MAY RESULT IN REJECTION OF YOUR by telegram or letter, provided each telegram	offer submitted ; or (of DBE RECEIVED AT DUR OFFER If by	oleting c) By				
12. ACCOUNTING AND APPROPRIATION DATA (If requ)(4)					
See Schedule									
	CT/ORDER IS MODIFIED I IN ITEM 14, PURSUAN	TO REFLECT THE ATTO THE AUTHORI	NGES SET FORTH IN ITEM 14 ARE MADE IN ADMINISTRATIVE CHANGES (such as changes TY OF FAR 43.103(b).						
D. OTHER (Specify type of modification	-								
X Funding Only Modific	ation								
E. IMPORTANT: Contractor X is not.	is required to sign th	is document and retu	rn copies to the issuit	ng office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 159734151 CONTRACT ADMINISTRATION POC: Program Office/Receiving Off Contracting Officer: (b)(6); (b)(7)(Contract Specialist: (b)(6); (b)(6); (b)(7)(Contract Specialist: (b)(6);	icial POC: (b)(C)		Pice.dhs.gov	@ice.dhs.	gov				
The purpose of this modifica (b)(4)	tion is to p	covide fund	ling for Elizabeth CDF in	n the amou	nt of				
The obligated amount of this	Task Order h	nas increas	ed						
Continued									
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced in	16 (b	A. NAME AND TITLE OF CONTRACTING OFF ()(6); (b)(7)(C))				
15B. CONTRACTOR/OFFEROR	15C. DA		B. UNITED STATES OF AMERICA		C. DATE SIGNED				
(Signature of person authorized to sign)			(Signature of Contracting Officer)	TANDARD FORM	20 (BEV 40 92)				
NSN 7540-01-152-8070				STANDARD FORM	30 (REV. 10-83)				

NSN 7540-01-152-8070 Previous edition unusable
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	From(b)(4) By: To: Discount Terms: Net (b)(4) Period of Performance: 09/01/2020 to 08/31/2021 Change Item 1101 to read as follows(amount shown is the obligated amount):				
1101	DETAINEE SERVICES (HOUSING) (b)(4) FLAT RATE @ (b)(4) The obligated amount of this CLIN has increased: From(b)(4) By: To:				(b)(4)
1101A	Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Add Item 1101A as follows: REA RETROACTIVE PAYMENT AMOUNT FOR 3 MONTHS (NOV-DEC 2020 AND JAN 2021). The obligated amount of this CLIN has increased: From(b)(4) By: To: Accounting Info: (b)(7)(E) Continued				(b)(4)

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1104A	(b)(7)(E) Funded: (b)(4) Change Item 1104A to read as follows (amount shown is the obligated amount): GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF (b)(4) PER MONTH. The obligated amount of this CLIN has increased: From (b)(4) By: To:				(b)(4)
1104B	Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Change Item 1104B to read as follows (amount shown is the obligated amount): TRANSPORTATION MILEAGE @ (b)(4) PER MILE. The quantity of this CLIN has increased: From (b)(4) By: To: The obligated amount of this CLIN has increased: From (b)(4) By: To: Continued	(b)(4)	EA	(b)(4)	

 CONTINUATION SHEET
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1104C	Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Change Item 1104C to read as follows (amount shown is the obligated amount): ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR. The obligated amount of this CLIN has increased: From (b)(4) By: To: Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info:	(C)		(E)	(b)(4)
1105	(b)(7)(E) Funded: (b)(4) Change Item 1105 to read as follows (amount shown is the obligated amount): DETAINEE WAGES @ (b)(4) PER MONTH. Continued	(b)(4)	ΕA	(b)(4)	

 CONTINUATION SHEET
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	LINIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
(11)		(0)	(D)	(1)	(1)
	The quantity of this CLIN has increased:				
	From: (b)(4)				
	By:				
	To:				
	The obligated amount of this CLIN has increased:				
	From: (b)(4)				
	By:				
	To:				
	Accounting Info: (b)(7)(E)				
	(0)(1)(2)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Notwithstanding the period of performance				
	indicated above, the funding provided in this				
	modification is the amount presently available				
	for payment and allotted to this task order. The service provider agrees to perform to the point		X		
	that does not exceed the total amount currently				
	allotted to the items currently funded under this				
	task order. The service provider is not				
	authorized to continue to work on those item(s)				
	beyond that point. The Government will not be				
	obligated to reimburse the service provider in				
	excess of the amount allotted to those item(s)				
	for performance beyond the funding allotted.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.				
	ADD OTHER TERMS AND CONDITIONS REMAIN SWEHANGED.				

		OR	DER FOR SU	PPLIES OR SERV	ICES				PAGE	OF PAGES			
IMPORTANT: I	Mark all pa	ckages and papers with o	contract and/or ord	der numbers.					1	5			
1. DATE OF ORD	DER 2.	CONTRACT NO. (If any) 0CDCR20D000000	0.7		6. SHIP TO:								
12/20/201					a. NAME	OF CC	ONSIGNEE						
3. ORDER NO.			4. REQUISITION/R	EFERENCE NO.	ICE ENFORCEMENT REMOVAL								
70CDCR20E	FR00000	012	See Schedu	ıle	ICE E	NFO.	RCEMENT REMO	VAL					
ICEDETENT IMMIGRATI OFFICE OF	TIÓN CO ION ANI F ACQUI	CUSTOMS ENFOR			b.STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6); (b)(7)(C)								
801 I STREET NW (b)(6); (b)(7)(C)													
WASHINGTON DC 20536					c. CITY WASHI	NGT	ON		d. STATE	e. ZIP CODE 20536			
7. TO: (b)(6); (b	o)(7)(C)				f. SHIP VI	IA							
a. NAME OF CON													
CORECIVIO							8. TYI	PE OF ORDER					
b. COMPANY NA					_	RCHA			X b. DELIVERY	'			
c. STREET ADDR 5501 VIRO	GINIA V	VAY (b)(6);			REFERE	NCE Y	OUR:		Except for billing i reverse, this deliv	instructions on the			
									subject to instruct	tions contained on			
							ne following on the terms		this side only of the issued subject to				
d. CITY			e. STATE	f. ZIP CODE	_		pecified on both sides of n the attached sheet, if		conditions of the a contract.	above-numbered			
BRENTWOOD)		TN	37027	any, inclu	ding de	elivery as indicated.						
		OPRIATION DATA			10. REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL								
See Schedule 11. BUSINESS CLASSIFICATION (Check appropriate box(es))				TICE E	INT O	KCEMENT KENO	VAL	12. F.O.B. POI	12. F.O.B. POINT				
a. SMALL	b	OTHER THAN SMALL	c. DISADVA	NTAGED d. WO	MEN-OWNE	D	e. HUBZone						
f. SERVICE	-DISABLED N-OWNED		D SMALL BUSINESS THE WOSB PROGE	' ' In. I	EDWOSB								
VETERAL	IN-OWNED	13. PLACE OF		14. GOVERNMENT B/L N	NO.		15. DELIVER TO F.O.B.	POINT	16. DISCOU	NT TERMS			
a. INSPECTION		b. ACCEPTANCE			ON OR BEFORE (Date) Multiple								
Destinati	ion	Destinati	on				110101910			Net (b)(4)			
		·		17. SCHEDULE (Se	e reverse for	Rejec	tions)		<u> </u>				
ITEM NO.			R SERVICES		QUANTITY ORDERED (c)		UNIT PRICE (e)	AMO (f		QUANTITY ACCEPTED (g)			
[t]	Contrac b)(6); (b)(7	mber: 1597341 ting Officer: ()(C) Pice.dhs.g	51 b)(6); (b)(7)(C)				(0)	,	,	(9)			
C	Continu	ned											
	18. SHIPPIN	NG POINT		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.			
-			2	1. MAIL INVOICE TO:						pages)			
	a. NAME			T. MAIL HAVOIGE TO.				(b)(4)					
	a. NAIVIE	DHS	ICE					(0)(1)		. `			
	b. STREET	2011	LINGTON FI	NANCE CENTER									
ON REVERSE	(or P.O. Box) PO BOX 1620								17(i) GRAND				
		ATT	(b)(7)(E)						(b)(4)				
}	c. CITY				d. STA	TE	e. ZIP CODE	(b)(4)					
		LISTON			VT 05495-1620					_ `			
22. UNITED S	TATES OF						23. NAME (Typed)						
AMERICA	BY (Signati	ure)					(b)(6); (b)(7)(C)						
							TITLE: CONTRACTING	ORDERING OF	FICER				

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

PAGE NO

2

	ATE OF ORDER CONTRACT NO. 2/20/2019 70CDCR20D0000007						ORDER NO. 70CDCR20FR0000012			
ITEM NO.			QUANTITY		LINUT			CHANTITY		
HEM NO.	St	JPPLIES/SERVICES	ORDERED		UNIT PRICE	MOMA	41	QUANTITY ACCEPTED		
(a)		(b)	(c)	(d)	(e)	(f)		(g)		
	provide funding transportation Area of Response Detention Center This task order terms and conditions of Task Order.	r is being issued under the itions of ICE IDIQ Contract 200000000007. All terms and that Contract apply to this	:							
		Performance for this Task from December 20, 2019 er 19, 2020.								
	Order is increa From(b)(4) By: To:	gated amount on this Task ased as follows: Drmance: 12/20/2019 to								
0001		ceed Minimum = (b)(4) of Guaranteed Minimum is (b)	(4)			(b)(4)				
	annually during Product/Service Product/Service HOUSEKEEPING-	Description: GUARD: 192120FSDCORE0003,	1.							
	Accounting Info (b)(7)(E)):								
	Funded: (b)(4) Accounting Info);								
	Continued									
	TOTAL CARRIED FORWARD	TO 1ST PAGE (ITEM 17(H))		<u> </u>		(b)(4)	\neg	<u>I</u>		

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000007 70CDCR20FR0000012 12/20/2019 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (e) (f) (b) (c) (g) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) 0002 (b)(4)Detention Bed Day Rate Above Guaranteed Minimum Rate (Beds (b)(4) (b)(4) *CLIN unit Price will inflate by 2.5% annually during the five-year base period. Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192120FSDCORE0003.1 Accounting Info: (b)(7)(E) Funded: (b)(4) 0003 (b)(4)Transportation Mileage (IAW with current Joint Travel Regulations rates currently (b)(4) per mile) NTE: (b)(4) miles per year Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192120FSDCORE0003 Accounting Info: (b)(7)(E) Funded: (b)(4) (b)(4)0004 On Call/Transportation Guards Hours Regular Hourly Rate: per hour Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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

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12/20/2		70CDCR20D00000007				70CDCR	20FR0000012	
ITEM NO.	Т	SUPPLIES/SERVICES	QUANTITY		UNIT	<u> </u>	AMOUNT	QUANTITY
(a)		(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)
	Pro Pro HOU Req	duct/Service Code: S206 duct/Service Description: SEKEEPING- GUARD uisition No: 192120FSDCORE0003.1 ounting Info:						
0005	Det Rat	ded: (b)(4) ainee Work Program e: (b)(4) Per Day per Detainee applicable)					(b)(4)	
	Pro Pro HOU	:(b)(4) duct/Service Code: S206 duct/Service Description: SEKEEPING- GUARD uisition No: 192120FSDCORE0003.1						
	(b)(7)	ounting Info: (E) ded: (b)(4)						
0006	Sur	ge/Facility Upgrades*					(b)(4)
	*No pla wit app con via Pro HOU For	facility modifications or other work nned under this CLIN may be initiated hout a negotiated proposal and with roval by the Contracting Officer via a tract modification and funding obligated task order. duct/Service Code: S206 duct/Service Description: SEKEEPING- GUARD Invoice Instructions please Section G the Contract. tinued						
	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17/HI)\					(b)(4)	
ALITHODIZED		CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) ALREPODUCTION						PTIONAL FORM 348 (Base 4/2008

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IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000007 70CDCR20FR0000012 12/20/2019 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (b) (c) (e) (g) **For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE.** **Notwithstanding the period of performance indicated above, the funding provided in this Task Order is the amount presently available for payment and allotted to this task order. The Service Provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The Service Provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. ** The total amount of award: (b)(4)The obligation for this award is shown in box 17(i).

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

(b)(4)