

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				1 2	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00003		See Block 16C			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
		70CDCR		CODE ICE/DCR	
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); (b)(7)(C) WASHINGTON DC 20536		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)		9A. AMENDMENT OF SOLICITATION NO.	
CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027				9B. DATED (SEE ITEM 11)	
		X		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000013	
CODE 1597341510000		FACILITY CODE		10B. DATED (SEE ITEM 13) 07/31/2020	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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 MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	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:				
X	D. OTHER (Specify type of modification and authority) Other Administrative Modification				
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) DUNS Number: 159734151 COR: (b)(6); (b)(7)(C)@ice.dhs.gov ACOR: (b)(6); (b)(7)(C)@ice.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 10A, as heretofore 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); (b)(7)(C)			
		TEL: 202-732 (b)(6);		EMAIL: (b)(6); (b)(7)(C)@ICE.DHS.GOV	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(b)(6); (b)(7)(C)	
				(Signature of Contracting Officer)	
NSN 7540-01-152-8070 Previous edition unusable					
2023-ICLI-00006 002500					
STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243					

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The purpose of this modification is to correct the wage determination incorporated in P00002.</p> <p>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.</p> <p>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 70CDCR20D00000013 shall remain unchanged.</p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO. P00004		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		CODE 70CDCR		5. PROJECT NO. (If applicable)	
		7. ADMINISTERED BY (If other than Item 6) ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6); (b)(7)(C) Washington DC 20536		CODE ICE/DCR	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000013	
				10B. DATED (SEE ITEM 13) 07/31/2020	
CODE 1597341510000		FACILITY CODE			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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					
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	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).				
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-1 Changes - Fixed Price				
	D. OTHER (Specify type of modification and authority)				
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) DUNS Number: 159734151 COR: (b)(6); (b)(7)(C)@ice.dhs.gov ACOR: (b)(6); (b)(7)(C)@ice.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 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print) (b)(6); (b)(7)(C) Vice President, Partnership Contracts Counsel		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6); (b)(7)(C) TEL: 202-732-(b)(6); EMAIL: (b)(6); (b)(7)(C)@ICE.DHS.GOV			
15B. CONTRACTOR/OFF (b)(6); (b)(7)(C) (Signature of Contractor)		15C. DATE SIGNED 11/15/2021		16B. UNITED STATES OF AMERICA (b)(6); (b)(7)(C) (Signature of Contracting Officer)	
16C. DATE SIGNED					

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000013/P00004PAGE OF  
2 3NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The purpose of this modification is to implement Executive Order 14042 by adding FAR 52.223-99 (OCT 2021) (DEVIATION).</p> <p>This requirement shall be applicable to all subcontractors/ teaming partners, if any, and all active and future orders</p> <p>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:</p> <p>(1) updates or amendments to applicable guidance (including Frequently Asked Questions) published by the Safer Federal Workforce Task Force after 24 September 2021; and</p> <p>(2) the requirement to include the substance of FAR 52.223-99 Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. (OCT 2021) (DEVIATION)</p> <p>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.</p> <p>Period of Performance: 08/01/2020 to 07/31/2030</p> <p>All other terms and conditions of 70CDCR20D00000013 shall remain unchanged.</p>				



<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 11									
2. AMENDMENT/MODIFICATION NO. P00005		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.									
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		CODE 70CDCR		5. PROJECT NO. (If applicable) 7. ADMINISTERED BY (If other than Item 6) 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) CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027		(x)		9A. AMENDMENT OF SOLICITATION NO.									
				9B. DATED (SEE ITEM 11)									
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000013									
				10B. DATED (SEE ITEM 13) 07/31/2020									
CODE 1597341510000		FACILITY CODE											
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>													
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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													
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">CHECK ONE</td> <td>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.</td> </tr> <tr> <td></td> <td>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).</td> </tr> <tr> <td>X</td> <td>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: 52.222-41 Service Contract Labor Standards.</td> </tr> <tr> <td></td> <td>D. OTHER (Specify type of modification and authority)</td> </tr> </table>						CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.		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).	X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: 52.222-41 Service Contract Labor Standards.		D. OTHER (Specify type of modification and authority)
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.												
	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).												
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: 52.222-41 Service Contract Labor Standards.												
	D. OTHER (Specify type of modification and authority)												
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.													
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)													
DUNS Number: 159734151													
COR: (b)(6); (b)(7)(C)@ice.dhs.gov													
ACOR: (b)(6); (b)(7)(C)@ice.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 10A, as heretofore changed, remains unchanged and in full force and effect.													
15A. NAME AND TITLE OF SIGNER (Type or print) (b)(6); (b)(7)(C) Vice President, Partnership Contracts Counsel			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6); (b)(7)(C) TEL: 202-732-(b)(6); (b)(7)(C) EMAIL: (b)(6); (b)(7)(C)@ICE.DHS.GOV										
15. (b)(6); (b)(7)(C)		15C. DATE SIGNED 1/24/2022		(b)(6); (b)(7)(C)									
STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243													

## CONTINUATION SHEET

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70CDCR20D00000013/P00005PAGE OF  
2 11NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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</p> <p>Change Item 1001 to read as follows (amount shown is the obligated amount):</p> <p>1001 Option Period (OP) 1 - DETENTION SERVICES PoP Dates: 08/01/2021 - 07/31/2022</p> <p>(b)(4) Beds (Guaranteed Minimum) - (b)(4) day (through Oct. 31, 2021) (b)(4) day (effective Nov. 1, 2021)</p> <p>(b)(4) Beds - (b)(4) /day Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1002 to read as follows (amount shown is the obligated amount):</p> <p>1002 OP 1 - ON CALL STATIONARY GUARD SERVICES PoP Dates: 08/01/2021 to 07/31/2022</p> <p>REGULAR RATE: (b)(4) /HR (through Oct. 31, 2021) (b)(4) /HR (effective Nov. 1, 2021)</p> <p>OT RATE: (b)(4) /HR (through Oct. 31, 2021) (b)(4) /HR (effective Nov. 1, 2021)</p> <p>NTE: (b)(4) Hours Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued ...</p>				

CONTINUATION SHEET

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000013/P00005PAGE OF  
4 11NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
2003A	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  Change Item 2003A to read as follows (amount shown is the obligated amount):  OP 2 - TRANSPORTATION LABOR PoP Dates: 08/01/2022 to 07/31/2023  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	(b)(4)	MO	(b)(4)	(b)(4)
3001	Change Item 3001 to read as follows (amount shown is the obligated amount):  OP 3 - DETENTION SERVICES PoP Dates: 08/01/2023 - 07/31/2024  (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				(b)(4)
3002	Change Item 3002 to read as follows (amount shown is the obligated amount):  OP 3 - ON CALL STATIONARY GUARD SERVICES PoP Dates: 08/01/2023 to 07/31/2024  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 ...				(b)(4)

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005	PAGE	OF
		5	11

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
3003A	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):  OP 3 - TRANSPORTATION LABOR PoP Dates: 08/01/2023 to 07/31/2024  Monthly FFP: The Monthly FFP has increased from (b)(4) by (b)(4)	(b)(4)	MO	(b)(4)	(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):  OP 4 - DETENTION SERVICES PoP Dates: 08/01/2024 - 07/31/2025  (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				(b)(4)
4002	Change Item 4002 to read as follows (amount shown is the obligated amount):  OP 4 - ON CALL STATIONARY GUARD SERVICES PoP Dates: 08/01/2024 to 07/31/2025  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) Continued ...				(b)(4)

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	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 4003A to read as follows (amount shown is the obligated amount):				
4003A	OP 4 - TRANSPORTATION LABOR PoP Dates: 08/01/2024 to 07/31/2025  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):	(b)(4)	MO	(b)(4)	(b)(4)
5001	OP 5 - DETENTION SERVICES PoP Dates: 08/01/2025 - 07/31/2026  (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):				(b)(4)
5002	OP 5 - ON CALL STATIONARY GUARD SERVICES PoP Dates: 08/01/2025 to 07/31/2026  REGULAR RATE: The Regular Rate has increased from (b)(4) HR by (b)(4) /HR  Continued ...				(b)(4)

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000013/P00005

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	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 5003A to read as follows (amount shown is the obligated amount):  5003A OP 5 - TRANSPORTATION LABOR 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):  6001 OP 6 - DETENTION SERVICES PoP Dates: 08/01/2026 - 07/31/2027  (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):  6002 OP 6 - ON CALL STATIONARY GUARD SERVICES PoP Dates: 08/01/2026 to 07/31/2027  REGULAR RATE: The Regular Rate has increased from (b)(4) HR by Continued ...	(b)(4)	MO	(b)(4)	(b)(4)
					(b)(4)
					(b)(4)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(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) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
6003A	Change Item 6003A to read as follows (amount shown 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 (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	(b)(4)	MO	(b)(4)	(b)(4)
7001	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  (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				(b)(4)
7002	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  Continued ...				(b)(4)



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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000013/P00005

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10 11

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000013/P00005	PAGE	OF
		11	11

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. P00006		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		CODE 70CDCR		5. PROJECT NO. (If applicable) 7. ADMINISTERED BY (If other than Item 6) 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) CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000013	
				10B. DATED (SEE ITEM 13) 07/31/2020	
CODE HJGMJN1JKL46		FACILITY CODE			

11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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 MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	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:
X	D. OTHER (Specify type of modification and authority) Other Administrative Action

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 159734151

COR: (b)(6); (b)(7)(C) @ice.dhs.gov

ACOR: (b)(6); (b)(7)(C) @ice.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 10A, as heretofore 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); (b)(7)(C) TEL: 202-732- (b)(6); EMAIL: (b)(6); (b)(7)(C) @ICE.DHS.GOV	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (b)(6); (b)(7)(C)	

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000013/P00006PAGE OF  
2 2NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)																
	<p>The purpose of this modification is to incorporate the US Department of Labor conformance of the classifications and wage rates not listed in Wage Determination (WD) 2015-5215 (Rev. 18), dated July 21, 2021. The WD was added to 70CDCR20D00000013 on P00003.</p> <p>Per the letters from DOL the following classification and hourly wage rate were approved as follows:</p> <table><tr><td>Classification</td><td>Wage Rate</td></tr><tr><td>Case Manager</td><td>(b)(4)</td></tr><tr><td>Program Facilitator</td><td></td></tr><tr><td>Detention Counselor</td><td></td></tr><tr><td>Recreation Supervisor</td><td></td></tr><tr><td>Senior Detention Officer</td><td></td></tr><tr><td>Laundry Supervisor</td><td></td></tr><tr><td>Safety Manager</td><td></td></tr></table> <p>Please be aware that the conformed classification and wage rate is in addition to the fringe benefits rate of \$4.60 listed on the WD and is retroactive to the start date such unlisted employees started work on the contract. Period of Performance: 08/01/2020 to 07/31/2030 All other terms and conditions of 70CDCR20D00000013 shall remain unchanged.</p>	Classification	Wage Rate	Case Manager	(b)(4)	Program Facilitator		Detention Counselor		Recreation Supervisor		Senior Detention Officer		Laundry Supervisor		Safety Manager					
Classification	Wage Rate																				
Case Manager	(b)(4)																				
Program Facilitator																					
Detention Counselor																					
Recreation Supervisor																					
Senior Detention Officer																					
Laundry Supervisor																					
Safety Manager																					

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				12	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00001		See Block 16C		5. PROJECT NO. (If applicable)	
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
ICE/Detention Compliance & Removals		ICE/DCR		CODE	
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 (b)(6); (b)(7)(C)				9B. DATED (SEE ITEM 11)	
5501 VIRGINIA WAY (b)(6);					
BRENTWOOD TN 37027					
CODE		FACILITY CODE		10A. MODIFICATION OF CONTRACT/ORDER NO.	
1597341510000				70CDCR20D00000013	
				10B. DATED (SEE ITEM 13)	
				07/31/2020	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended.					
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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 MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
X 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)					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
COR: (b)(6); (b)(7)(C)					
Phone: (210) 283-(b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)					
Phone: (210) 283-(b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)					
Phone: (512) 218-(b)(6);					
Continued ...					
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 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); (b)(7)(C)					
TEL: 202-732-(b)(6);					
EMAIL: (b)(6); @ICE.DHS.GOV					
15B. CONTRACTOR/OFFEROR					
15C. DATE SIGNED					
16B. UNITED STATES OF AMERICA					
16C. DATE SIGNED					
(b)(6); (b)(7)(C)					
(Signature of person authorized to sign)					

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Email: (b)(6); (b)(7)(C) @ice.dhs.gov</p> <p>Contracting Officer: (b)(6); (b)(7)(C)</p> <p>Phone: (202) 732-(b)(6);</p> <p>Email: (b)(6); (b)(7)(C) @ice.dhs.gov</p> <p>There is no requisition associated with this modification.</p> <p>The purpose of this modification is to add (b)(6); (b)(6); (b)(7)(C) as COR's for all task orders and actions related to T. Don Hutto Residential Center located in Taylor, TX. (b)(6); (b)(6); will be primary COR and (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) will be alternate CORs.</p> <p>Period of Performance: 08/01/2020 to 07/31/2030</p> <p>All terms and conditions of 70CDCR20D00000013 shall remain unchanged.</p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO. P00002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY CODE 70CDCR		7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR	
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		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)  CORECIVIC INC ATTN: (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); (b)(7)(C) BRENTWOOD TN 37027		(x)		9A. AMENDMENT OF SOLICITATION NO.	
CODE 1597341510000 FACILITY CODE				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000013	
				10B. DATED (SEE ITEM 13) 07/31/2020	

**11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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 MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	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:
X	D. OTHER (Specify type of modification and authority) FAR 52.217-9 Option to Extend the Term of the Contract

**E. IMPORTANT:** Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 159734151

COR: (b)(6); (b)(7)(C) @ice.dhs.gov

ACOR: (b)(6); (b)(7)(C) @ice.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) @ice.dhs.gov

Continued ...

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 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); (b)(7)(C) TEL: 202-734-(b)(6); (b)(6); (b)(7)(C)		EMAIL: (b)(6); @ICE.DHS.GOV	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	ERICA Contracting Officer)	16C. DATE SIGNED 07/27/2021		



**CONTINUATION SHEET**

 REFERENCE NO. OF DOCUMENT BEING CONTINUED  
 70CDCR20D00000013/P00002

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 NAME OF OFFEROR OR CONTRACTOR  
 CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>1. Exercise the following CLINs:            1001: Detention Services            1002: On-Call Stationary Guard Services            1003A: Transportation Labor            1003B: Transportation Mileage            1004: Detainee Work Program</p> <p>2. Integrate Wage Determination 2015-5215 Revision 17 for the Texas Counties of Bastrop, Caldwell, Hays, Travis, &amp; Williamson            Period of Performance: 08/01/2020 to 07/31/2030</p> <p>Change Item 1001 to read as follows (amount shown is the obligated amount):</p>				
1001	<p>Option Period (OP) 1 - DETENTION SERVICES            PoP Dates: 08/01/2021 - 07/31/2022</p> <p>(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</p> <p>Change Item 1002 to read as follows (amount shown is the obligated amount):</p>				
1002	<p>OP 1 - ON CALL STATIONARY GUARD SERVICES            PoP Dates: 08/01/2021 to 07/31/2022</p> <p>REGULAR RATE: (b)(4)/HR            OT RATE: (b)(4)/HR</p> <p>NTE: (b)(4) Hours            Obligated Amount: (b)(4)            Product/Service Code: S206            Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1003A to read as follows (amount shown is the obligated amount):</p> <p>Continued ...</p>				

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000013/P00002PAGE OF  
3 3NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1003A	OP1 - TRANSPORTATION LABOR 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)	MO	(b)(4)	
1003B	OP1 - TRANSPORTATION MILEAGE 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):	(b)(4)	DH	(b)(4)	(b)(4)
1004	OP1 - DETAINEE WORK PROGRAM 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  All terms and conditions of 70CDCR20D00000013 shall remain unchanged.	(b)(4)	EA	(b)(4)	(b)(4)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 4	
2. AMENDMENT/MODIFICATION NO. P00001		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		CODE 70CDCR		5. PROJECT NO. (If applicable)	
		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			
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); BRENTWOOD TN 370277684		9B. DATED (SEE ITEM 11)			
		X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000014			
CODE 1597341510000		FACILITY CODE		10B. DATED (SEE ITEM 13) 08/13/2020	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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					
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	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).				
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 52.243-1 Changes - Fixed Price, Alternate I				
	D. OTHER (Specify type of modification and authority)				
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
COR: (b)(6); (b)(7)(C)					
Phone: (832) 571 (b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)					
Phone: (832) 256 (b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
Contracting Officer: (b)(6); (b)(7)(C)					
Phone: 202-732 (b)(6); (b)(7)(C)					
Continued ...					
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 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); (b)(7)(C)			
		TEL: 202-732 (b)(6);		EMAIL: (b)(6); (b)(7)(C) @ICE.DHS.GOV	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(Signature of Contracting Officer)	
				16C. DATE SIGNED	

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00001	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Email: (b)(6); (b)(7)(C) @ice.dhs.gov</p> <p>There is no requisition associated with this modification.</p> <p>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:</p> <p>PDF page 3 of 70 C0.0 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</p> <p>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:</p> <p>PDF page 10 of 94:</p> <p>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.</p> <p>To: Although CoreCivic staff do not provide medical care to the population, appropriate medical space and furniture is provided for Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	70CDCR20D00000014/P00001	3	4

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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 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</p> <p>PDF page 48 of 94:</p> <p>From: • Medical expansion and renovations- As the PWS requires additional Medical and Mental Health 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:</p> <p>To: • Medical expansion and renovations- As the PWS requires additional Medical and Mental Health 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:</p> <p>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 ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 4	
2. AMENDMENT/MODIFICATION NO. P00002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY CODE 70CDCR		7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR	
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		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)  CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000014	
				10B. DATED (SEE ITEM 13) 08/13/2020	
CODE 1597341510000		FACILITY CODE			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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					
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	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:				
X	D. OTHER (Specify type of modification and authority) FAR 52.52.217-9 "Option to Extend Term of the Contract"				
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
COR: (b)(6); (b)(7)(C)					
Phone: (832) 571-(b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)					
Phone: (832) 256-(b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
Contracting Officer: (b)(6); (b)(7)(C)					
Phone: 202-913-(b)(6); (b)(7)(C)					
Continued ...					
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 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); (b)(7)(C)			
		TEL:		EMAIL: (b)(6); (b)(7)(C) @ice.dhs.gov	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(Signature of Contracting Officer)	
				16C. DATE SIGNED	

<b>CONTINUATION SHEET</b>	REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00002	PAGE OF 2 4
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1001	<p>Email: (b)(6); (b)(7)(C) @ice.dhs.gov</p> <p>There is no requisition associated with this modification.</p> <p>The purpose of modification P00002 is to:</p> <p>1. Exercise Option CLINS 1001, 1002, 1003A, 0103B, 1003C, 1004.</p> <p>2. Incorporate an updated wage determination 2015-5233 Rev. 18 Dated 21 Jul 21.</p> <p>The total value of the IDIQ remains unchanged at (b)(4)</p> <p>Period of Performance: 08/18/2021 to 08/17/2022</p> <p>Change Item 1001 to read as follows (amount shown is the obligated amount):</p> <p>Option Period (OP) 1: Detention Services PoP: 08/18/2021 - 08/17/2022</p> <p>Tier 1 (1-750) - (b)(4) Tier 2 (751-900) - (b)(4) Tier 3 (901 - 1,000) - (b)(4)</p> <p>Guaranteed Minimum is (b)(4) Beds Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1002 to read as follows (amount shown is the obligated amount):</p> <p>OP 1: On-Call Stationary Guard Services PoP: 08/18/2021 - 08/17/2022</p> <p>Regular Rate: (b)(4) Overtime Rate: (b)(4)</p> <p>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</p> <p>Change Item 1003a to read as follows (amount shown Continued ...</p>				
1002					



**CONTINUATION SHEET**

 REFERENCE NO. OF DOCUMENT BEING CONTINUED  
 70CDCR20D00000014/P00002

PAGE 3 OF 4

 NAME OF OFFEROR OR CONTRACTOR  
 CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1003a	<p>is the obligated amount):</p> <p>OP1: Transportation Services - Labor PoP: 08/18/2021 - 08/17/2022</p> <p>Fixed Price: (b)(4)/month</p> <p>FFP monthly price up to (b)(4) miles/year</p> <p>Obligated Amount: (b)(4)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1003b to read as follows (amount shown is the obligated amount):</p>	(b)(4)	MO	(b)(4)	
1003b	<p>OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Obligated Amount: (b)(4)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1003c to read as follows (amount shown is the obligated amount):</p>	(b)(4)	DH	(b)(4)	(b)(4)
1003c	<p>OP 1: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2021 - 08/17/2022</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Obligated Amount: (b)(4)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Continued ...</p>	(b)(4)	DH	(b)(4)	(b)(4)

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000014/P00002PAGE OF  
4 4NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 5	
2. AMENDMENT/MODIFICATION NO. P00003		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY CODE 70CDCR		7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR		5. PROJECT NO. (If applicable)	
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		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)  CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000014	
CODE 1597341510000		FACILITY CODE		10B. DATED (SEE ITEM 13) 08/13/2020	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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					
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
X	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)				
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
COR: (b)(6); (b)(7)(C)					
Phone: (832) 571 (b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)					
Phone: (832) 256 (b)(6);					
Email: (b)(6); (b)(7)(C) @ice.dhs.gov					
Contracting Officer: (b)(6); (b)(7)(C)					
Phone: 202-913 (b)(6);					
Continued ...					
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 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); (b)(7)(C)			
		TEL:		EMAIL: (b)(6); (b)(7)(C) @ice.dhs.gov	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(Signature of Contracting Officer)	
				16C. DATE SIGNED	

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000014/P00003PAGE OF  
2 5NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Email: (b)(6), (b)(7)(C) @ice.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):  1003b OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022  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):  2003b OP 2: Transportation Services - Mileage Rate 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 ...	(b)(4)	DH	(b)(4)	(b)(4)
		(b)(4)	DH	(b)(4)	(b)(4)

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000014/P00003PAGE OF  
3 5NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
3003b	<p>is the obligated amount):</p> <p>OP 3: Transportation Services - Mileage Rate PoP: 08/18/2023 - 08/17/2024</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 4003b to read as follows (amount shown is the obligated amount):</p>	(b)(4)	DH	(b)(4)	(b)(4)
4003b	<p>OP 4: Transportation Services - Mileage Rate PoP: 08/18/2024 - 08/17/2025</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 5003b to read as follows (amount shown is the obligated amount):</p>	(b)(4)	DH	(b)(4)	(b)(4)
5003b	<p>OP 5: Transportation Services - Mileage Rate PoP: 08/18/2025 - 08/17/2026</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued ...</p>	(b)(4)	DH	(b)(4)	(b)(4)

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4 5NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
6003b	<p>Change Item 6003b to read as follows (amount shown is the obligated amount):</p> <p>OP 6: Transportation Services - Mileage Rate PoP: 08/18/2026 - 08/17/2027</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	(b)(4)	DH	(b)(4)	(b)(4)
7003b	<p>Change Item 7003b to read as follows (amount shown is the obligated amount):</p> <p>OP 7: Transportation Services - Mileage Rate PoP: 08/18/2027 - 08/17/2028</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	(b)(4)	DH	(b)(4)	(b)(4)
8003b	<p>Change Item 8003b to read as follows (amount shown is the obligated amount):</p> <p>OP 8: Transportation Services - Mileage Rate PoP: 08/18/2028 - 08/17/2029</p> <p>Mileage Rate: (b)(4)</p> <p>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</p> <p>Continued ...</p>	(b)(4)	DH	(b)(4)	(b)(4)

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	billed at the 8003c rate. Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  Change Item 9003b to read as follows (amount shown is the obligated amount):  9003b OP 9: Transportation Services - Mileage Rate PoP: 08/18/2029 - 08/17/2030  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) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  All terms and conditions of 70CDCR20D00000014 shall remain the same.	(b)(4)	DH	(b)(4)	(b)(4)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES	
				1 14	
2. AMENDMENT/MODIFICATION NO. P00004		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY CODE 70CDCR		7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR		5. PROJECT NO. (If applicable)	
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		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)		9A. AMENDMENT OF SOLICITATION NO.			
CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		(x)			
		9B. DATED (SEE ITEM 11)			
		10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR20D00000014			
CODE 1597341510000 FACILITY CODE		10B. DATED (SEE ITEM 13) 08/13/2020			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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					
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	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:				
X	D. OTHER (Specify type of modification and authority) IAW FAR 52.222-43 "Fair Labor Standards Act and Service Contract Labor Standards - Price Adjustment"				
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
COR: (b)(6); (b)(7)(C)					
Phone: (832) 571-(b)(6);					
Email: (b)(6); (b)(7)(C)@ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)					
Phone: (832) 256-(b)(6);					
Email: (b)(6); (b)(7)(C)@ice.dhs.gov					
Contracting Officer: (b)(6); (b)(7)(C)					
Phone: (202) 913-(b)(6); (b)(7)(C)					
Continued ...					
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 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); (b)(7)(C)			
		TEL:		EMAIL: (b)(6); (b)(7)(C)@ice.dhs.gov	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(Signature of Contracting Officer)	
				16C. DATE SIGNED	



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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)																				
	<p>Email: (b)(6); (b)(7)(C)@ice.dhs.gov</p> <p>There is no requisition associated with this modification.</p> <p>The purpose of this modification is to:</p> <p>1.Add the following classification and rates to the order in accordance with the approved conformance request:</p> <table><tr><td>Classification</td><td>Wage Rate</td></tr><tr><td>Chaplain</td><td>(b)(4)</td></tr><tr><td>Classification Coordinator</td><td></td></tr><tr><td>Classification Officer</td><td></td></tr><tr><td>Quality Assurance Coordinator</td><td></td></tr><tr><td>Recreation Supervisor</td><td></td></tr><tr><td>Manager, Learning and Development</td><td></td></tr><tr><td>Safety Manager</td><td></td></tr><tr><td>Assistant Shift Supervisor</td><td></td></tr><tr><td>Master Scheduler</td><td></td></tr></table> <p>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.</p> <p>Core Civic will submit one invoice for (b)(4). This invoice will be retroactive pay covering from 18 Aug 21 to 31 Oct 21.</p> <p>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.</p> <p>4. Add the following additional language related to Executive Order 14042.</p> <p>"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</p> <p>Continued ...</p>	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					
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																									

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	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 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):				
1003a	OP1: Transportation Services - Labor 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	(b)(4)	MO	(b)(4)	
	Change Item 2001 to read as follows (amount shown is the obligated amount):				
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 ...				(b)(4)

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
2002	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  Change Item 2002 to read as follows (amount shown is the obligated amount):  OP 2: On-Call Stationary Guard Services PoP: 08/18/2022 - 08/17/2023  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 2003a to read as follows (amount shown is the obligated amount):  OP 2: Transportation Services - Labor PoP: 08/18/2022 - 08/17/2023  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):  OP 3: Detention Services PoP: 08/18/2023 - 08/17/2024  As a result of Mod 4 Tier 1 is increased Continued ...				(b)(4)
2003a	OP 2: Transportation Services - Labor PoP: 08/18/2022 - 08/17/2023  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):  OP 3: Detention Services PoP: 08/18/2023 - 08/17/2024  As a result of Mod 4 Tier 1 is increased Continued ...	(b)(4)	MO	(b)(4)	(b)(4)
3001	OP 3: Detention Services PoP: 08/18/2023 - 08/17/2024  As a result of Mod 4 Tier 1 is increased Continued ...				(b)(4)

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (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  Change Item 3002 to read as follows (amount shown is the obligated amount):  3002 OP 3: On-Call Stationary Guard Services PoP: 08/18/2023 - 08/17/2024  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 3003a to read as follows (amount shown is the obligated amount):  3003a OP 3: Transportation Services - Labor PoP: 08/18/2023 - 08/17/2024  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 ...				(b)(4)
		(b)(4)	MO	(b)(4)	(b)(4)

NAME OF OFFEROR OR CONTRACTOR  
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
4001	<p>Change Item 4001 to read as follows (amount shown is the obligated amount):</p> <p>OP 4: Detention Services PoP: 08/18/2024 - 08/17/2025</p> <p>As a result of Mod 4 Tier 1 is increased</p> <p>Tier 1 (b)(4)</p> <p>Tier 2 (b)(4)</p> <p>Tier 3</p> <p>Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 4002 to read as follows (amount shown is the obligated amount):</p>				(b)(4)
4002	<p>OP 4: On-Call Stationary Guard Services PoP: 08/18/2024 - 08/17/2025</p> <p>As a result of Mod 4</p> <p>Regular Rate: From: (b)(4) By: To:</p> <p>Overtime Rate: From: (b)(4) By: To:</p> <p>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</p> <p>Change Item 4003a to read as follows (amount shown is the obligated amount):</p>				(b)(4)
4003a	<p>OP 4: Transportation Services - Labor PoP: 08/18/2024 - 08/17/2025</p> <p>As a result of Mod 4</p> <p>Continued ...</p>	(b)(4)	MO	(b)(4)	(b)(4)

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (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):  5001 OP 5: Detention Services PoP: 08/18/2025 - 08/17/2026  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  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 ...				(b)(4)

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



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NAME OF OFFEROR OR CONTRACTOR  
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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</p> <p>Change Item 6003a to read as follows (amount shown is the obligated amount):</p>				
6003a	<p>OP 6: Transportation Services - Labor PoP: 08/18/2026 - 08/17/2027</p> <p>As a result of Mod 4</p> <p>Fixed Price: (b)(4) /month</p> <p>FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 7001 to read as follows (amount shown is the obligated amount):</p>	(b)(4)	MO	(b)(4)	(b)(4)
7001	<p>OP 7: Detention Services PoP: 08/18/2027 - 08/17/2028</p> <p>As a result of Mod 4 Tier 1 is increased</p> <p>Tier 1 (b)(4)</p> <p>Tier 2 (b)(4)</p> <p>Tier 3 (b)(4)</p> <p>Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 7002 to read as follows (amount shown is the obligated amount):</p>				(b)(4)
7002	<p>OP 7: On-Call Stationary Guard Services PoP: 08/18/2027 - 08/17/2028</p> <p>As result of Mod 4 Continued ...</p>				(b)(4)

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Regular Rate: From: (b)(4) By: <input type="text"/> To: <input type="text"/></p> <p>Overtime Rate: From: (b)(4) By: <input type="text"/> To: <input type="text"/></p> <p>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</p> <p>Change Item 7003a to read as follows (amount shown is the obligated amount):</p>				
7003a	<p>OP 7: Transportation Services - Labor PoP: 08/18/2027 - 08/17/2028</p> <p>As a result of Mod 4</p> <p>Fixed Price: (b)(4)/month</p> <p>FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 8001 to read as follows (amount shown is the obligated amount):</p>	(b)(4)	MO	(b)(4)	(b)(4)
8001	<p>OP 8: Detention Services PoP: 08/18/2028 - 08/17/2029</p> <p>As a result of Mod 4 Tier 1 is increased</p> <p>Tier 1 (b)(4)</p> <p>Tier 2 (b)(4)</p> <p>Tier 3 <input type="text"/></p> <p>Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Continued ...</p>				(b)(4)

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
8002	<p>Change Item 8002 to read as follows (amount shown is the obligated amount):</p> <p>OP 8: On-Call Stationary Guard Services PoP: 08/18/2028 - 08/17/2029</p> <p>As result of Mod 4</p> <p>Regular Rate: From: (b)(4) By:  To: </p> <p>Overtime Rate: From: (b)(4) By:  To: </p> <p>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</p>				(b)(4)
8003a	<p>Change Item 8003a to read as follows (amount shown is the obligated amount):</p> <p>OP 8: Transportation Services - Labor PoP: 08/18/2028 - 08/17/2029</p> <p>Fixed Price: (b)(4)/month</p> <p>FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	(b)(4)	MO	(b)(4)	(b)(4)
9001	<p>Change Item 9001 to read as follows (amount shown is the obligated amount):</p> <p>OP 9: Detention Services PoP: 08/18/2029 - 08/17/2030</p> <p>As a result of Mod 4 Tier 1 is increased</p> <p>Tier 1 (b)(4)</p> <p>Tier 2 (b)(4)</p> <p>Tier 3</p> <p>Continued ...</p>				(b)(4)

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000014/P00004	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
9002	<p>Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 9002 to read as follows (amount shown is the obligated amount):</p> <p>OP 9: On-Call Stationary Guard Services PoP: 08/18/20289 - 08/17/2030</p> <p>As result of Mod 4</p> <p>Regular Rate: From: (b)(4) By: To:</p> <p>Overtime Rate: From: (b)(4) By: To:</p> <p>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</p> <p>Change Item 9003a to read as follows (amount shown is the obligated amount):</p>				(b)(4)
9003a	<p>OP 9: Transportation Services - Labor PoP: 08/18/2029 - 08/17/2030</p> <p>As a result of Mod 4</p> <p>Fixed Price: (b)(4)/month</p> <p>FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>All terms and conditions of 70CDCR20D00000014 shall remain the same.</p>	(b)(4)	MO	(b)(4)	(b)(4)

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER		PAGE OF 1 79	
2. CONTRACT NO. 70CDCR20D000000014		3. AWARD/ EFFECTIVE DATE 08/18/2020		4. ORDER NUMBER		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE							
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME (b)(6); (b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 202-732-(b)(6); (b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW (b)(6); (b)(7)(C) WASHINGTON DC 20536		CODE ICE/DCR		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:  <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: 561612 SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP							
15. DELIVER TO CODE		16. ADMINISTERED BY 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					
17a. CONTRACTOR/ OFFEROR CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		CODE 1597341510000 FACILITY CODE		18a. PAYMENT WILL BE MADE BY CODE (b)(7)(E) DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: (b)(7)(E) Williston VT 05495-1620			
TELEPHONE NO.							
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM					
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 159734151 COR: (b)(6); (b)(7)(C) Phone: (832) 571-(b)(6); Email: (b)(6); (b)(7)(C)@ice.dhs.gov  COR: (b)(6); (b)(7)(C) Phone: (832) 256-(b)(6); Email: (b)(6); (b)(7)(C)@ice.dhs.gov  Contracting Officer: (b)(6); (b)(7)(C) Phone: 202-732-(b)(6); (b)(7)(C) (Use Reverse and/or Attach Additional Sheets as Necessary)						
25. ACCOUNTING AND APPROPRIATION DATA See schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$490,788,741.20	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.	
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.				<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: 70CDCR20R00000001 OFFER DATED 07/24/2020. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR (b)(6); (b)(7)(C) Vice President, Partnership Contracts Counsel				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) (b)(6); (b)(7)(C)			
30b. NAME A (b)(6); (b)(7)(C)		30c. DATE SIGNED 8/13/2020		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6); (b)(7)(C)		31c. DATE SIGNED 8/13/2020	
AUTHORIZED PREVIOUS EDITION IS NOT USABLE				STANDARD FORM 1449 (REV. 2/2012) Prescribed by GSA - FAR (48 CFR) 53.212			

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>Email: (b)(6); (b)(7)(C) @ice.dhs.gov</p> <p>70CDCR20D00000014 is a hybrid firm-fixed price (FFP) and labor-hour (LH) Indefinite-Delivery Indefinite-Quantity (IDIQ) to provide comprehensive Detention and Transportation Services at Houston Contract Detention Facility (CDF) located in Houston, TX. The Contractor shall house detainees and provide the necessary physical structure, equipment, and facilities on a 24 hours a day, 7 days per week, 365 day per-year basis.</p> <p>The Contractor shall provide services in accordance with the PWS, PWS Addendum, and their submitted proposal in response to RFP 70CDCR20R0000001, Requirement C. Given that the bed day rate has increased in the base period as a result of the Contractor's facility renovations costs, these facility renovation costs shall not be included in building depreciation calculations in any future year cost worksheet submitted to any agency of the Federal Government.</p> <p>All services shall be furnished in compliance with the following regulations/policies/standards:</p> <p>2011 Performance Based National Detention Standards (PBNDS 2011) as revised in DEC 2016</p> <p>Continued ...</p>				

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED    ☐ INSPECTED    ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY ( <i>Print</i> )		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT ( <i>Location</i> )		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>- Prison Rape Elimination Act (PREA) standards for DHS detention facilities</p> <p>- American Correctional Association (ACA) Standards</p> <p>All IDIQ terms and conditions flow down to any Task Orders placed against the contract.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>All ordering of services under this IDIQ and funding for such orders will be provided on subsequent task orders.</p> <p>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)</p> <p>Period of Performance: 08/18/2020 to 08/17/2021</p> <p>Base Period: Detention Services</p> <p>PoP: 08/18/2020 - 08/17/2021</p> <p>Tier 1 (b)(4)</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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



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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0003c	Base Period: Transportation Services - Mileage 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)	DH	(b)(4)	(b)(4)
0004	Base Period: Detainee Work Program 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	(b)(4)	EA	(b)(4)	(b)(4)
1001	Option Period (OP) 1: Detention Services 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 ...				(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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</p>				
1003a	<p>OP1: Transportation Services - Labor PoP: 08/18/2021 - 08/17/2022</p> <p>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</p>	(b)(4)	MO	(b)(4)	(b)(4)
1003b	<p>OP 1: Transportation Services - Mileage Rate PoP: 08/18/2021 - 08/17/2022</p> <p>Mileage Rate: (b)(4)</p> <p>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</p>	(b)(4)	DH	(b)(4)	(b)(4)
1003c	<p>OP 1: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2021 - 08/17/2022</p> <p>Mileage Rate: (b)(4)</p> <p>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 ...</p>	(b)(4)	DH	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Product/Service Description: HOUSEKEEPING- GUARD				
1004	OP 1: Detainee Work Program PoP: 08/18/2021 - 08/17/2022  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	EA	(b)(4)	(b)(4)
2001	OP 2: Detention Services 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				(b)(4)
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 ...	(b)(4)	MO	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	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  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	(b)(4)	DH	(b)(4)	(b)(4)
2003c	OP 2: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2022 - 08/17/2023  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)	DH	(b)(4)	(b)(4)
2004	OP 2: Detainee Work Program PoP: 08/18/2022 - 08/17/2023  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	EA	(b)(4)	(b)(4)
3001	OP 3: Detention Services Continued ...				(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

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

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	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  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)	DH	(b)(4)	(b)(4)
3004	OP 3: Detainee Work Program PoP: 08/18/2023 - 08/17/2024  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	EA	(b)(4)	(b)(4)
4001	OP 4: Detention Services PoP: 08/18/2024 - 08/17/2025  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)
4002	OP 4: On-Call Stationary Guard Services PoP: 08/18/2024 - 08/17/2025  Continued ...				(b)(4)

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Regular Rate: (b)(4) Overtime Rate: <input type="text"/>  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  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)	MO	(b)(4)	(b)(4)
4003b	OP 4: Transportation Services - Mileage Rate PoP: 08/18/2024 - 08/17/2025  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	(b)(4)	DH	(b)(4)	(b)(4)
4003c	OP 4: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2024 - 08/17/2025  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 ...	(b)(4)	DH	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	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) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	EA	(b)(4)	(b)(4)
5001	OP 5: Detention Services PoP: 08/18/2025 - 08/17/2026  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)
5002	OP 5: On-Call Stationary Guard Services PoP: 08/18/2025 - 08/17/2026  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)
5003a	OP 5: Transportation Services - Labor PoP: 08/18/2025 - 08/17/2026  Fixed Price: (b)(4) /month  FFP monthly price up to (b)(4) miles/year Continued ...	(b)(4)	MO	(b)(4)	(b)(4)



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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
5003b	OP 5: Transportation Services - Mileage Rate 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	(b)(4)	DH	(b)(4)	(b)(4)
5003c	OP 5: Transportation Services - Mileage Rate above (b)(4) miles PoP: 08/18/2025 - 08/17/2026  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)	DH	(b)(4)	(b)(4)
5004	OP 5: Detainee Work Program PoP: 08/18/2025 - 08/17/2026  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  Continued ...	(b)(4)	EA	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
6001	<p>OP 6: Detention Services PoP: 08/18/2026 - 08/17/2027</p> <p>Tier 1 (b)(4) Tier 2 Tier 3</p> <p>Guaranteed Minimum is (b)(4) Beds Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>				(b)(4)
6002	<p>OP 6: On-Call Stationary Guard Services PoP: 08/18/2026 - 08/17/2027</p> <p>Regular Rate: (b)(4) Overtime Rate:</p> <p>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</p>				(b)(4)
6003a	<p>OP 6: Transportation Services - Labor PoP: 08/18/2026 - 08/17/2027</p> <p>Fixed Price: (b)(4) month</p> <p>FFP monthly price up to (b)(4) miles/year Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	(b)(4)	MO	(b)(4)	(b)(4)
6003b	<p>OP 6: Transportation Services - Mileage Rate PoP: 08/18/2026 - 08/17/2027</p> <p>Mileage Rate: (b)(4)</p> <p>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.</p> <p>Continued ...</p>	(b)(4)	DH	(b)(4)	(b)(4)

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	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  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)	DH	(b)(4)	(b)(4)
6004	OP 6: Detainee Work Program PoP: 08/18/2026 - 08/17/2027  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	EA	(b)(4)	(b)(4)
7001	OP 7: Detention Services PoP: 08/18/2027 - 08/17/2028  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)
7002	OP 7: On-Call Stationary Guard Services Continued ...				(b)(4)

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	PoP: 08/18/2027 - 08/17/2028  Regular Rate: (b)(4) Overtime Rate: <input type="text"/>  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)	MO	(b)(4)	(b)(4)
7003b	OP 7: Transportation Services - Mileage Rate PoP: 08/18/2027 - 08/17/2028  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 7003c rate.  Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	DH	(b)(4)	(b)(4)
7003c	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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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	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				
7004	OP 7: Detainee Work Program PoP: 08/18/2027 - 08/17/2028  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD	(b)(4)	EA	(b)(4)	(b)(4)
8001	OP 8: Detention Services PoP: 08/18/2028 - 08/17/2029  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)
8002	OP 8: On-Call Stationary Guard Services PoP: 08/18/2028 - 08/17/2029  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)
8003a	OP 8: Transportation Services - Labor PoP: 08/18/2028 - 08/17/2029 Continued ...	(b)(4)	MO	(b)(4)	(b)(4)

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NAME OF OFFEROR OR CONTRACTOR

CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (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				
8003b	OP 8: Transportation Services - Mileage Rate 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)	DH	(b)(4)	(b)(4)
8003c	OP 8: Transportation Services - Mileage Rate 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)	DH	(b)(4)	(b)(4)
8004	OP 8: Detainee Work Program PoP: 08/18/2028 - 08/17/2029  (b)(4) / Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) Product/Service Code: S206 Continued ...	(b)(4)	EA	(b)(4)	(b)(4)

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CORECIVIC INC

ITEM NO. (A)	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) 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)
9002	OP 9: On-Call Stationary Guard Services PoP: 08/18/20289 - 08/17/2030  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)
9003a	OP 9: Transportation Services - Labor PoP: 08/18/2029 - 08/17/2030  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)	MO	(b)(4)	(b)(4)
9003b	OP 9: Transportation Services - Mileage Rate PoP: 08/18/2029 - 08/17/2030  Mileage Rate: (b)(4)  Guaranteed Minimum is (b)(4) miles/year. CoreCivic may bill for (b)(4) miles monthly. All Continued ...	(b)(4)	DH	(b)(4)	(b)(4)

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CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	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  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)	DH	(b)(4)	(b)(4)
9004	OP 9: Detainee Work Program PoP: 08/18/2029 - 08/17/2030  (b)(4) Day  NTE: (b)(4) Amount: (b)(4) (Option Line Item) 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.	(b)(4)	EA	(b)(4)	(b)(4)



**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.

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES	
				1      4	
2. AMENDMENT/MODIFICATION NO. P00001		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 192120FSLVVG00005.1	
5. PROJECT NO. (If applicable)					
6. ISSUED BY CODE ICE/DM/DC-LAGUNA		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) LAGUNA NIGUEL CA 92677		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)  CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027-7684		9A. AMENDMENT OF SOLICITATION NO.  (x)			
		9B. DATED (SEE ITEM 11)			
		10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131			
		10B. DATED (SEE ITEM 13) 03/18/2020			
CODE 1597341510000		FACILITY CODE			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <span style="float: right;"><input type="checkbox"/> is extended. <input type="checkbox"/> is not extended.</span> Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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		Net Increase: (b)(4)			
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	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:				
X	D. OTHER (Specify type of modification and authority) Funding Action Per FAR 32.703-1 (a) Fully Funding				
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
Contracting Officer Representative (COR): (b)(6); (b)(7)(C) or e-mail at (b)(6); (b)(7)(C)@ice.dhs.gov					
ACOR: (b)(6); (b)(7)(C)@ice.dhs.gov					
This modification increase the amount for CLIN 0001 Detainee Work Program, CLIN 1001 Detention Bed Day and CLIN 1002 Escort/Guard/Transportation Services under the subject task order in the amount of (b)(4) for ICE detainees housed at Pahrump, NV. LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) Continued ...					
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 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); (b)(7)(C)			
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)		16C. DATE SIGNED	

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Total Amount for this Award: (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>Total Obligated Amount for this Award: (b)(4)</p> <p>CHANGES FOR LINE ITEM 0001 - Detainee Work Program</p> <p>Quantity changed from (b)(4)</p> <p>Total Amount changed from (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>Amount changed from (b)(4)</p> <p>Delivery Date changed from 05/01/2020 to 10/31/2020</p> <p>Account code: (b)(7)(E)</p> <p>(b)(7)(E) - ----- NSDC00 Amount: (b)(4)</p> <p>CHANGES FOR LINE ITEM 1001 Detention Bed</p> <p>Quantity changed from (b)(4)</p> <p>Total Amount changed from (b)(4) to (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>Amount changed from (b)(4)</p> <p>Delivery Date changed from 05/01/2020 to 10/31/2020</p> <p>Account code: (b)(7)(E)</p> <p>(b)(7)(E) - ----- NSDC00 Amount: (b)(4)</p> <p>CHANGES FOR LINE ITEM 1002 - Escort/Guard</p> <p>Quantity changed from (b)(4)</p> <p>Total Amount changed from (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>Amount changed from (b)(4)</p> <p>ACCOUNT CODE: (b)(7)(E)</p> <p>(b)(7)(E) - ----- NSDC00 Amount: (b)(4)</p> <p>CHANGES FOR LINE ITEM 1002 - Transportation</p> <p>Quantity changed from (b)(4)</p> <p>Total Amount changed from (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>Amount changed from (b)(4)</p> <p>Delivery Date changed from 05/01/2020 to 10/31/2020</p> <p>Account code: Continued ...</p>				

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-8-C-0001/70CDCR20FIGR00131/P00001PAGE OF  
3 4NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(E)				
	(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) In 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 ...				

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Unit of Issue: HR = Hour</p> <p>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.</p> <p>All terms and conditions of the contract remain the same.</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
			1	2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
P00002	See Block 16C	192121FSLVVG00001		
6. ISSUED BY	CODE	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) LAGUNA NIGUEL CA 92677		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); (b)(7)(C) BRENTWOOD TN 37027-7684			9B. DATED (SEE ITEM 11)	
		x	10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131	
			10B. DATED (SEE ITEM 13) 03/18/2020	
CODE	1597341510000	FACILITY CODE		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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)		Net Increase: (b)(4)		
See Schedule				
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.			
	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:			
X	D. OTHER (Specify type of modification and authority) Funding Action Per FAR 32.703-1 (a) Fully Funding			
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)				
DUNS Number: 159734151				
Contracting Officer Representative (COR): (b)(6); (b)(7)(C) or e-mail at (b)(6); (b)(7)(C)@ice.dhs.gov				
ACOR: (b)(6); (b)(7)(C)@ice.dhs.gov				
This modification increase the amount for CLIN 1002 Escort/Guard/Transportation Services under the subject task order in the amount of (b)(4) for ICE detainees housed at Pahrump, NV.				
LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) Continued ...				
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 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); (b)(7)(C)		
		TEL: 949-425-(b)(6); EMAIL: (b)(6); (b)(7)(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)		

NSN 7540-01-152-8070  
Previous edition unusable

2023-ICLI-00006 002573

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/P00002PAGE OF  
2 2NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Total Amount for this Award: (b)(4) Obligated Amount for this Modification: (b)(4) Total Obligated Amount for this Award: (b)(4)  CHANGES FOR LINE ITEM 1002 - Escort/Guard/Transportation Services Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4) Amount changed from (b)(4) Delivery Date to 12/31/2020  Account code: (b)(7)(E)  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):  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.  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.	(b)(4)	HR	(b)(4)	(b)(4)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. P00003	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 192121FSLVVG00001.1	5. PROJECT NO. (If applicable)
6. ISSUED BY DETENTION MANAGEMENT - LAGUNA US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 24000 AVILA ROAD (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677	CODE 70CDLG	7. ADMINISTERED BY (If other than Item 6) ICE/DM/DC-LAGUNA	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CORECIVIC INC ATTN (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027-7684		9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131 10B. DATED (SEE ITEM 13) 03/18/2020	
CODE 1597341510000	FACILITY CODE		

**11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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) Net Increase: (b)(4)  
See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	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:
X	D. OTHER (Specify type of modification and authority) Unilateral Modification / FAR 32.703-1 (a) Fully Funding

**E. IMPORTANT:** Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

DUNS Number: 159734151

Contracting Officer Representative (COR): (b)(6); (b)(7)(C) or e-mail at (b)(6); (b)(7)(C)@ice.dhs.gov

ACOR: (b)(6); (b)(7)(C)@ice.dhs.gov

This modification is to increase the amount for CLIN 1002. Guard Transportation Services under the subject task order in the amount of (b)(4) for ICE detainees housed at Pahrump, NV.

**LIST OF CHANGES:**

Reason for Modification: Funding Only Action

Total Amount for this Modification: (b)(4)

Continued ...

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 full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) (b)(6); (b)(7)(C)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) (b)(6); (b)(7)(C)	
		TEL:	EMAIL: (b)(6); (b)(7)(C)@ice.dhs.gov
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED



## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-8-C-0001/70CDCR20FIGR00131/P00003PAGE OF  
2 2NAME 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 (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):				
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  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.	(b)(4)	HR	(b)(4)	(b)(4)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE		PAGE OF PAGES 1 2			
2. AMENDMENT/MODIFICATION NO. P00004		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 192121FSLLVG00001.2		5. PROJECT NO. (If applicable)		
6. ISSUED BY DETENTION MANAGEMENT - LAGUNA US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 24000 AVILA ROAD (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677		CODE 70CDLG		7. ADMINISTERED BY (If other than Item 6) ICE/DM/DC-LAGUNA		CODE		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CORECIVIC INC ATTN: (b)(6); (b)(7)(C) 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 37027-7684				9A. AMENDMENT OF SOLICITATION NO. (x)			9B. DATED (SEE ITEM 11)	
CODE 1597341510000 FACILITY CODE				x 10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-8-C-0001 70CDCR20FIGR00131				
				10B. DATED (SEE ITEM 13) 03/18/2020				
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>								
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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				Net Increase: (b)(4)				
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>								
CHECK ONE		A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
		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:						
X		D. OTHER (Specify type of modification and authority) FAR 32.703-1 Fully Funded						
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.								
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)								
DUNS Number: 159734151								
Contracting Officer Representative (COR): (b)(6); (b)(7)(C)								
(b)(6); (b)(7)(C)@ice.dhs.gov								
ACOR: (b)(6); (b)(7)(C)@ice.dhs.gov								
Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov								
Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov								
Service Provider: Service Provider: (b)(6); (b)(7)(C)								
(b)(6); (b)(7)(C)@corecivic.com								
This purpose of this modification is to add funds under the subject task order under CLIN Continued ...								
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 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); (b)(7)(C)				
				TEL: EMAIL: (b)(6); (b)(7)(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)				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-8-C-0001/70CDCR20FIGR00131/P00004

PAGE OF  
2 2

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1001	<p>1001-add a total amount of (b)(4) for (b)(4) per unit price.</p> <p>LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4)</p> <p>CHANGES FOR LINE ITEM NUMBER: 1001 Total Amount changed from (b)(4) to (b)(4) Obligated Amount for this Modification: (b)(4)</p> <p>(b)(7)(E)</p> <p>Amount: (b)(4) Discount Terms: Net (b)(4) Period of Performance: 05/01/2020 to 04/30/2021</p> <p>Change Item 1001 to read as follows (amount shown is the total amount):</p> <p>CLIN 1001 - add a total amount of (b)(4) for (b)(4) per unit price.</p> <p>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.</p> <p>All terms and conditions of the contract remain the same.</p>				(b)(4)

## AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1

3

2. AMENDMENT/MODIFICATION NO.

P00005

3. EFFECTIVE DATE

See Block 16C

4. REQUISITION/PURCHASE REQ. NO.

192121FSLVVG00001.3

5. PROJECT NO. (If applicable)

6. ISSUED BY

CODE

70CDLG

7. ADMINISTERED BY (If other than Item 6)

CODE

ICE/DM/DC-LAGUNA

DETENTION MANAGEMENT - LAGUNA  
US IMMIGRATION AND CUSTOMS ENFORCEMENT  
OFFICE OF ACQUISITION MANAGEMENT  
24000 AVILA ROAD (b)(6); (b)(7)(C)  
LAGUNA NIGUEL CA 92677

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)

CORECIVIC INC

ATTN (b)(6); (b)(7)(C)

5501 VIRGINIA WAY (b)(6);

BRENTWOOD TN 37027-7684

(x)

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x

10A. MODIFICATION OF CONTRACT/ORDER NO.

ODT-8-C-0001

70CDCR20FIGR00131

10B. DATED (SEE ITEM 13)

03/18/2020

CODE 1597341510000

FACILITY CODE

## 11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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)

Net Decrease:

(b)(4)

See Schedule

## 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	
<input type="checkbox"/>	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
<input type="checkbox"/>	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).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input checked="" type="checkbox"/>	D. OTHER (Specify type of modification and authority) Bilateral Modification / FAR 4.804 Contract Closeout

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return \_\_\_\_\_ 1 \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 159734151

Contracting Officer Representative (COR): (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov

ACOR: (b)(6); (b)(7)(C) @ice.dhs.gov

Contract Specialist: (b)(6); (b)(7)(C) @ice.dhs.gov

Contracting Officer: (b)(6); (b)(7)(C) @ice.dhs.gov

Service Provider: Service Provider: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @corecivic.com

The purpose of this modification is to de-obligate excess funds and closeout this contract.

Continued ...

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 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); (b)(7)(C)

TEL:

EMAIL: (b)(6); (b)(7)(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)

NSN 7540-01-152-8070

Previous edition unusable

2023-ICLI-00006 002579

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/P00005PAGE OF  
2 3NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The parties agree as follows:</p> <p>1) All services/supplies have been received, inspected, and accepted by the Government.</p> <p>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.</p> <p>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.</p> <p>LIST OF CHANGES:</p> <p>Reason for Modification: Close Out</p> <p>Total Amount for this Modification: (b)(4)</p> <p>New Total Amount for this Award: (b)(4)</p> <p>CHANGES FOR LINE ITEM NUMBER: 1</p> <p>Quantity changed from (b)(4)</p> <p>Total Amount changed from (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>(b)(7)(E)</p> <p>Quantity changed from (b)(4)</p> <p>Amount changed from (b)(4)</p> <p>CHANGES FOR LINE ITEM NUMBER: 1002</p> <p>Total Amount changed from (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>(b)(7)(E)</p> <p>Amount changed from (b)(4)</p> <p>CHANGES FOR LINE ITEM NUMBER: 1002.</p> <p>Total Amount changed from (b)(4)</p> <p>Obligated Amount for this Modification: (b)(4)</p> <p>(b)(7)(E)</p> <p>Amount changed from (b)(4)</p> <p>Discount Terms:</p> <p>Net (b)(4)</p> <p>Period of Performance: 05/01/2020 to 04/30/2021</p> <p>Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED ODT-8-C-0001/70CDCR20FIGR00131/P00005	PAGE	OF
		3	3

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>Detainee Work Program Reimbursement--</p> <p>Unit of Issue: DA = Day</p>	(b)(4)	DA	(b)(4)	(b)(4)
1002	<p>Change Item 1002 to read as follows (amount shown is the obligated amount):</p> <p>Escort/Guard Services</p> <p>Option Period No. 1 (10/01/2015-09/30/2020)</p> <p>In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.</p> <p>Unit of Issue: HR = Hour</p>				(b)(4)
1002.	<p>Change Item 1002. to read as follows (amount shown is the obligated amount):</p> <p>Guard (Transportation) Services</p> <p>Option Period No. 1</p> <p>In Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001.</p> <p>Unit of Issue: HR = Hour</p> <p>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.</p> <p>All terms and conditions of the contract remain the same.</p>				(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

10

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

1. DATE OF ORDER 03/18/2020		2. CONTRACT NO. (If any) ODT-8-C-0001		6. SHIP TO: a. NAME OF CONSIGNEE Multiple Destinations	
3. ORDER NO. 70CDCR20FIGR00131		4. REQUISITION/REFERENCE NO. 192120FSLVVG00005			
5. ISSUING OFFICE (Address correspondence to) ICEDETENT MNGTDETENT CONTRACT-LAG IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 24000 AVILA ROAD (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677				b. STREET ADDRESS	
				c. CITY	e. ZIP CODE
7. TO: (b)(6); (b)(7)(C)				f. SHIP VIA	
a. NAME OF CONTRACTOR CORECIVIC INC				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
c. STREET ADDRESS 10 BURTON HILLS BLVD				<input checked="" type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY NASHVILLE		e. STATE TN	f. ZIP CODE 37215		
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL	
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				12. F.O.B. POINT	
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 05/01/2020	
				16. DISCOUNT TERMS Net (b)(4)	

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 159734151 Contracting Officer Representative (COR): (b)(6); (b)(7)(C) or e-mail at (b)(6); (b)(7)(C)@ice.dhs.gov ACOR: (b)(6); (b)(7)(C) or Continued ...					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME DHS ICE		(b)(4)				17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN (b)(7)(E)		(b)(4)				
c. CITY WILLISTON		d. STATE VT	e. ZIP CODE 05495-1620			
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6); (b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
2

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

DATE OF ORDER 03/18/2020	CONTRACT NO. ODT-8-C-0001	ORDER NO. 70CDCR20FIGR00131
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>e-mail at (b)(6);(b)(7)(C)@ice.dhs.gov</p> <p>This Task Order is issued under the Terms and Conditions of Accordance with Department of Justice, Office of the Federal Detention Trustee Contract No. ODT-8-C-0001 with Pahrump Detention Center for Detention, Guard/Transportation Services for ICE detainees housed at Pahrump, NV.</p> <p>This task order replaces 70CDCR19FR0000035.</p> <p>This is a fixed rate IGSA to supply services at the amounts indicated. Contractors (Service Provider) shall not provide and additional supplies or services and/or additional bills for any additional amount without authorization from the Contracting Officer (CO).</p> <p>It is estimated that the obligated funds will cover the period of performance through 07/31/2020.</p> <p>Task Order Period of Performance: 05/01/2020 to 04/30/2021</p>					
0001	<p>Detainee Work Program Reimbursement--</p> <p>Unit of Issue: DA = Day</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p>	(b)(4)	DA	(b)(4)	(b)(4)	
1001	<p>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.</p> <p>Continued ...</p>	(b)(4)	DA	(b)(4)	(b)(4)	

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

(b)(4)



**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
3

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

DATE OF ORDER 03/18/2020	CONTRACT NO. ODT-8-C-0001	ORDER NO. 70CDCR20FIGR00131
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Unit of Issue: DA = Day  Accounting Info: (b)(7)(E)  Funded: (b)(4)					
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.  Unit of Issue: HR = Hour  Accounting Info: (b)(7)(E)  Funded: (b)(4)	(b)(4)	HR	(b)(4)	(b)(4)	
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.  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)	HR	(b)(4)	(b)(4)	

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
4

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

DATE OF ORDER 03/18/2020	CONTRACT NO. ODT-8-C-0001	ORDER NO. 70CDCR20FIGR00131
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>ICE - ERO Contracts</p> <p>Service Providers/Contractors shall use these procedures when submitting an invoice.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions on a monthly basis via email, United States Postal Service (USPS) or facsimile as follows:</p> <p>a) Email:</p> <ul style="list-style-type: none"> <li>• (b)(7)(E)@ice.dhs.gov</li> <li>• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>• Contract Specialist/Contracting Officer</li> </ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b) USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620 ATTN: (b)(7)(E)</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</p> <p>c) Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658 Continued ...</p>					

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
5

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

DATE OF ORDER 03/18/2020	CONTRACT NO. ODT-8-C-0001	ORDER NO. 70CDCR20FIGR00131
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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 processed;</p> <p>(ii). Dunn and Bradstreet (D&amp;B) DUNS Number;</p> <p>(iii). Invoice date and invoice number;</p> <p>(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;</p> <p>(vi). If applicable, shipping number and Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

6

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. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii). Terms of any discount for prompt payment offered;</p> <p>(viii). Remit to Address;</p> <p>(ix). Name, title, and phone number of person to resolve invoicing issues;</p> <p>(x). ICE program office designated on order/contract/agreement and</p> <p>(xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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 guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(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</p> <p>Continued ...</p>					

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
7

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

DATE OF ORDER 03/18/2020	CONTRACT NO. ODT-8-C-0001	ORDER NO. 70CDCR20FIGR00131
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(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:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"> <li>• Bed day rate;</li> <li>• Detainees check-in and check-out dates;</li> <li>• Number of bed days multiplied by the bed day rate;</li> <li>• Name of each detainee;</li> <li>• Detainees identification information</li> </ul> <p>(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:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> <li>• Bed day rate;</li> <li>• Detainees check-in and check-out dates;</li> <li>• Number of bed days multiplied by the bed day rate;</li> <li>• Name of each detainee;</li> <li>• Detainees identification information</li> </ul> <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> <li>• Mileage rate being applied for that invoice;</li> <li>• Number of miles;</li> <li>• Transportation routes provided;</li> <li>• Locations serviced;</li> </ul> <p>Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

8

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. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>• Names of detainees transported;</p> <p>• Itemized listing of all other charges; and,</p> <p>• for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</p> <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <p>• The location where the guard services were provided,</p> <p>• The employee guard names and number of hours being billed,</p> <p>• The employee guard names and duration of the billing (times and dates), and</p> <p>• (4) for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</p> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>1) 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.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>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 ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

9

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. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(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.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at <a href="http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf">http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf</a> for more information on and/or examples of Sensitive PII.</p> <p>5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-(b)(7)(E) or by e-mail at (b)(7)(E)@ice.dhs.gov.</p> <p>The total amount of award: (b)(4)</p> <p>The obligation for this award is shown in Continued ...</p>					

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

(b)(4)

ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION

PAGE NO  
10

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

DATE OF ORDER  
03/18/2020

CONTRACT NO.  
ODT-8-C-0001

ORDER NO.  
70CDCR20FIGR00131

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	box 17 (i) .					

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

(b)(4)



<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE		PAGE OF PAGES 1 2		
2. AMENDMENT/MODIFICATION NO. P00001		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I ST NW (b)(6); WASHINGTON DC 20536		CODE 70CDCR		7. ADMINISTERED BY (If other than Item 6) ICE/DCR		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CORECIVIC INC ATTN CORECIVIC INC 10 BURTON HILLS BLVD NASHVILLE TN 372156105				(x)			9A. AMENDMENT OF SOLICITATION NO.
							9B. DATED (SEE ITEM 11)
				x			10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-10-C-0001, 70CDCR20FIGR00193
CODE 1597341510000				FACILITY CODE		10B. DATED (SEE ITEM 13) 04/28/2020	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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				Net Decrease: (b)(4)			
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
CHECK ONE		A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
		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:					
X		D. OTHER (Specify type of modification and authority) FAR 4.804 - Contract closeout					
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
DUNS Number: 159734151							
Contracting Officer Representative (COR): (b)(6); (b)(7)(C) @ice.dhs.gov							
Alternate Contracting Officer representative (ACOR) (b)(6); (b)(7)(C)							
(b)(6); (b)(7)(C) @ice.dhs.gov							
Contracting Officer: (b)(6); (b)(7)(C) @ice.dhs.gov							
Contract Specialist: (b)(6); (b)(7)(C) @ice.dhs.gov							
The purpose of this modification is to de-obligate excess funds and closeout this contract. The parties agree as follows: 1) All services/supplies have been received, inspected and accepted by the Government 2) The Contactor releases the Government from any and all liability under this contract for Continued ...							
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 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); (b)(7)(C)			
				TEL: EMAIL: (b)(6); (b)(7)(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)			

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-10-C-0001,/70CDCR20FIGR00193/P00001PAGE OF  
2 2NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>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.)</p> <p>3) The Government agrees that all obligations under this contract are concluded.</p> <p>4) Line Item 0001 is decreased by (b)(4) from (b)(4)</p> <p>The total contract value is decreased by (b)(4) from (b)(4) This contract is closed.</p> <p>Discount Terms: Net (b)(4)</p> <p>Accounting Info: (b)(7)(E)</p> <p>Period of Performance: 06/01/2020 to 05/31/2021</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>BEDSPACE AT A DAILY BED RATE OF (b)(4)</p> <p>CLIN 0001 is decreased:</p> <p>FROM: (b)(4)</p> <p>BY:</p> <p>TO:</p>				(b)(4)

# ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

8

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

1. DATE OF ORDER 04/28/2020		2. CONTRACT NO. (If any) ODT-10-C-0001,		6. SHIP TO:	
3. ORDER NO. 70CDCR20FIGR00193		4. REQUISITION/REFERENCE NO. 192120FNLOAK15111		a. NAME OF CONSIGNEE  ICE ENFORCEMENT REMOVAL	
5. ISSUING OFFICE (Address correspondence to) ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536				b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6); (b)(7)(C)	
				c. CITY WASHINGTON	e. ZIP CODE 20536
7. TO: CORECIVIC INC				f. SHIP VIA	
a. NAME OF CONTRACTOR CORECIVIC INC				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
c. STREET ADDRESS 10 BURTON HILLS BLVD				Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY NASHVILLE	e. STATE TN	f. ZIP CODE 372156105			
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL	

11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB					
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 30 Days After Award	
a. INSPECTION Destination	b. ACCEPTANCE Destination			16. DISCOUNT TERMS  Net (b)(4)	

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 159734151 Contracting Officer Representative(COR): (b)(6); (b)(7)(C)@ice.dhs.gov Alternate Contracting Officer representative (ACOR) (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)@ice.dhs.gov Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME DHS ICE						(b)(4)
	b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN (b)(7)(E)						(b)(4)
c. CITY WILLISTON				d. STATE VT	e. ZIP CODE 05495-1620		17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)  
(b)(6); (b)(7)(C)  
TITLE: CONTRACTING/ORDERING OFFICER

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
2

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

DATE OF ORDER 04/28/2020	CONTRACT NO. ODT-10-C-0001,	ORDER NO. 70CDCR20FIGR00193
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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</p> <p>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.</p> <p>The total amount obligated is as follows: From: (b)(4) By: To:</p> <p>Invoice Instructions: ICE - ERO Contracts Service Providers/Contractors shall use these procedures when submitting an invoice.</p> <p>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:</p> <p>a) Email:</p> <ul style="list-style-type: none"> <li>• (b)(7)(E)@ice.dhs.gov</li> <li>• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>• Contract Specialist/Contracting Officer</li> </ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b) USP DHS, ICE Financial Operations - Burlington P.O. Box 1620 Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

3

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

DATE OF ORDER	CONTRACT NO.	ORDER NO.
04/28/2020	ODT-10-C-0001,	70CDCR20FIGR00193

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Williston, VT 05495-1620</p> <p>ATTN: (b)(7)(E)</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</p> <p>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&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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 processed;</p> <p>(ii). Dunn and Bradstreet (D&amp;B) DUNS Number;</p> <p>Continued ...</p>					

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

(b)(4)

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2023-ICLI-00006 002596

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
4

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

DATE OF ORDER 04/28/2020	CONTRACT NO. ODT-10-C-0001,	ORDER NO. 70CDCR20FIGR00193
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(iii). Invoice date and invoice number;</p> <p>(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v). Contract Line Item Number(s) CLIN); Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;</p> <p>(vi). If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii). Terms of any discount for prompt payment offered;</p> <p>(viii). Remit to Address;</p> <p>(ix). Name, title, and phone number of person to resolve invoicing issues;</p> <p>(x). ICE program office designated on order/contract/agreement and</p> <p>(xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

5

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

04/28/2020

ODT-10-C-0001,

70CDCR20FIGR00193

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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 guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(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:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"><li>• Bed day rate;</li><li>• Detainees check-in and check-out dates;</li><li>• Number of bed days multiplied by the bed day rate;</li><li>• Name of each detainee;</li><li>• Detainees identification information</li></ul> <p>(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:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"><li>• Bed day rate;</li><li>• Detainees check-in and check-out dates;</li><li>• Number of bed days multiplied by the bed day rate;</li><li>• Name of each detainee;</li></ul> <p>Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

6

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

DATE OF ORDER	CONTRACT NO.	ORDER NO.
04/28/2020	ODT-10-C-0001,	70CDCR20FIGR00193

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>• Detainees identification information</p> <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"><li>• Mileage rate being applied for that invoice;</li><li>• Number of miles;</li><li>• Transportation routes provided;</li><li>• Locations serviced;</li><li>• Names of detainees transported;</li><li>• Itemized listing of all other charges;</li></ul> <p>and,</p> <ul style="list-style-type: none"><li>• for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</li></ul> <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"><li>• The location where the guard services were provided,</li><li>• The employee guard names and number of hours being billed,</li><li>• The employee guard names and duration of the billing (times and dates), and</li><li>• for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</li></ul> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>1) 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.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>Continued ...</p>					

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

(b)(4)



**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
7

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

DATE OF ORDER 04/28/2020	CONTRACT NO. ODT-10-C-0001,	ORDER NO. 70CDCR20FIGR00193
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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 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:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(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.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at <a href="http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbookmarch2012.pdf">http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbookmarch2012.pdf</a> for more information on and/or examples of Sensitive PII.</p> <p>Continued ...</p>					

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
8

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

DATE OF ORDER 04/28/2020	CONTRACT NO. ODT-10-C-0001,	ORDER NO. 70CDCR20FIGR00193
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>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</p> <p>Accounting Info: ERODETN-008 E1 31-12-00-000 18-62-0600-00-00-00-00 GE-25-72-00- ----- --- 000000</p> <p>Period of Performance: 06/01/2020 to 05/31/2021</p> <p>BEDSPACE AT A DAILY BED RATE OF (b)(4)</p> <p>CLIN 0001 is increased as follows: FROM: (b)(4) BY: TO:</p> <p>Bed quantity has increased as follows: FROM: (b)(4) BY: TO:</p> <p>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.</p>	(b)(4)	EA	(b)(4)	(b)(4)	

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

(b)(4)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE		PAGE OF PAGES 1 3		
2. AMENDMENT/MODIFICATION NO. P00005		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 192121FNE00CCA114		5. PROJECT NO. (If applicable)	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I ST NW (b)(6); WASHINGTON DC 20536		CODE 70CDCR		7. ADMINISTERED BY (If other than Item 6) ICE/DCR		CODE ICE/DCR	
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				(x) 9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217 10B. DATED (SEE ITEM 13) 05/05/2020			
CODE 1597341510000		FACILITY CODE		11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS			
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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				Net Increase: (b)(4)			
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.							
CHECK ONE		A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  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 Funding Only Modification					
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
DUNS Number: 159734151 CONTRACT ADMINISTRATION POC: Program Office/Receiving Official POC: (b)(6); (b)(7)(C)@ice.dhs.gov Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov							
The purpose of this modification is to provide funding for Elizabeth CDF in the amount of (b)(4)							
The obligated amount of this Task Order has increased							
Continued ...							
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 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); (b)(7)(C)			
				TEL: 202-923-(b)(6); EMAIL: (b)(6); (b)(7)(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)			

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00005PAGE OF  
2 3NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET

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

PAGE OF  
3 3

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>From (b)(4)</p> <p>By:</p> <p>To:</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>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.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES	
				1 4	
2. AMENDMENT/MODIFICATION NO. P00006		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 192121FNE00CCA115	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I ST NW (b)(6); WASHINGTON DC 20536		CODE 70CDCR		5. PROJECT NO. (If applicable) 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) CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217	
				10B. DATED (SEE ITEM 13) 05/05/2020	
CODE 1597341510000		FACILITY CODE			

**11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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) Net Increase: (b)(4)  
See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	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:
X	D. OTHER (Specify type of modification and authority) Funding Only Modification

**E. IMPORTANT:** Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

DUNS Number: 159734151

CONTRACT ADMINISTRATION POC:

Program Office/Receiving Official POC: (b)(6); (b)(7)(C) @ice.dhs.gov

Contracting Officer: (b)(6); (b)(7)(C) @ice.dhs.gov

Contract Specialist: (b)(6); (b)(7)(C) @ice.dhs.gov

The purpose of this modification is to provide funding for Elizabeth CDF in the amount of (b)(4)

The obligated amount of this Task Order has increased

Continued ...

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 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); (b)(7)(C) TEL: 202-923 (b)(6); EMAIL: (b)(6); (b)(7)(C) @ice.dhs.gov	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED

## CONTINUATION SHEET

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

PAGE 2 OF 4

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET

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

PAGE OF  
3 4

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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



## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00006PAGE OF  
4 4NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>To: (b)(4)</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4) Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4) Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4) Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4) Accounting Info: (b)(7)(E)</p> <p>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.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				13	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.	
P00007		See Block 16C		192121FNE00CCA116	
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)	
		70CDCR		CODE ICE/DCR	
DETENTION COMPLIANCE AND REMOVALS US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I ST NW (b)(6); (b)(7)(C) WASHINGTON DC 20536				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)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO.	
				ODT-5-C-0010	
				70CDCR20FIGR00217	
				10B. DATED (SEE ITEM 13)	
				05/05/2020	
CODE 1597341510000		FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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) Net Increase: (b)(4)					
See Schedule					
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE					
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
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 Funding Only Modification					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 159734151					
CONTRACT ADMINISTRATION POC:					
Program Office/Receiving Official POC: (b)(6); (b)(7)(C)@ice.dhs.gov					
Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov					
Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov					
The purpose of this modification is to provide funding for Elizabeth CDF in the amount of (b)(4)					
The obligated amount of this Task Order has increased					
Continued ...					
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 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); (b)(7)(C)			
		TEL: 202-923 (b)(6); (b)(7)(C)		EMAIL: (b)(6); (b)(7)(C)@ice.dhs.gov	
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)		(Signature of Contracting Officer)			
NSN 7540-01-152-8070				STANDARD FORM 30 (REV. 10-83)	
Previous edition unusable				Prescribed by GSA	
				FAR (48 CFR) 53.243	
2023-ICLI-00006 002609					

CONTINUATION SHEET

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

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2 3

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

**CONTINUATION SHEET**

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

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3 3

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>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.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 4	
2. AMENDMENT/MODIFICATION NO. P00008		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, (b)(6); WASHINGTON DC 20536		CODE 70CDCR		5. PROJECT NO. (If applicable) 7. ADMINISTERED BY (If other than Item 6) 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) CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684		(x)		9A. AMENDMENT OF SOLICITATION NO.	
				9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217	
CODE HJGMJN1JKL46		FACILITY CODE		10B. DATED (SEE ITEM 13) 05/05/2020	

**11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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 Net Decrease: (b)(4)

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	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:
X	D. OTHER (Specify type of modification and authority) FAR 4.804, Closeout of Contract Actions

**E. IMPORTANT:** Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

CONTRACT ADMINISTRATION POC:  
Program Office/Receiving Official POC: (b)(6); (b)(7)(C)@ice.dhs.gov  
Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov  
Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov

UEI SAM: HJGMJN1JKL46

The purpose of this modification is to de-obligate excess funding and close out this Task Order.

1.) All invoices have been paid.

Continued ...

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 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); (b)(7)(C) TEL: 202-923-(b)(6); EMAIL: (b)(6); (b)(7)(C)@ice.dhs.gov	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00008PAGE OF  
2 4NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET

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

PAGE OF  
3 4

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1104C	(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 @ \$25.81 PER HOUR.				(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)				
	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)				
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	Funded: (b)(4)				
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	Funded: (b)(4)				
	Accounting Info:				
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	Funded: (b)(4)				
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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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



## ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

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

1. DATE OF ORDER 05/05/2020		2. CONTRACT NO. (If any) ODT-5-C-0010		6. SHIP TO: a. NAME OF CONSIGNEE ICE ENFORCEMENT REMOVAL	
3. ORDER NO. 70CDCR20FIGR00217		4. REQUISITION/REFERENCE NO. 192120FNE00CCA110		b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6); (b)(7)(C)	
5. ISSUING OFFICE (Address correspondence to) ICE/DETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536		c. CITY WASHINGTON		d. STATE DC	e. ZIP CODE 20536
7. TO: CORECIVIC INC		f. SHIP VIA			
a. NAME OF CONTRACTOR CORECIVIC INC		8. TYPE OF ORDER			
b. COMPANY NAME		<input type="checkbox"/> a. PURCHASE REFERENCE YOUR:		<input checked="" type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
c. STREET ADDRESS 5501 VIRGINIA WAY (b)(6);		Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.			
d. CITY BRENTWOOD	e. STATE TN	f. ZIP CODE 370277684			
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL			
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB		12. F.O.B. POINT			
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.	
				15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 30 Days After Award	
				16. DISCOUNT TERMS Net (b)(4)	

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 159734151 CONTRACT ADMINISTRATION POC: --Program Office/Receiving Official POC: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov --Contracting Officer: (b)(6); (b)(7)(C) Continued ...					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME DHS ICE		(b)(4)				17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN (b)(7)(E)		(b)(4)				
c. CITY WILLISTON		d. STATE VT	e. ZIP CODE 05495-1620			
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6); (b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
2

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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>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</p> <p>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)</p> <p>The total obligated amount is increased as follows: FROM: (b)(4) BY: TO:</p> <p>Period of Performance: 09/01/2020 to 08/31/2021</p> <p>DETAINEE SERVICES (HOUSING) (b)(4) BEDS, FLAT RATE @ (b)(4) PER MONTH.</p> <p>The total amount of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>The total quantity of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p>	(b)(4)	EA	(b)(4)	(b)(4)	
0002	<p>DETAINEE SERVICES (HOUSING) (b)(4) BEDS @ (b)(4) EA</p> <p>The total amount of this CLIN has increased: FROM: (b)(4) BY: Continued ...</p>		EA	(b)(4)	(b)(4)	

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
3

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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>TO: (b)(4)</p> <p>The total quantity of this CLIN has increased:</p> <p>FROM: (b)(4)</p> <p>BY: )</p> <p>TO: </p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p>					
0003	<p>DETAINEE SERVICES (HOUSING) (b)(4) + BEDS @ (b)(4) EA.</p> <p>The total amount of this CLIN has increased:</p> <p>FROM: (b)(4)</p> <p>BY: </p> <p>TO: </p> <p>The total quantity of this CLIN has increased:</p> <p>FROM: (b)(4)</p> <p>BY: </p> <p>TO: </p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p>		EA		(b)(4)	
0004	<p>GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF (b)(4) PER MONTH.</p> <p>The total amount of this CLIN has increased:</p> <p>FROM: (b)(4)</p> <p>BY: </p> <p>TO: </p> <p>The total quantity of this CLIN has increased:</p> <p>FROM: (b)(4)</p> <p>BY: </p> <p>Continued ...</p>	(b)(4)	EA		(b)(4)	

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
4

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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0005	<p>TO: (b)(4)</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>TRANSPORTATION MILEAGE @ (b)(4) PER MILE.</p> <p>The total amount of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>The total quantity of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p>	(b)(4)	EA		(b)(4)	
0006	<p>ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR.</p> <p>The total amount of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>The total quantity of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Continued ...</p>	(b)(4)	EA		(b)(4)	

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
5

**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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0007	<p>DETAINEE WAGES @ (b)(4) PER MONTH.</p> <p>The total amount of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>The total quantity of this CLIN has increased: FROM: (b)(4) BY: TO:</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>The funding provided in this 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 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.</p> <p>Invoice Instructions: ICE - ERO Contracts</p> <p>Service Providers/Contractors shall use these procedures when submitting an invoice.</p> <p>All other terms and conditions remained unchanged.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions via Continued ...</p>	(b)(4)	EA	(b)(4)		

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
6

**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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>email, United States Postal Service (USPS) or facsimile as follows:</p> <p>a) Email:</p> <ul style="list-style-type: none"> <li>• (b)(7)(E)@ice.dhs.gov</li> <li>• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>• Contract Specialist/Contracting Officer</li> </ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b) USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: (b)(7)(E)</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</p> <p>c) Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on Continued ...</p>					

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
7

**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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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 processed;</p> <p>(ii). Dunn and Bradstreet (D&amp;B) DUNS Number;</p> <p>(iii). Invoice date and invoice number;</p> <p>(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;</p> <p>(vi). If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii). Terms of any discount for prompt payment offered;</p> <p>(viii). Remit to Address;</p> <p>(ix). Name, title, and phone number of person to resolve invoicing issues;</p> <p>Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

8

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

05/05/2020

ODT-5-C-0010

70CDCR20FIGR00217

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(x). ICE program office designated on order/contract/agreement and</p> <p>(xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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 guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(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:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"><li>• Bed day rate;</li><li>• Detainees check-in and check-out dates;</li><li>• Number of bed days multiplied by the bed day rate;</li><li>• Name of each detainee;</li></ul> <p>Continued ...</p>					

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

(b)(4)



## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

9

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

05/05/2020

ODT-5-C-0010

70CDCR20FIGR00217

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>• Detainees identification information</p> <p>(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:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"><li>• Bed day rate;</li><li>• Detainees check-in and check-out dates;</li><li>• Number of bed days multiplied by the bed day rate;</li><li>• Name of each detainee;</li><li>• Detainees identification information</li></ul> <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"><li>• Mileage rate being applied for that invoice;</li><li>• Number of miles;</li><li>• Transportation routes provided;</li><li>• Locations serviced;</li><li>• Names of detainees transported;</li><li>• Itemized listing of all other charges;</li></ul> <p>and,</p> <ul style="list-style-type: none"><li>• for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</li></ul> <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"><li>• The location where the guard services were provided,</li></ul> <p>Continued ...</p>					

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

(b)(4)

## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

10

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

05/05/2020

ODT-5-C-0010

70CDCR20FIGR00217

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>• The employee guard names and number of hours being billed,</p> <p>• The employee guard names and duration of the billing (times and dates), and</p> <p>• (4) for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</p> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>1) 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.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>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 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.</p> <p>As part of your obligation to safeguard information, the follow precautions are required: Continued ...</p>					

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
11

**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
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(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.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at <a href="http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf">http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf</a> for more information on and/or examples of Sensitive PII.</p> <p>5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-(b)(7)(E) or by e-mail at (b)(7)(E)@ice.dhs.gov.</p>					

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

(b)(4)

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE		PAGE OF PAGES 1 5	
2. AMENDMENT/MODIFICATION NO. P00001		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
6. ISSUED BY ICE/DCR		CODE ICE/DCR		7. ADMINISTERED BY (If other than Item 6) ICE/DCR		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				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)  CORECIVIC INC ATTN CORECIVIC INC 5501 VIRGINIA WAY (b)(6); BRENTWOOD TN 370277684				(x)			
				9A. AMENDMENT OF SOLICITATION NO.			
CODE 1597341510000 FACILITY CODE				9B. DATED (SEE ITEM 11)			
				10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217			
				10B. DATED (SEE ITEM 13) 05/05/2020			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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							
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
	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:						
X	D. OTHER (Specify type of modification and authority) Administrative Modification						
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) DUNS Number: 159734151 CONTRACT ADMINISTRATION POC: --Program Office/Receiving Official POC: (b)(6); (b)(7)(C)@ice.dhs.gov --Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov --Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov							
The purpose of this FY20 Task Order Administrative Modification is to correct the TO's (70CDCR20FIGR00217) CLIN numbers so that they align with the CLIN numbers under the Contract (ODT-5-C-0010)							
This Modification accomplishes the following actions: Continued ...							
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 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); (b)(7)(C)			
				TEL: EMAIL: (b)(6); (b)(7)(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)			

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00001PAGE OF  
2 5NAME 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  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  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  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 0004 to read as follows (amount shown is the obligated amount):  Continued ...				
		(b)(4)	EA	(b)(4)	
			EA	(b)(4)	
			EA	(b)(4)	

## CONTINUATION SHEET

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

PAGE 3 OF 5

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00001PAGE OF  
4 5NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Funded: (b)(4)				
	Add Item 1102 as follows:				
1102	DETAINEE SERVICES (HOUSING) (b)(4) BEDS @ (b)(4) EA		EA	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Add Item 1103 as follows:				
1103	DETAINEE SERVICES (HOUSING) (b)(4) BEDS @ (b)(4) EA.		EA	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Add Item 1104A as follows:				
1104A	GUARD SERVICES (TRANSPORTATION) @ FLAT RATE OF (b)(4) PER MONTH.	(b)(4)	EA	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Add Item 1104B as follows:				
1104B	TRANSPORTATION MILEAGE @ (b)(4) PER MILE.	(b)(4)	EA	(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Add Item 1104C as follows:				
1104C	ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR. Continued ...	(b)(4)	EA	(b)(4)	

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1105	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 1105 as follows:  DETAINEE WAGES @ (b)(4) PER MONTH.  Accounting Info: (b)(7)(E)  Funded: (b)(4)	(b)(4)	EA	(b)(4)	



<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE		PAGE OF PAGES	
						1 3	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
P00002		See Block 16C		192121FNE00CCA111			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
		ICE/DCR				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				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)			
				9B. DATED (SEE ITEM 11)			
				10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217			
CODE 1597341510000		FACILITY CODE		10B. DATED (SEE ITEM 13) 05/05/2020			
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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)				Net Increase: (b)(4)			
See Schedule							
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.						
	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:						
X	D. OTHER (Specify type of modification and authority) Funding Only Modification						
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)							
DUNS Number: 159734151							
CONTRACT ADMINISTRATION POC:							
--Program Office/Receiving Official POC: (b)(6); (b)(7)(C) @ice.dhs.gov							
--Contracting Officer: (b)(6); (b)(7)(C) @ice.dhs.gov							
--Contract Specialist: (b)(6); (b)(7)(C) @ice.dhs.gov							
The purpose of this FY20 Task Order Administrative Modification is to add additional funding and add a new CLIN (1107).							
This Modification accomplishes the following actions: Addition funding is added to CLINs 1101, 1104A, and 1104C. Additionally, CLIN 1107 is hereby Continued ...							
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 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); (b)(7)(C)			
				TEL: 202-923 (b)(6); (b)(7)(C) EMAIL: (b)(6); (b)(7)(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)			

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00002

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (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):  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/P00002PAGE OF  
3 3NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1104C	<p>Change Item 1104C to read as follows (amount shown is the obligated amount):</p> <p>ADDITIONAL GUARD SERVICES PER DIEM RATE @ (b)(4) PER HOUR.</p> <p>The obligated amount of this CLIN has increased: From (b)(4) By: To:</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Add Item 1107 as follows:</p>				(b)(4)
1107	<p>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.</p> <p>The obligated amount of this CLIN has increased: From (b)(4) By: To:</p> <p>The quantity of this CLIN has increased: From (b)(4) By: To::</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p>				(b)(4)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
			1	4
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
P00003	See Block 16C	192121FNE00CCA112		
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE	ICE/DCR
DETENTION COMPLIANCE AND REMOVALS US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I ST NW (b)(6); WASHINGTON DC 20536	70CDCR	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)	
		x	10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217	
CODE 1597341510000			10B. DATED (SEE ITEM 13) 05/05/2020	
FACILITY CODE				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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)		Net Increase: (b)(4)		
See Schedule				
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.			
	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:			
X	D. OTHER (Specify type of modification and authority) Funding Only Modification			
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)				
DUNS Number: 159734151				
CONTRACT ADMINISTRATION POC:				
--Program Office/Receiving Official POC: (b)(6); (b)(7)(C)@ice.dhs.gov				
--Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov				
--Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov				
The purpose of this modification is to provide funding for Elizabeth CDF in the amount of (b)(4)				
The obligated amount of this Task Order has increased				
Continued ...				
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 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); (b)(7)(C)		
		TEL: 202-923 (b)(6); EMAIL: (b)(6); (b)(7)(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)		
NSN 7540-01-152-8070 Previous edition unusable				
2023-ICLI-00006 002635				
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/P00003

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00003

PAGE OF  
3 4

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1104B to read as follows (amount shown is the obligated amount):				
1104B	TRANSPORTATION MILEAGE @ (b)(4) PER MILE.	(b)(4)	EA	(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)				
	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)				
	Accounting Info:				
	(b)(7)(E)				
	Continued ...				

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Funded: (b)(4)</p> <p>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.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES		
					15		
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
P00004		See Block 16C		192121FNE00CCA113			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
		70CDCR				ICE/DCR	
DETENTION COMPLIANCE AND REMOVALS US IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I ST NW (b)(6); WASHINGTON DC 20536				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)			
				x 10A. MODIFICATION OF CONTRACT/ORDER NO. ODT-5-C-0010 70CDCR20FIGR00217			
				10B. DATED (SEE ITEM 13) 05/05/2020			
CODE		FACILITY CODE					
1597341510000							

11. 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 ☐ is extended. ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing 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) Net Increase: (b)(4)  
See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	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:
X	D. OTHER (Specify type of modification and authority) Funding Only Modification

E. IMPORTANT: Contractor ☒ is not. ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 159734151

CONTRACT ADMINISTRATION POC:

Program Office/Receiving Official POC: (b)(6); (b)(7)(C)@ice.dhs.gov

Contracting Officer: (b)(6); (b)(7)(C)@ice.dhs.gov

Contract Specialist: (b)(6); (b)(7)(C)@ice.dhs.gov

The purpose of this modification is to provide funding for Elizabeth CDF in the amount of (b)(4)

The obligated amount of this Task Order has increased

Continued ...

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 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); (b)(7)(C)	
		TEL: 202-923-(b)(6); EMAIL: (b)(6); (b)(7)(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)	



CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00004

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00004

PAGE OF  
3 5

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

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

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00004

PAGE 4 OF 5

NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (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.				(b)(4)
	The obligated amount of this CLIN has increased:				
	From (b)(4) By: To:				
1105	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 1105 to read as follows (amount shown is the obligated amount):				
	DETAINEE WAGES @ (b)(4) PER MONTH.	(b)(4)	EA	(b)(4)	
	Continued ...				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ODT-5-C-0010/70CDCR20FIGR00217/P00004

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NAME OF OFFEROR OR CONTRACTOR  
CORECIVIC INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The quantity of this CLIN has increased:</p> <p>From: (b)(4)</p> <p>By:</p> <p>To:</p> <p>The obligated amount of this CLIN has increased:</p> <p>From: (b)(4)</p> <p>By:</p> <p>To:</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>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.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p>				

# ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1. DATE OF ORDER 12/20/2019		2. CONTRACT NO. (If any) 70CDCR20D00000007		6. SHIP TO:	
3. ORDER NO. 70CDCR20FR0000012		4. REQUISITION/REFERENCE NO. See Schedule		a. NAME OF CONSIGNEE ICE ENFORCEMENT REMOVAL	
5. ISSUING OFFICE (Address correspondence to) ICE DETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6); (b)(7)(C) WASHINGTON DC 20536				b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6); (b)(7)(C)	
7. TO: (b)(6); (b)(7)(C)				c. CITY WASHINGTON	e. ZIP CODE 20536
a. NAME OF CONTRACTOR CORECIVIC INC				d. STATE DC	
b. COMPANY NAME				f. SHIP VIA	
c. STREET ADDRESS 5501 VIRGINIA WAY (b)(6);				8. TYPE OF ORDER	
d. CITY BRENTWOOD				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
e. STATE TN				f. ZIP CODE 37027	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL	

11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB					
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	
a. INSPECTION Destination	b. ACCEPTANCE Destination			16. DISCOUNT TERMS Net (b)(4)	

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 159734151 Contracting Officer: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)@ice.dhs.gov Contracting Officer's Representative: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)@ice.dhs.gov Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME DHS ICE						(b)(4)
	b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN (b)(7)(E)						(b)(4)
c. CITY WILLISTON				d. STATE VT	e. ZIP CODE 05495-1620		17(i) GRAND TOTAL
22. UNITED STATES OF AMERICA BY (Signature)					23. NAME (Typed) (b)(6); (b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
2

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

DATE OF ORDER 12/20/2019	CONTRACT NO. 70CDCR20D00000007	ORDER NO. 70CDCR20FR0000012
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>The purpose of this new task order is to provide funding for detention and transportation services in the San Diego Area of Responsibility at the Otay Mesa Detention Center.</p> <p>This task order is being issued under the terms and conditions of ICE IDIQ Contract Number: 70CDCR20D00000007. All terms and conditions of that Contract apply to this Task Order.</p> <p>The Period of Performance for this Task Order will be from December 20, 2019 through December 19, 2020.</p> <p>The total obligated amount on this Task Order is increased as follows: From (b)(4) By: To: Period of Performance: 12/20/2019 to 12/19/2020</p> <p>Detention Services Overall Guaranteed Minimum = (b)(4) ICE's portion of Guaranteed Minimum is (b)(4) Bed Day Rate up to (b)(4)</p> <p>*CLIN Unit Price will inflate by 2.50% annually during the five-year base period. Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192120FSDCORE0003, 192120FSDCORE0003.1</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info: (b)(7)(E)</p> <p>Continued ...</p>				(b)(4)	

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
3

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

DATE OF ORDER 12/20/2019	CONTRACT NO. 70CDCR20D00000007	ORDER NO. 70CDCR20FR0000012
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0002	<p>Funded: (b)(4)</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Detention Bed Day Rate Above Guaranteed Minimum Rate (Beds (b)(4)</p> <p>(b)(4)</p> <p>*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</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p>				(b)(4)	
0003	<p>Transportation Mileage</p> <p>(IAW with current Joint Travel Regulations rates currently (b)(4) per mile )</p> <p>NTE: (b)(4) miles per year Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192120FSDCORE0003</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p>				(b)(4)	
0004	<p>On Call/Transportation Guards Hours</p> <p>Regular Hourly Rate: (b)(4) per hour Continued ...</p>				(b)(4)	

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

(b)(4)

**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
4

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

DATE OF ORDER 12/20/2019	CONTRACT NO. 70CDCR20D00000007	ORDER NO. 70CDCR20FR0000012
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0005	<p>NTE (b)(4) hours per year</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Requisition No: 192120FSDCORE0003.1</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Detainee Work Program</p> <p>Rate: (b)(4) Per Day per Detainee (If applicable)</p> <p>NTE: (b)(4)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Requisition No: 192120FSDCORE0003.1</p> <p>Accounting Info: (b)(7)(E)</p> <p>Funded: (b)(4)</p>				(b)(4)	
0006	<p>Surge/Facility Upgrades*</p> <p>Not to Exceed (b)(4)</p> <p>*No facility modifications or other work planned under this CLIN may be initiated without a negotiated proposal and with approval by the Contracting Officer via a contract modification and funding obligated via task order.</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>For Invoice Instructions please Section G of the Contract.</p> <p>Continued ...</p>				(b)(4)	

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

(b)(4)



## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

5

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

12/20/2019

70CDCR20D00000007

70CDCR20FR0000012

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>**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.**</p> <p>**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.**</p> <p>The total amount of award: (b)(4) The obligation for this award is shown in box 17(i).</p>					

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

(b)(4)