PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-17-D-00009 70CDCR20FR0000036 06/09/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) Contracting Officer: The purpose of this Task Order 70CDCR20FR0000036 between the Department of Homeland Security, Immigration and Customs Enforcement, and GEO, is to provide detention and detention-related services. This Task Order is placed in accordance with HSCEDM-17-D-00009. The Contractor shall provide the services contained in this contract. Department of Labor Wage Determination 2015-5233, Rev. 14, dated 12/23/2019 is hereby incorporated. The total obligated amount for this task order is increased: Ву: To: 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. Period of Performance: 04/12/2017 to 08/17/2028 2001 Detention Services - Guaranteed Minimum -Beds Per Day in accordance with the Performance Work Statement Maximum billable amount per year is Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. CONTRACT NO. DATE OF ORDER ORDER NO. HSCEDM-17-D-00009 70CDCR20FR0000036 06/09/2020 AMOUNT ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT QUANTITY ORDERED ACCEPTED PRICE (d) (a) (b) Days) Modification P00018 increased the BDR From: ву: To: Accounting Info: Funded: 2002 Detention Services - Above Guaranteed Minimum - up to Beds in accordance with the Performance Work Statement Maximum billable amount per year Bed Days Bed Days) Accounting Info: Funded: 2003 Transportation - Guaranteed Mininum -Miles Annually in accordance with the Performance Work Statement and Inclusive all associated trasportation costs. Modification P00018 increased the Fixed Monthly Price From: ву: To: Accounting Info: Funded: Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. HSCEDM-17-D-00009 70CDCR20FR0000036 06/09/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED 2005 Detainee Volunteer Wages Accounting Info: Funded: 2006 On-Call Post / Guard Services in accordance with the Performance Work Statement Funded: Invoice Instructions: ICE - ERO Contracts Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via enail, United States Postal Service (USPS) or facsimile as follows: a) Email: @ice.dhs.gov Contracting Officer Representative (COR) or Government Point of Contact (GPOC) • Contract Specialist/Contracting Officer Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. b) USPS: Continued ...

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OPTIONAL FORM 348 (Rev. 4/2006)

ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO ORDER NO. HSCEDM-17-D-00009 70CDCR20FR0000036 06/09/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620 ATTN: ICE-ERO/FOD-FHO The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c) Facsimile: Alternative Invoices shall be submitted to: (802) - 288 - 7658Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on 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. 2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable: (i). Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another Continued ...

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PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.								
DATE OF ORDER	CONTRACT NO.	ORDER NO.						
06/09/2020	HSCEDM-17-D-00009	70CDCR20FR0000036						

06/09/2	9/2020 HSCEDM-17-D-00009			70CD	70CDCR20FR0000036			
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED		
(a)	(b)	(c)	(d)	(e)	(f)	(g)		
	entity, the name, address and DUNS information of that entity must also be							
	provided which will require Government					7		
	verification before payment can be							
	processed;					2		
	processed,							
	(ii). Dunn and Bradstreet (D&B) DUNS Number;							
	(iii). Invoice date and invoice number;							
	(iv). Agreement/Contract number, contract							
	line item number and, if applicable, the	İ						
	order number;							
	(v). Description, quantity, unit of							
	measure, unit price, extended price and	İ	l					
	period of performance of the items or	İ						
	services delivered;							
	(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;							
	(vii). Terms of any discount for prompt							
	payment offered;							
	(viii). Remit to Address;							
	(ix). Name, title, and phone number of							
	person to resolve invoicing issues;							
	(x). ICE program office designated on							
	order/contract/agreement and							
	(xi). Mark invoice as "Interim" [Ongoing							
	performance and additional billing							
	expected) and "Final" (performance complete							
	and no additional billing)							
	(xii). Electronic Funds Transfer (EFT)							
	banking information in accordance with							
	52.232-33 Payment by Electronic Funds							
	Transfer - System for Award Management or							
	52-232-34, Payment by Electronic Funds							
	Transfer - Other than System for Award							
	Continued							
					(b) (2) (A) (b) (4)	<u> </u>		
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			(0) (0) (1)			

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PAGE NO

7

IMPORTANT: Mark all packages and papers with contract and/or order numbers DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-17-D-00009 70CDCR20FR0000036 06/09/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (b) (d) Management. 3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows: (i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below: a. Detention Bed Space Services · Bed day rate; · Detainees check-in and check-out dates; · Number of bed days multiplied by the bed day rate; · Name of each detainee; · Detainees identification information (ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format: a. Detention Bed Space Services. For Continued ...

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PAGE NO

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

 DATE OF ORDER
 CONTRACT NO.
 ORDER NO.

 06/09/2020
 HSCEDM-17-D-00009
 70CDCR20FR

70CDCR20FR0000036 06/09/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) detention bed space CLINs without a GM, the supporting documentation must include: · Bed day rate; · Detainees check-in and check-out dates; · Number of bed days multiplied by the bed day rate; · Name of each detainee; • Detainees identification information b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include: · Mileage rate being applied for that invoice; · Number of miles; · Transportation routes provided; · Locations serviced; · Names of detainees transported; · Itemized listing of all other charges; · for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. c. Stationary Guard Services: The itemized monthly invoice shall state: • The location where the guard services were provided, · The employee guard names and number of hours being billed, · The employee guard names and duration of the billing (times and dates), and for individual or detainee group rt services only, the name of the detainee(s) that was/were escorted. d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.): 1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))
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PAGE NO

9

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-17-D-00009 70CDCR20FR0000036 06/09/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (b) (d) charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support. (iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs. 4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status. As part of your obligation to safeguard information, the follow precautions are required: (i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract. (ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. (iii) Use shredders when discarding paper Continued ...

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ORDER FOR SUPPLIES OR SERVICES

PAGE NO

		SCHEDULE - CONTINUATION					10	
IMPORTANT:	Mark	all packages and papers with contract and/or order numbers.					·	
DATE OF ORD		CONTRACT NO.				ORDER NO.		
06/09/20	20	HSCEDM-17-D-00009				70CDCR2	20FR0000036	
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY
(a)		(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)
	doc	uments containing Sensitive PII.						
	, ,	Defend to the DIG Hardback for						
) Refer to the DHS Handbook for eguarding Sensitive Personally						
		ntifiable Information (March 2012) found						
	at	neillable infolmation (naion 2012) found						
	htt	p://www.dhs.gov/xlibrary/assets/privacy/d						
		privacy-safeguardingsensitivepiihandbook-						
		ch2012.pdf for more information on						
	and	or examples of Sensitive PII.						
	5	Invoice Inquiries. If you have questions						
		arding payment, please contact ICE						
		ancial Operations at						
		77-491-6521 or by e-mail at						
	(b	(7)(E) Gice.dhs.gov.						
	7							

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				CONTRACT ID CODE	PAGE OF PAGES		
						1	2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DA			QUISITION/PURCHASE REQ. NO. 120FH0SINK0071	5. P	ROJECT NO). (If applicable)
P00001 6. ISSUED BY CO	See Block	16C		OMINISTERED BY (If other than Item 6)	COI	DE	
	REMOVALS NFORCEMENT			,			
8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP	Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO).		
GEO GROUP INC THE							
ATTN (b) (6), (b) (7)(C) 4955 TECHNOLOGY WAY BOCA RATON FL 334313367			x 1 F	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/OR ISCEDM-17-D-00009 0CDCR20FR0000036	RDER NO.		
CODE 6127064650000	FACILITY CODE		-	0B. DATED (SEE ITEM 13) 06/09/2020			
CODE 6127064650000		ONLY APPLIES TO A		MENTS OF SOLICITATIONS			
CHECK ONE A. THIS CHANGE ORDER IS ISSU ORDER NO. IN ITEM 10A.	n offer already submitted and is received prior to to required) TO MODIFICATION OF COMODIFICATION OF COMODIFICA	, such change may b he opening hour and Net ONTRACTS/ORDER ecify authority) THE	e mad date s In	e by telegram or letter, provided each tele pecified. Crease: MODIFIES THE CONTRACT/ORDER NO.	(b) (3) AS DESCRI	er makes (A), (b) BED IN ITEM ONTRACT	14.
B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FC				DMINISTRATIVE CHANGES (such as ch Y OF FAR 43.103(b). RITY OF:	anges in pay	ying office,	
D. OTHER (Specify type of modifical							
X Funding Only Actio	on						
E. IMPORTANT: Contractor X is no		gn this document and				e.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION Number: 612706465 COR: (b) (6), (b) (7)(C) Phone: 832-256-(b) (6), (b) (7)(C) Email: (b) (6), (b) (7)(C) ACOR: (b) (6), (b) (7)(C) Phone: 832-571-(b) (6), (b) (7)(C) Email: (b) (6), (b) (7)(C) Gi	Gice.dhs.gov		cluaing	solicitation/contract subject matter when	e Teasible.)		
Contract Specialist: Phone: 202-732- Continued Except as provided herein, all terms and conditions	(b) (7)(C) of the document referen	ced in Item 9 A or 10	A, as h	eretofore changed, remains unchanged	and in full for	rce and effec	t.
15A. NAME AND TITLE OF SIGNER (Type or print)			16A	NAME AND TITLE OF CONTRACTING			(7)(C)
15B. CONTRACTOR/OFFEROR	15	C. DATE SIGNED	_	LE: 202-732-1016-1017-1018-1018-1018-1018-1018-1018-1018	EMAIL:	16	@ice.dhs.go
(Signature of person authorized to sign)				(Signature of Contracting Officer		ADD FORM	30 (PEV/ 10 92)
NSN 7540-01-152-8070 Previous edition unusable						bed by GSA	30 (REV. 10-83)
					FAR (4	8 CFR) 53.24	13

2023-ICLI-00006 6612

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Email: (b) (6), (b) (7)(C) ice.dhs.gov				
	Contracting Officer: (b) (6), (b) (7)(C)				
	Phone: 202-732-1010,017/10				
	Email: (b) (6), (b) (7)(C) ice.dhs.gov				
	There is a requisition associated with this				
	modification; 192120FHOSINK0071				
	The purpose of modification P00001 is to add CLIN				
	2007 in the amount of (b) (3) (A), (b) (4) to Task Order				
	70CDCR20FR0000036.				
	As a result, the total obligated amount for this				
	task order is increased:				
	From: (b) (3) (A), (b) (4)				
	By: (b) (3) (A), (b) (4)				
	To:				
	Notwithstanding the period of performance				
	indicated above, the funding provided in this				
	modification is the amount presently available				
	for payment and allotted to this IGSA 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 IGSA 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.				
	Discount Terms:				
	Net Accounting Info:				
	(D)(I)(F)				
				İ	
	Period of Performance: 04/12/2017 to 08/17/2028				
	Add Item 2007 as follows:				
07	IHSC Requested Floor Mounted Sink	(b) (3) (A)	, (b) (3) (A	(b) (3) (A), (b) (4)	(b) (3) (A), (
	All terms and conditions of Task Order				
	70CDCR20FR0000036 shall remain unchanged.				
	2-8067	I	<u> </u>	OPT	

NSN 7540-01-152-8067

AMENDA	ENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT		CONTRACT ID CODE		PAGE OF	PAGES
	ENT OF SOLICITATION/MODIFIC					1	5
2. AMENDMI	ENT/MODIFICATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO.	5. PI	ROJECT NO	. (If applicable)
P00002 6. ISSUED B	3Y CODE	See Block 16C		L21FHO0MPC0004 MINISTERED BY (If other than Item 6)	COD	NE	
ICEDETI IMMIGRA OFFICE 801 I S		MOVALS ORCEMENT		minor Erice Bright did in dishibiting	002		
8. NAME AN	DADDRESS OF CONTRACTOR (No., street	et, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.			
ATTN <mark>(b)</mark> 4955 TE	OUP INC THE () (6), (b) (7)(C) (CHNOLOGY WAY TON FL 334313367		96 X 10 H 7	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORD SCEDM-17-D-00009 OCDCR20FR0000036	ER NO.		
CODE 6	1000010000	FACILITY CODE	_	B. DATED (SEE ITEM 13)			
6	127064650000	11. THIS ITEM ONLY APPLIES TO		MENTS OF SOLICITATIONS			
separate le THE PLAC virtue of th reference	etter or telegram which includes a reference DESIGNATED FOR THE RECEIPT OF his amendment you desire to change an off to the solicitation and this amendment, and NTING AND APPROPRIATION DATA (If rechedule	the to the solicitation and amendment nuity OFFERS PRIOR TO THE HOUR AND fer already submitted , such change may dis received prior to the opening hour a quired)	mbers. F. DATE SPI y be made ind date sp et Inc	ECIFIED MAY RESULT IN REJECTION O by telegram or letter, provided each teleg ecified. Crease:	TTO BE R FYOUR OF ram or lette	ECEIVED AT FFER If by er makes	b) (4)
	13. THIS ITEM ONLY APPLIES TO I	MODIFICATION OF CONTRACTS/ORDI	ERS. IT M	ODIFIES THE CONTRACT/ORDER NO. A	S DESCRIE	BED IN ITEM	14.
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TI	HE CHAN	GES SET FORTH IN ITEM 14 ARE MADE	IN THE CO	ONTRACT	
	B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT			MINISTRATIVE CHANGES (such as chai 'OF FAR 43.103(b). ITY OF:	nges in pay	ring office,	
17	D. OTHER (Specify type of modification						
E. IMPORTA	Funding Only Action NT: Contractor is not.	is required to sign this document		copies to the i		3.	
DUNS Nu COR: 6 Phone: Email: ACOR: 6 Phone: Email:	b) (6), (b) (7)(C) 832-571-[6](B) (7)(C)	ice.dhs.gov		solicitation/contract subject matter where	feasible.)		
Phone: Continu	cting Officer/Special: 202-732- aed rovided herein, all terms and conditions of		20,120,000	eretofore changed, remains unchanged ar	nd in full for	ce and effect	
15A. NAME	AND TITLE OF SIGNER (Type or print)		16A. (b)	NAME AND TITLE OF CONTRACTING (6), (b) (7)(C) L: 202-732-10(6).(0)(7)	OFFICER (Type or print (b) (6), (l	o <mark>)(7)(C)</mark> @ice.dhs.g
15B. CONTR	RACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B.	UNITED STATES OF AMERICA (Signature of Contracting Officer)		16	C. DATE SIGNED
NSN 7540-0		l		orginatore or Contracting Officer)			30 (REV. 10-83)
Previous edi	tion unusable					ed by GSA 3 CFR) 53.24	3

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	I I	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Email: (b) (6), (b) $(7)(C)$ @ice.dhs.gov				
	There is a requisition associated with this				
	modification; 192120FH00MPC0004				
	The purpose of modification P00002 is to				
	providing funding in the amount of (b) (3) (A), (b) (4) to Task Order 70CDCR20FR0000036.				
	to lask order /ocbckzorkoooooso.				
	As a result, the total obligated amount for this				
	task order is increased:				
	From: (b) (3) (A), (b) (4)				
	By: (b) (3) (A), (b) (4)				
	Notwithstanding the period of performance				
	indicated above, the funding provided in this modification is the amount presently available				
	for payment and allotted to this IGSA 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 IGSA 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. Discount Terms:				
	Net William				
	Period of Performance: 08/18/2020 to 08/17/2021				
	Change Item 2001 to read as follows(amount shown				
	is the obligated amount):				
2001	Detention Services - Guaranteed Minimum -	(b) (3) (A), (b) (4)	(b) (3) ((b) (3) (A). (b) (4)	(b) (3) (A) , (b)
	Beds Per Day in accordance with the Performance				
	Work Statement				
	Maximum billable amount per year is (0)(3)(A),(b)(4) Beds			1	
	(b) (3) (A), (b) (4)				
	As a result, the funding for this CLIN has				
	increased				
	From: (b) (3) (A), (b) (4)				
	By: (b) (3) (A), (b) (4)				
	To:				
	Continued				

NSN 7540-01-152-8067

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	15 4 5 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	is the obligated amount):				
	Continued				
	I .	1	ıl		

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F) (b) (3) (A), (b)
2005	Detainee Volunteer Wages = West Per Day				(5) (6) (10), (2
	As a result, the funding for this CLIN has				
	increased				
	From: (b) (3) (A), (b) (4)				
	By: (b) (3) (A), (b) (4)				
	To:				
	Accounting Info:				
	(h) (7)(F)				
	Funded: (W) (3) (W), (W) (9)				
	Accounting Info:				
	(b)(/)(E)				
	Funded (b) (3) (A), (b) (4)				
	Funded: (b) (3) (A), (b) (4)				
	Change Item 2006 to read as follows (amount shown				
	is the obligated amount):				
2006	On-Call Post / Guard Services in accordance with	(b) (3) (A), (b) ((^a b) (3) (A)	(b) (3) (A), (b) (4)	(b) (3) (A), (l
	the Performance Work Statement				
	As a result, the funding for this CLIN has				
	increased				
	From: (b) (3) (A), (b) (4)	-			
	By: (b) (3) (A), (b) (4)				
	To:				
	As a result, the quantity for this CLIN has				
	increased				
	From: (b) (3) (A), (b) (4)				
	By: (b) (3) (A), (b) (4)				
	To:				
	Accounting Info:				
	(b) (7)(E)				
	(D)(I)(E)				
	Funded: (0)(3)(A),(0)(4)				
	Accounting Info:				
	(b) $(7)(E)$				
	Funded: (b) (3) (A), (b) (4)				
	Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-17-D-00009/70CDCR20FR0000036/P00002	5	5

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
Add	Item 2008 as follows:				
Add	Item 2000 as follows:	(A) (3) (A)			(b) (3) (A)
	Phone Line Requirement		(b) (3) (A)	(b) (3) (A), (b) (4)	(5) (5) (7)
	duct/Service Code: S206				
Prod	duct/Service Description: HOUSEKEEPING- G	UARD			
Acco	ounting Info:				
71	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
))(/)(E)		Ιİ		
	(D) (3) (A), (D) (4)				
Fund					
	terms and conditions of Task Order CR20FR0000036 shall remain unchanged.				
1,000	ckzurkouduss shall lemain unchanged.	2			
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT II	OCODE	PAGE OF F	PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCH.	ASE PEO NO	5. PROJECT NO. (I	5 If applicable)				
P00004		192121FA00000		5. PROJECT NO. (I	г арріісавіе)				
6. ISSUED BY CODE	See Block 16C 70CDCR	7. ADMINISTERED BY (I		CODE TOP / DO	CD				
DETENTION COMPLIANCE AND REI US IMMIGRATION AND CUSTOMS I OFFICE OF ACQUISITION MANAGE 801 I ST NW 10.65, (b). (7.65) WASHINGTON DC 20536	MOVALS ENFORCEMENT	IMMIGRATION A OFFICE OF ACC 801 I STREET	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) (a) (b) (7) (c) WASHINGTON DC 20536						
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9A. AMENDMENT OF	SOLICITATION NO.						
GEO GROUP INC THE 4955 TECHNOLOGY WAY BOCA RATON FL 33431		9B. DATED (SEE ITE)	300333040						
		x 10A. MODIFICATION 7 0 C D C R 2 0 D 0 0 7 0 C D C R 2 0 F R 0 10B. DATED (SEE ITE		ER NO.					
CODE 6127064650000	FACILITY CODE	07/31/2020 TO AMENDMENTS OF SOLICIT	TATIONIC						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If received the solicitation and the solicitation and the same solicitation and the same solicitation and the same solicitation and the same solicitation and the same solicitation and the same solicitation and the same solicitation and same so	pies of the amendment, (b) By ackn e to the solicitation and amendment of OFFERS PRIOR TO THE HOUR AN er already submitted, such change no is received prior to the opening hour	owledging receipt of this amendr numbers. FAILURE OF YOUR / ID DATE SPECIFIED MAY RESU hay be made by telegram or letter and date specified. Net Increase:	ment on each copy of the ACKNOWLEDGEMENT ULT IN REJECTION OF er, provided each telegrand	to offer submitted; or (c) for the offer submitted; or (c) for the offer submitted; or (c) for the offer submitted s) (4)				
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT									
C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PURSUANT 1	TO AUTHORITY OF:							
D. OTHER (Specify type of modification	and authority)								
X FUNDING ONLY ACTION									
E. IMPORTANT: Contractor 🗵 is not,	is required to sign this documen	nt and return	copies to the is:	suing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 COR: (b) (6), (b) (7)(C) Phone: (830) 326 (b) (7)(C) Email: (b) (6), (b) (7)(C) Phone: (210) 231-(b) (6) Email: (b) (6), (b) (7)(C) Email: (b) (6), (b) (7)(C) Email: (b) (6), (b) (7)(C) ice.dhs.	dhs.gov	s, including solicitation/contract	subject matter where fe	əasiblə.)					
ACOR: (b) (6), (b) (7)(C) Phone: (210) 283- Continued Except as provided herein, all terms and conditions of to 15A. NAME AND TITLE OF SIGNER (Type or print)	he document referenced in Item 9 A	or 10A, as hereto/ore changed, r 16A. NAME AND TITLE (b) (6), (b) (7)(C)							
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	TEL: 202-732-		EMAIL: (6) (6), (6)	DATE SIGNED				
(Signature of some with mineral to all and		(D) (D), (\mathbf{p}) $(7)(\mathbf{C})$						
(Signature of person authorized to sign) NSN 7540-01-152-8070		(Signatur	re of Contracting Officer)	STANDARD FORM 30	(REV. 10-83)				
Previous edition unusable				Prescribed by GSA FAR (48 CFR) 53.243					

2023-ICLI-00006 6619

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
ł)	(B)	(C)	(D)	(E)	(F)
	Email: (b) (6), (b) (7)(C) @ice.dhs.gov		П		
	Contracting Officer: (b) (6). (b) (7)(C)		11		
	Phone: (202) 732-		1 1		
	Email: (b) (6), (b) (7)(C) @ice.dhs.gov		1 1		
			1 1		
	Contract Specialist: (b) (6), (b) (7)(C)				
	Phone: (202) 843-		1 1		
	Email: (b)(6),(b)(7)(C)ice.dhs.gov		$ \cdot $		
	This modification is associated with Requisition		1 1		
	192121FA00000011.2.		1 1		
		İ	1 1		
	The purpose of modification P00004 is to:				
	1. Provide funds in the amount of (b)(3)(A),(b)(4)		1 1		
	CLIN 0001b. The value of this CLIN has increased				
	from (b) (3) (A), (b) (4) by (b) (3) (A), (b) (4) to		1 1		
	(b) (3) (A), (b) (4)				
	2. Provide funds in the amount of (b)(3)(A),(b)(4) for		11		
	CLIN 0002. The value of this CLIN has increased from (b) (3) (A), (b) (4) by (b) (3) (A), (b) (4) to (b) (3) (A), (b) (4)				
	3. Provide funds in the amount of (b) (3) (A), (b) (4) for				
	CLIN 0003a. The value of this CLIN has increased		1 1		
	from (b) (3) (A), (b) (4) by (b) (3) (A), (b) (4) to (b) (3) (A), (b) (4)		1		
	4. Provide funds in the amount of (b)(3)(A),(b)(4)for		1		
	CLIN 0004. The value of this CLIN has increased		1 1		
	from (b) (3) (A), (b) (4) to (b) (3) (A), (b) (4)				
	Notwithstanding the period of performance				
	indicated above, the funding provided in this		1 1		
	modification is the amount presently available		1 1		
	for payment and allotted to this task order. The		1 1		
	service provider agrees to perform to the point		1 1		
	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)		1 1		
	beyond that point. The Government will not be				
	obligated to reimburse the service provider in		1 1		
	excess of the amount allotted to those item(s)		1		
	for performance beyond the funding allotted.		1 1		
	Discount Terms:				
	Net Net Net Net Net Net Net Net Net Net				
	retrod of reflormance: 00/00/2020 to 08/05/2021				
	Change Item 0001b to read as follows(amount shown				
	is the obligated amount):				
4.1					(b) (3) (A)
1b	Base Period: Detention Services				
	Continued				

NSN 7540-01-152-8067

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	PoP: 08/06/2020 - 08/05/2021				
	(1)				
	Tier (b) (3) (A), (b) (4)				
	The value of this CLIN increases:				
	Eron. (b) (3) (A), (b) (4)				
	From: () ()				
	By: To:				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b) (7)(b)				
	Funded:				
	Accounting Info:				
	(b) (/)(b)				
	Funded: (b)(3)(A),(b)(4)				
	Accounting Info:				
	(h) (7)(F)				
	(D)(I)(L)				
	Funded: (b) (3) (A), (b) (4)				
	Accounting Info:				
	(h) (7)(F)				
	(D)(I)(L)				
	Funded: (b) (3) (A), (b) (4)				
	Change Item 0002 to read as follows (amount shown				
	is the obligated amount):				(b) (3) (A) (
0002	Base Period: On-Call Stationary Guard Services				
	POP: 08/06/2020 - 08/05/2021				
	5 (2) (A) (b) (A)				
	Regular Rate: (b) (3) (A), (b) (4) Cvertime Rate.				
	Overtime Rates				
	NOT-TO-EXCEED (NTE): (b) (3) (A), (b) (4)				
	The value of this CLIN increases [FDOM. (b) (3) (A), (b) (4)				
	FROM: (b) (3) (A), (b) (4) BY: (b) (3) (A), (b) (4)				
	TO:				
	Product/Service Code: S206				
	Continued				
	I .	1	1	ı I	

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
)03a	Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: Funded: [b] (3) (A), (b) (4) Change Item 0003a to read as follows (amount shown is the obligated amount): Base Period: Transportation Services - Labor PoP: 08/06/2020 - 08/05/2021 Fixed Price: [b] (3) (A), (b) (4) Fixed Price: [b] (3) (A), (b) (4) The value of this CLIN increases: From: [b] (3) (A), (b) (4) By: To: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				(b) (3) (A), (b)
004	Accounting Info: Funded: [0](3)(4)(5)(4) Funded: [0](3)(4)(5)(4) Funded: [0](3)(4)(5)(4) Change Item 0004 to read as follows (amount shown is the obligated amount): Base Period: Detainee Work Program Continued	(O) (A), (O) (A)	900	(b) (3) (A), (b) (d)	(b) (3) (A), (i

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE ()F
CONTINUATION SHEET	70CDCR20D0000012/70CDCR20FR0000050/P00004	5	5

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	PoP: 08/06/2020 - 08/05/2021		\vdash		
	D) (3) (A)				
	Day				
	(b) (3) (A), (b) (4)				
	NTE:				
	The value of this CLIN increases				
	FROM: (b) (3) (A), (b) (4)				
	BY: (b) (3) (A), (b) (4)				
	TO:				
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b) $(7)(E)$				
	$(D)(I)(\Box)$				
	(b) (3) (A), (b) (4)				
	Funded:				
	Accounting Info:				
	(b) (/)(E)				
	Funded: (b) (3) (A), (b) (4)	' ·			
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AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PR	1 5 OJECT NO. (If applicable)			
P00005	See Block 16C		121FA00000011.3		, application,			
6. ISSUED BY CODE	70CDCR	7. AD	DMINISTERED BY (If other than Item 6)	CODE	ICE/DCR			
DETENTION COMPLIANCE AND REM US IMMIGRATION AND CUSTOMS E OFFICE OF ACQUISITION MANAGE 801 I ST NW 05 (0), (0) (7)(C) WASHINGTON DC 20536	OVALS NFORCEMENT	ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (5) (6), (5) (7)(C) WASHINGTON DC 20536						
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 94	A AMENDMENT OF SOLICITATION NO.					
GEO GROUP INC THE 4955 TECHNOLOGY WAY BOCA RATON FL 33431	9E × 10 7 7	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDER NOCDCR 2 0 D 0 0 0 0 1 2 0 C D C R 2 0 F R 0 0 0 0 0 5 0	NO.					
CODE 6127064650000	FACILITY CODE	_	OB. DATED (SEE ITEM 13)					
CODE 6127064650000	11. THIS ITEM ONLY APPLIES TO		07/31/2020					
The above numbered solicitation is amended as set for	100 100 100 100 100 100 100 100 100 100	202 2000	** Lottografii 52 17 40	hohad	is not extended.			
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If requires Schedule 13. THIS ITEM ONLY APPLIES TO M	DEFERS PRIOR TO THE HOUR AND DE r already submitted , such change may is received prior to the opening hour an uired) Ne	DATE SP be made d date sp t Inc	ECIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram	or letter	FER If by makes (A), (b) (4)			
	ener oct a 1 (c. 1 valle) in de Polis e lei 1900 (c. 1 prije 1 val i 1 val i 1 val i 1 val i 1 val i 1 de 190		3 THE COLUMN TO BE A COLUMN TO SHEET OF THE COLUMN TO THE		COL + 2010-101-101-101-101-101-101-101-101-101			
CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TH	E CHAN	GES SET FORTH IN ITEM 14 ARE MADE IN 1	THE COI	NTRACT			
			OMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).	in payin	g office,			
C. THIS SUPPLEMENTAL AGREEMEN	TIS ENTERED INTO PURSUANT TO A	AUTHOR	RITY OF:					
D. OTHER (Specify type of modification	and authority)				590			
X FUNDING ONLY ACTION	***							
E. IMPORTANT: Contractor X is not.	is required to sign this document a	nd return	copies to the issuir	ng office				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 612706465 COR:(b)(6),(b)(7)(C) Phone: (830) 326-200666	Organized by UCF section headings, in	ncluding	solicitation/contract subject matter where feasi	ible.)				
Email: (b) (6), (b) (7)(C) @ice.	dhs.gov							
COR: (0) (6), (0) (7)(C) Phone: (210) 231 (0)(0)(7)(G)								
Email: (b) (6), (b) (7)(C)	gov							
ACOR: (b) (6), (b) (7)(C)								
Phone: (210) 283-								
Continued					54.00 F-14 F-14 F-14 F-14 F-14 F-14 F-14 F-14			
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A or 1		eretofore changed, remains unchanged and in NAME_AND_TITLE_OF_CON_TRACTING_OFF					
or a remit Property of Storeck (1996 of pulls)		(b)) (6), (b) (7)(C)	7	s) (6) (b) (7)(C)			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16 <u>B</u>	L: 202-732-EMA	AIL:	16C, DATE SIGNED			
			(b) (6), (b) (7)	(C)				
(Signature of person authorized to sign) NSN 7540-01-152-8070			S	STANDA	RD FORM 30 (REV. 10-83)			
Previous edition unusable			P	rescribe	d by GSA CFR) 53.243			

2023-ICLI-00006 6624

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 70CDCR20D00000012/70CDCR20FR0000050/P00005
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (A) (B) (D) (E) (F) Email: lice.dhs.gov Contracting Officer: Phone: (202) 732-Email: (b) (6), Cice.dhs.gov Contract Specialist: Phone: (202) 843-Email: ice.dhs.gov This modification is associated with Requisition 192121FA000000011.3. The purpose of modification P00005 is to: 1. Provide funds in the amount of (0) (3)for CLIN 0001b. increased from 2. Provide funds in the amount of tor (b)(4) CLIN 0002. The value from (b) (3) (A), (b) (4) by by to 3. Provide funds in the amount of (b) (3) CLIN 0003a. The value of this CLIN has increased b) (3) (A), (b) (4) $_{
m by}$ (b) (3) (A), (b) (4) $_{
m to}$ 4. Provide funds in the amount of CLIN 0004. The value of this CLIN has increased from $(b) (3) (A), (b) (4)_{\text{Dy}} (b) (3) (A), (b) (4)_{\text{to}} (b) (3) (A), (b)$ 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. Discount Terms: Net Period of Performance: 08/06/2020 to 08/05/2021 Change Item 0001b to read as follows (amount shown is the obligated amount): Continued ...

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
01b	Base Period: Detention Services		Н		(b) (3) (A), (b
	PoP: 08/06/2020 - 08/05/2021		ΙI	İ	
	(1) (4)		ΙI		
	Tier (b) (3) (A), (b) (4)				
	Tier				
	The value of this CLIN increases:				
			ΙI		
	From: (b) (3) (A), (b) (4)	İ	ΙI	İ	
	By:				
	To:				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(h) (7)(E)		ΙI		
			ΙI	İ	
	(D) (D) (A), (D) (H)				
	Funded:				
	Accounting Info:				
	(b) (/)(b)				
	Funded:		ΙI		
	Accounting Info:		ΙI	İ	
	(h) (7)(E)		ΙI		
	$(D)(I)(\Box)$				
	Funded • (b) (3) (A), (b) (4)				
	Funded: Office Accounting Info:				
	Accounting into.				
	(D) (/)(E)				
			ΙI		
	Funded: (b) (3) (A), (b) (4)		ΙI	İ	
	Accounting Info:				
	(h) (7)(F)				
	(D)(I)(L)				
	Funded: (b) (3) (1) (b) (1)				
	Funded: (b) (3) (A), (b) (4)		ll	İ	
	Change Item 0002 to read as follows(amount shown		ΙI		
	is the obligated amount):		lΙ		
)2					(b) (3) (A),
2	Base Period: On-Call Stationary Guard Services PoP: 08/06/2020 - 08/05/2021				
	FOF: 08/06/2020 - 08/05/2021				
	Regular Rate: (b)(3)(A),(b)(4)				
	Overtime Rate:				
	<u> </u>				
	NOT-TO-EXCEED (NTE): (b)(3)(A),(b)(4) hours				
	Continued				
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The value of this CLIN increases FROM: (b) (3) (A), (b) (4) BY: (b) (3) (A), (b) (4) TO: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: (b) (7) (E) Funded: (b) (3) (A), (b) (4) Accounting Info: (c) (7) (E) Funded: (b) (3) (A), (b) (4) Accounting Info: (d) (7) (E)				
	Funded: (D)(3)(A),(D)(4) Change Item 0003a to read as follows(amount shown is the obligated amount):				
003a	Base Period: Transportation Services - Labor PoP: 08/06/2020 - 08/05/2021				(b) (3) (A), (I
	Fixed Price: (b) (3) (A), (b) (4) month NTE: (c) (3) (A), (c) (d) miles/year				
	The value of this CLIN increases:				
	From: (b) (3) (A), (b) (4) By: To: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b) (7)(E)				
	Funded: (b)(3)(A),(b)(4) Accounting Info:				
	Continued				

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT PRICE AMOUNT (C) (D) (E) (A) (B) (F) Funded: Funded: Change Item 0004 to read as follows (amount shown is the obligated amount): 0004 Base Period: Detainee Work Program PoP: 08/06/2020 - 08/05/2021 NTE: (b) (3) (A), (b) (4) The value of this CLIN increases FROM: BY: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: Funded: Funded:

NSN 7540-01-152-8067

AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES
	- 22 C - C - C - C - C - C - C - C - C -		1			1 2
59 - 852 USSE	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (If applicable)
P00003 6. ISSUED BY	CODE	See Block 16C ICE/DCR	7 AD	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR
ICEDETE IMMIGRA OFFICE 801 I S		OVALS RCEMENT	ICE IMM OFF 801	DETENTION COMPLIANCE IGRATION AND CUSTOMS ICE OF ACQUISITION MA I STREET NW (b) (6) (7) HINGTON DC 20536	REMOV ENFORC	VALS CEMENT
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	() 9A	AMENDMENT OF SOLICITATION NO.		
4955 TEC	JP INC THE CHNOLOGY WAY FON FL 33431			DATED (SEE ITEM 11)	ED NO	
			70	A. MODIFICATION OF CONTRACT/ORDI CDCR20D0000012 CDCR20FR000050 B. DATED (SEE ITEM 13)	ER NO.	
CODE 61	27064650000	FACILITY CODE		7/31/2020		
	.27004030000	11. THIS ITEM ONLY APPLIES TO				
12. ACCOUNT See Sch	A. THIS ITEM ONLY APPLIES TO MO A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	ODIFICATION OF CONTRACTS/ORD PURSUANT TO: (Specify authority) T ST/ORDER IS MODIFIED TO REFLECTION ITEM 14, PURSUANT TO THE ALL	THE CHANG	DDIFIES THE CONTRACT/ORDER NO. AS BES SET FORTH IN ITEM 14 ARE MADE MINISTRATIVE CHANGES (such as character) OF FAR 43.103(b).	IN THE COI	NTRACT
	D. OTHER (Specify type of modification	and authority)				
E. IMPORTAN	T: Contractor X is not.	is required to sign this document	and return	copies to the is	ssuing office	ēl .
DUNS Nur	TION OF AMENDMENT/MODIFICATION (mber: 612706465 (6), (b) (7)(C) (830) 326-000000000000000000000000000000000000	Organized by UCF section headings. dhs.gov	including s	olicitation/contract subject matter where f	easible.)	
Phone: Email:	(210) 231-(100-100) (b) (6), (b) (7)(C)(100-100) (b) (6), (b) (7)(C)(100-100)	gov				
Continue						
	vided herein, all terms and conditions of th ND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A or		(6), (b) (7)(C)		
5	ACTOR/OFFEROR	15C. DATE SIGNED		united states of America (6), (b) (7))(C)	16C. DATE SIGNED
NSN 7540-01	(Signature of person authorized to sign)			/ (/ / (/ (/	STANDAL	RD FORM 30 (REV. 10-83)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Email: (b) (6), (b) (7)(C) ice.dhs.gov				
	Contracting Officer: (b) (6), (b) (7)(C)				
	Phone: (202) 732-				
	Email: (b) (6), (b) (7)(C) eice.dhs.gov				
	Contract Specialist: (b) (6), (b) (7)(C)				
	Phone: (202) - 923 - (200) - (
	Email: (b) (6), (b) (7)(C)@ice.dhs.gov				
	There is no requisition associated with this				
	modification.				
	The purpose of modification P00003 is to:				
	The fact of management and the fact of the				
	1. Update COR information for subject Task Order				
	70CDCR20FR0000050 to add (b) (6), (b) (7)(C) as a				
	Contracting Officer's Representative (COR).				
	As a result, the following COR has been added to				
	the Task Order:				
	cor: (b) (6), (b) (7)(C)				
	Phone: (830) 326-10(0.007)				
	Email: $(b)(6),(b)(7)(C)$ Gice.dhs.gov				
	711 other towns and conditions TAW this numbers				
	All other terms and conditions TAW this purchase order remain unchanged and in full force and				
	effect.				
	Period of Performance: 08/06/2020 to 08/05/2021	İ			
		1			
		1	l		

AMENDME	ENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE	1	PAGE OF PAGES
		Power participation of the State of Control				1 4
100 0000 00000	NT/MODIFICATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (If applicable)
P00006		See Block 16C		121FA000000011.4		
6. ISSUED BY	CODE	70CDCR	7. AL	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR
US IMMI OFFICE 801 I S	ON COMPLIANCE AND REM GRATION AND CUSTOMS E OF ACQUISITION MANAGE T NW 1016, 67776 TON DC 20536	NFORCEMENT	IMM OFF 801	EDETENTION COMPLIANCE IIGRATION AND CUSTOMS TICE OF ACQUISITION MADE IN STREET NW (b) (6) (b) (6) (b) (6) (b) (6) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	NAGEME	EMENT
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9	A AMENDMENT OF SOLICITATION NO.		
CEO CROI	ID INC THE		(7)			
	JP INC THE CHNOLOGY WAY		98	B. DATED (SEE ITEM 11)		
	FON FL 33431			,		
			-	MODIFICATION OF CONTRACTIONS	D NO	
			x 7	A. MODIFICATION OF CONTRACT/ORDE 0CDCR20D0000012	R NO.	
			7	0CDCR20FR0000050		
			10	B. DATED (SEE ITEM 13)		
CODE 61	27064650000	FACILITY CODE		07/31/2020		
10		11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS		-
	numbered solicitation is amended as set fo		**	receipt of Offers		is not extended.
separate le THE PLAC virtue of this	tter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF C	to the solicitation and amendment in DFFERS PRIOR TO THE HOUR AN r already submitted , such change in	numbers. F D DATE SP nay be made	seeipt of this amendment on each copy of the AILURE OF YOUR ACKNOWLEDGEMENT ECIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegro-	TO BE RE	CEIVED AT FER If by
	TING AND APPROPRIATION DATA (If requ	t0	81 81 PAS	crease:	o) (3) (A	A), (b) (4)
See Sch	edule		3003300 202390			
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN			OMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b). ITY OF:	ges in payin	g office,
	D. OTHER (Specify type of modification	and authority)				
X	FUNDING ONLY ACTION					
E. IMPORTAN	T: Contractor X is not.	is required to sign this documen	nt and return	copies to the is:	suing office.	
	mber: 612706465 (6), (b) (7)(C) (830) 326-	Organized by UCF section heading:	s, including	solicitation/contract subject matter where fe	easible.)	
cor: (b)	(6), (b) (7)(C)					
Phone:	(210) 231 (a) (a) (b) (7)(c)					
Email:	(b) (6), (b) (7)(C) ice.dhs.	gov				
) (6) (b) (7)(C)					
ACOR:	(310), (b) (1)(C)					
	(210) 283-					
Continu						2000 Page 1
	vided herein, all terms and conditions of th ND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A o	16A (b	PRESENTED THE OF CONTRACTING OF CONT	FFICER (T)	vpe or print)
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNE		UNITED STATES OF AMERICA	CMAIL:	16C. DATE SIGNED
-	(Signature of person authorized to sign)		\		_/	
NSN 7540-01	-152-8070				STANDA	RD FORM 30 (REV. 10-83)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 70CDCR20D00000012/70CDCR20FR0000050/P00006
 2
 4

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (A) (B) (D) (E) (F) @ice.dhs.gov Contracting Officer: Phone: (202) 732 Email: (b) (6), (b) (7) @ice.dhs.gov Contract Specialist: Phone: (202) 843-(6), (6), (7), (7), (6), (7), (6), (7), Email: This modification is associated with Requisition 192121FA000000011.4. The purpose of modification P00006 is to: 1. Provide funds in the amount of CLIN <u>0003</u>a The value of this CLIN has increased by (b) (3) (A), (b) (4) to 2. Provide funds in the amount of CLIN 0003b. The value of this CLIN has increased b) (3) (A), (b) (4) by (b) (3) (A), (b) (4) to Notwithstanding the period of performance indicated above, the funding provided in this

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. Discount Terms:

Net

Period of Performance: 08/06/2020 to 08/05/2021

Change Item 0003a to read as follows(amount shown is the obligated amount):

0003a Base Period: Transportation Services - Labor

PoP: 08/06/2020 - 08/05/2021

Fixed Price: (b) (3) (A), (b) (4)/month
NTE: (0) (3) (A), (0) (4)/miles/year

The value of this CLIN increases:

Continued ...

NSN 7540-01-152-8067

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	From: (b) (3) (A), (b) (4) By: To: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: (b) (7) (E) Funded: Accounting Info: (b) (7) (E) Funded: Accounting Info: (c) (7) (E) Funded: Accounting Info: (d) (7) (E) Funded: Accounting Info: (e) (7) (E) Funded: Accounting Info: (f) (7) (E)	(C)		(E)	(F)
d600	Funded: (b) (3) (A), (b) (4) Change Item 0003b to read as follows(amount shown is the obligated amount): Base Period: Transportation Services - Mileage Rate PoP: 08/06/2020 - 08/05/2021 Mileage Rate: (b) (3) (A), (b) (4) Mileage Rate: (b) (3) (A), (b) (4) The value of this CLIN increases: From: (b) (3) (A), (b) (4) By: To: Product/Service Code: S206 Continued				(b) (3) (A), (

CONTINUATION SHEET		PAGE (OF
	70CDCR20D0000012/70CDCR20FR0000050/P00006	4	4

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b) (/)(b)				
	(b) (3) (A), (b) (4) Funded:				
	Accounting Info:				
	(h) (7)(E)				
	(D)(I)(E)				
	(b) (3) (A), (b) (4)				
	Funded: Accounting Info:				
	Accounting into:	1			
	(b) (()(b))				
	Funded:				
	Accounting Info:				
	(b) (/)(b)				
	(D)				
	Funded: (D) (3) (A), (D) (4)				
				i i	
		19			
		1	ı	1	

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT	CONTRACT ID CODE		PAGE OF PAGES				
				1 8				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. N 192122FA000000011.5		OJECT NO. (If applicable)				
P00007	See Block 16C		-					
6. ISSUED BY CODE	70CDCR	7. ADMINISTERED BY (If other than		ICE/DCK				
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs		ICE/Detention Compl Immigration and Cus						
Office of Acquisition Manage		Office of Acquisiti						
801 I ST NW, (b) (6), (b) (7)(C)		801 I Street NW, (b) (6), (b) (7)(C)					
WASHINGTON DC 20536		Washington DC 20536	6					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITAT	TON NO.					
GEO GROUP INC THE								
4955 TECHNOLOGY WAY		9B. DATED (SEE ITEM 11)						
BOCA RATON FL 33431								
		x 10A. MODIFICATION OF CONTR 70CDCR20D00000012	ACT/ORDER NO.					
		70CDCR20FR0000050						
		10B. DATED (SEE ITEM 13)						
CODE JMLKZZ1NL2Z6	FACILITY CODE	07/31/2020						
	11. THIS ITEM ONLY APPLIES T	TO AMENDMENTS OF SOLICITATIONS						
Offers must acknowledge receipt of this amendment pollems 8 and 15, and returning cooperate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF Civirue of this amendment you desire to change an offer reference to the solicitation and this amendment, and	oies of the amendment; (b) By acknoo to the solicitation and amendment nu DEFERS PRIOR TO THE HOUR AND r already submitted, such change ma	wledging receipt of this amendment on eac umbers. FAILURE OF YOUR ACKNOWLE D DATE SPECIFIED MAY RESULT IN REJE ay be made by telegram or letter, provided	th copy of the offer subm EDGEMENT TO BE REC ECTION OF YOUR OFF	nitted ; or (c) By CEIVED AT FER If by				
12. ACCOUNTING AND APPROPRIATION DATA (If requ	of south	et Decrease:	(b) (3) (A), (b) (4)				
See Schedule								
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORD	DERS. IT MODIFIES THE CONTRACT/ORD	DER NO. AS DESCRIBE	ED IN ITEM 14.				
CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) T	THE CHANGES SET FORTH IN ITEM 14 A	RE MADE IN THE CON	NTRACT				
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLE IN ITEM 14, PURSUANT TO THE A	CT THE ADMINISTRATIVE CHANGES (su UTHORITY OF FAR 43.103(b).	ch as changes in payin	g office,				
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	DAUTHORITY OF:						
D. OTHER (Specify type of modification	and authority)							
X FAR 4.804, Contract	Closeout							
E. IMPORTANT: Contractor is not.	x is required to sign this document	t and return copi	ies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (COR: (b) (6), (b) (7)(C)	Organized by UCF section headings.	, including solicitation/contract subject mati	ter where feasible.)					
Phone: (830) 326 (7) (6)	dhs.gov							
cor: (b) (6), (b) (7)(C)								
Phone: 956-728-00000								
Email: $(b) (6), (b) (7)(C)$ gice.d	hs.gov							
ACOR: (b) (6), (b) (7)(C)								
Phone: (210) 283(b)(6)(b)(7)(6)								
Email: $(b)(6),(b)(7)(C)$ ic	e.dhs.gov							
Continued								
Except as provided herein, all terms and conditions of the	e document referenced in Item 9 A or							
15A. NAME AND TITLE OF SIGNER (Type or print)		(b) (6), (b) (7)(C)	RACTING OFFICER (Ty	рө or print)				
		TEL: 202-732-(0)(6),(0)(7)	EMAIL: (b)(6),(b)(7)(C) _{GICE.DHS.GO}				
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED			16C. DATE SIGNED				
(Signature of person authorized to sign)		(Signature of Contracti	ing Officer)	-				
NSN 7540-01-152-8070				RD FORM 30 (REV. 10-83)				
Previous edition unusable		Prescribed by GSA FAR (48 CFR) 53.243						

2023-ICLI-00006 6635

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20D00000012/70CDCR20FR0000050/P00007
 PAGE 0F 2
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	(a) (b) (7)(C)		П		
	Contracting Officer: (b) (6), (b) (7)(C) Phone: (202) 732-	. 5			
	Email: (b) (6), (b) (7)(C)@ice.dhs.gov		H		
	Email: (b) (b) (1)(c)erce.uns.yov				
	This modification is associated with Requisition		ΙI		
	192122FA00000011.50.		ΙI		
	The purpose of this modification is to	2			
	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			
	2) The Contactor releases the Government from any	· 71	ll		
	and all liability under this contract for further		ll		
	equitable and/or price adjustments including, but	3	Ιİ	İ	
	not limited to, claims and causes of action for		Ιİ		
	the recovery of direct costs, indirect costs,		Ιİ	İ	
	delay costs, disruption costs, profit, interest,				
	attorney's fees, damages, etc.)				
	3) The Government agrees that all obligations				
	under this contract are concluded.				
	4) Line Item 0001a is decreased by (a) (b) (3) (A), (b) (4) (b) (3) (A), (b) (4) (b) (3) (A), (b) (4)				
	from (0)(3)(A),(b)(4)0 to (0)(3)(A),(b)(4) 5) Line Item 0002 is decreased by				
	from (b) (3) (A), (b) (4) to (b) (3) (A), (b) (4)	24			
	6) Line Item 0003a is decreased by (b)(3)(A),(b)(4) from		ll		
	(b) (3) (A), (b) (4) _{E0} (b) (3) (A), (b) (4)		ΙI		
	7) Line Item 0003b is decreased by (b) (3) (A), (b) (4)		Ιİ		
	from (b) (3) (A), (b) (4) to (b) (3) (A), (b) (4)		Ιİ	İ	
	8) Line Item 0004 is decreased by		ΙI		
	(b) (3) (A), (b) (4) to (b) (3) (A), (b) (4)				
	The total obligated amount is decreased by				
	(b) (3) (A), (b) (4) from (b) (3) (A), (b) (4) to				
	(b) (3) (A), (b) (4)	. 2			
	The total contract value is decreased by		ΙI		
	(b) (3) (A), (b) (4) from (b) (3) (A), (b) (4) to		Ιİ		
	(b) (3) (A), (b) (4) This contract is closed.		ΙI	İ	
	Discount Terms:				
	Net				
	Period of Performance: 08/06/2020 to 08/05/2021	. 5			
	Change Item 0001a to read as follows(amount shown	2	H		
	is the obligated amount):	-	ll		
		. 24	H		/b) /2) /A)
1a	Furniture Needs	3	ΙI		(D)(3)(A),
	This is a Firm Fixed Price Line Item				
	(b) (3) (A) (b) (4) (c)				
	Deobligate (b) (3) (A), (b) (4) from FFMS Item MDL				
	Continued				
			ıl		

NSN 7540-01-152-8067

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Deobligate (b)(3)(A),(b)(4) from FFMS Item (0)0)(A)				
	Deobligate from FFMS Item MDL		li		
	Deobligate from FFMS Item MDL		Ιİ		
	Deobligate from FFMS Item 4DL		i i		
		1	l		
	The total obligated funding on this CLIN is				
	decreased as follows:				
	From: (b) (3) (A), (b) (4)				
	By:				
	To:				
	Award Type: Firm-fixed-price				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	Accounting into:	1			
	Funded:				
	Accounting Info:		l		
			l		
			l		
	(3) (1)(-)		l		
	Funded: (b) (3) (A) (b) (4)	İ	l		
	Accounting Info:	. i	Ιİ		
	(h) (7)(E)		l i		
		li .	Ιİ		
	(10) (1) (1)	li .	Ιİ		
	Funded:				
	Accounting Info:				
	(h) (7)(E)				
	$(D)(I)(\Box)$				
	//b//3/////				
	Funded: (b)(3)(A),(b)(4)				
	Accounting Info:	.			
	(h) (7)(E)				
	(D)(I)(L)				
	(6) (1) (4) (6) (4)				
	Funded:				
	Accounting Info:	.			
	(h) (7)(h)				
	(D)(I)(L)				
	Funded: (D) (O) (A), (D) (4)	•			
	Accounting Info:				
	//- / / / / / / / / / / / / / / / / / /	-			
		>			
		2			
	Funded: (D) (A), (D) (4)	T			
	Continued				
	oonernada				
		1			
		1			
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0002	Accounting Info: (b) (7) (E) Funded: (b) (3) (A), (b) (4) Accounting Info: (C) (C) (C) (C) Funded: (D) (3) (A), (D) (4) Accounting Info: (C) (C) (C) (C) Funded: (D) (3) (A), (D) (4) Change Item 0002 to read as follows (amount shown is the obligated amount): Base Period: On-Call Stationary Guard Services PoP: 08/06/2020 - 08/05/2021 Regular Rate: (C) (NTE): (D) (A) (B)				(b) (3) (A), (l
	Funded: Accounting Info:				
	Funded: Accounting Info:				
	(b) (7)(E) Continued				

NSN 7540-01-152-8067

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF **CONTINUATION SHEET** 70CDCR20D0000012/70CDCR20FR0000050/P00007 5 8

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b) (7)(E)				
	(b) (3) (A), (b) (4)				
	Funded: Accounting Info:				
	(D)(/)(E)		Ιİ		
	Fundad (b) (3) (A), (b) (4)				
	Funded:				
	Change Item 0003a to read as follows(amount shown				
	is the obligated amount):				
					(b) (3) (A)
)003a	Pase Period: Transportation Services - Labor PoP: 08/06/2020 - 08/05/2021				
	(b) (3) (A), (b) (4)				
	Fixed Price: /month				
	NTE: miles/year				
	Deobligate (b)(3)(A),(b)(4) from FFMS Item MDL				
	TION TITLE TOUR	1			
	The total obligated funding on this CLIN is				
	decreased as follows: From: (b) (3) (A), (b) (4)				
	By:				
	To:				
	Award Type: Firm-fixed-price				
	Product/Service Code: S206		$ \ $		
	Product/Service Description: HOUSEKEEPING- GUARD	. ,	$ \ $		
	Accounting Info:				
	(h) (7)(F)				
	(D)(I)(E)				
	Funded: (6)(3)(A),(6)(4)	3			
	Accounting Info:				
	(h) (7)(E)				
	(D)(I)(L)				
	Funded: (a) (b) (b) (c) (c)				
	Accounting Info:	1			
	(b)(7)(E)				
	(D)(I)(E)				
	Funded: (0)(3)(A), (b)(4)				
	Accounting Info:				
	(b) $(7)(E)$				
	$(D)(I)(\Box)$				
	The standard of the Control of the C				
	Funded: Accounting Info:				
	Continued				
		1			

NSN 7540-01-152-8067

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF CONTINUATION SHEET 70CDCR20D0000012/70CDCR20FR0000050/P00007 6 8

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (B) (D) (A) (E) (F) Funded: Change Item 0003b to read as follows(amount shown is the obligated amount): 0003b Base Period: Transportation Services - Mileage Rate PoP: 08/06/2020 - 08/05/2021 Mileage Rate: NTE: miles/year Deobligate from FFMS Item 4DL MDL Deobligate rom FFMS Item Deobligate from FFMS Item MDL The total obligated funding on this CLIN is decreased as follows: From: (b) (3) (A), (b) By: To: Award Type: Firm-IIxed-price Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Funded: Funded: Continued ...

NSN 7540-01-152-8067

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF CONTINUATION SHEET 70CDCR20D00000012/70CDCR20FR0000050/P00007 7 8

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT PRICE AMOUNT (C) (D) (E) (A) (B) (F) Funded: Funded: Change Item 0004 to read as follows (amount shown is the obligated amount): 0004 Base Period: Detainee Work Program PoP: 08/06/2020 - 08/05/2021 Deobligate A),(b)(4) from FFMS Item The total obligated funding on this CLIN is decreased as follows: From: By: To: Award Type: Firm-fixed-price Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: Funded: Continued ...

NSN 7540-01-152-8067

CONTINUATION OUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	70CDCR20D0000012/70CDCR20FR0000050/P00007	8	8

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

AMOUNT	UNIT PRICE		QUANTITY	SUPPLIES/SERVICES	EM NO.
(F)	(E)	(D)	(C)	(B)	A)
				Accounting Info:	
				(h) (7)(h)	
				Funded: (b)(3)(A),(b)(4)	
				Accounting Info:	
				(b) (7)(C)	
				(D)(/)(E)	
				Funded: ((b) (3) (A), (p) (4)	
				Funded: (b) (3) (A), (b) (4)	
			1		
			1		
			7		
			r 15		
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NSN 7540-01-152-8067

			ORDER	FOR SU	PPLIES OR SERV	ICES				PAG	E OF PAG	ES
IMPORTANT:	Mark all	packages :	and papers with contrac	t and/or or	der numbers.					1		12
1. DATE OF OR	RDER	2. CONTRA	ACT NO. (If any) R20D00000012						6. SHIP TO:			
07/31/20		/ OCDCI	(20000000012			a. NAME	OF CO	NSIGNEE				
3. ORDER NO. 70CDCR20	FR000	0050			REFERENCE NO. 00000011.8	ICE E	NFOI	RCEMENT REMOV	<i>J</i> AL			
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a. NAME OF CONTRACTOR GEO GROUP INC THE b. COMPANY NAME c. STREET ADDRESS 4955 TECHNOLOGY WAY d. CITY BOCA RATON B. ACCOUNTING AND APPROPRIATION DATA See Schedule 11. BUSINESS CLASSIFICATION (Check appropriate box(es)) a. SMALL b. OTHER THAN SMALL c. DISADVANT 1. SERVICE-DISABLED VETERAN-OWNED 13. PLACE OF 14. INSPECTION Destination Destination Destination ITEM NO. (a) DUNS Number: 612706465 COR: (b) (6), (b) (7)(C) Phone: (210) 283-000000000000000000000000000000000000		f. ZIP CODE	this order and on the attached sheet, if contract.						mbered			
BOCA RATON FL 33431 any, including delivery as indicated.						10 10 10 10 10 10 10 10 10 10 10 10 10 1						
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a. INSPECTION	1		b. ACCEPTANCE					ON OR BEFORE (Date)			(b) (3) (A), (
Destinat	ion		Destination								N	let
					17. SCHEDULE (Se	e reverse for	Reject	tions)				
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	18. SHIPF	PING POIN	Г		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.				17(h)
												TOTAL (Cont. pages)
				2	21. MAIL INVOICE TO:				(b) (3)	(A), (b) (4)	
SEE BILLING	a. NAME		DHS ICE									
INSTRUCTIONS ON REVERSE	b. STREE (or P.O. E	ET ADDRES Box)	PO BOX	1620	NANCE CENTER				(b) (3)	(A), (b)	(4)	17(i) GRAND TOTAL
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PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) Phone: (210) 231ice.dhs.gov Email: (b)(6),(b)(7)(0 Contracting Officer: (b)(6),(b)(7)(C) Phone: (202) 732-Email: (b) eice.dhs.gov There is requisition associated with this Task Order: 192120FA000000011.8. This task order is being issued against Indefinite-Delivery Indefinite-Quantity (IDIQ) contract 70CDCR20D00000012 for Detention and Transportation Services at the South Texas ICE Processing Center located in Pearsall, Texas. Funding is in the total amount of (b) (3) (A), (b) (4) The total amount of the contract is increased: From: By: The details for funding of each CLIN is as follows: 1. Provide funding to CLIN 0001a in the total amount of (b)(3)(A),(b)(4) As a result, funding for CLIN 0001a has increased: From: 2.Provide funding to CLIN 0001b in the total amount of (b) (3) (A), (b) (4) As a result, funding for CLIN 0001b has increased: From: 3. Provide funding to CLIN 0002 in the Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) total amount of (D)(3)(A),(b)(4 As a result, funding for CLIN 0002 has increased: From: Ву: To: 4. Provide funding to CLIN 0003a in the total amount of $\binom{(b)(3)(A),(b)(4)}{}$. As a result, funding for CLIN 0003 has increased: By: To: 5. Provide funding to CLIN 0003b in the total amount of As a result, funding for CLIN 0004 has increased: From: By: To: 6. Provide funding to CLIN 0004 in the total amount of (D)(3)(A),(D)(4). As a result, funding for CLIN 0005 has increased: By: To: The Period of Performance for this task order is currently from 08/06/2020 to 08/05/2020 which matches the base period of IDIQ 70CDCR20D000000112. Notwithstanding the period of performance indicated in this task order, 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 Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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IMPORTANT: Mark all packages and papers with contract and/or order numbers. CONTRACT NO. DATE OF ORDER ORDER NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) 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 iten(s) for performance beyond the funding allotted. Period of Performance: 08/06/2020 to 08/05/2021 0001a Furniture Needs This is a Firm Fixed Price Line Item The amount of this CLIN has increased: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: Funded: Funded: Accounting Info: Funded: Accounting Info: Funded: 0001b Base Period: Detention Services POP: 08/06/2020 - 08/05/2021 TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 ITEM NO. QUANTITY UNIT AMOUNT SUPPLIES/SERVICES QUANTITY ORDERED PRICE ACCEPTED (d) (a) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: 0002 Base Period: On-Call Stationary Guard PoP: 08/06/2020 - 08/05/2021 Regular Rate: Overtime Rate: NOT-TO-EXCEED (NTE): hours Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Funded: 0003a Base Period: Transportation Services - Labor PoP: 08/06/2020 - 08/05/2021 Fixed Price: (3)(A),(b)(4) miles/year Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: Funded: 0003b Base Period: Transportation Services -Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 AMOUNT ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT QUANTITY ORDERED PRICE ACCEPTED (a) Mileage Rate PoP: 08/06/2020 - 08/05/2021 Mileage Rate: Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Funded: Accounting Info: 0004 Base Period: Detainee Work Program PoP: 08/06/2020 - 08/05/2021 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Funded: Invoice Instructions: ICE - ERO Contracts Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 SUPPLIES/SERVICES QUANTITY UNIT ITEM NO. AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows: a) Email: @ice.dhs.gov • Contracting Officer Representative (COR) or Government Point of Contact (GPOC) · Contract Specialist/Contracting Officer Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. b) USPS: DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620 ATTN: ICE-ERO-FOD-FAO The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c) Facsimile: Alternative Invoices shall be submitted to: (802) - 288 - 7658Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

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

ORDER NO.

70CDCR20FR0000050

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(2)	(b)	ORDERED	(d)	PRICE	(f)	ACCEPTED
(a)	(b) Management (SAM) at https://www.sam.gov	(c)	(u)	(e)	(f)	(g)
	prior to award and shall be notated on					4
	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.					
	2. Content of Invoices: Each invoice shall					
	contain the following information in					
	accordance with 52.212-4 (g), as					
	applicable:					
	(i). Name and address of the Service					
	Provider/Contractor. Note: the name,					
	address and DUNS number on the invoice MUST					
	match the information in both the					
	Contract/Agreement and the information in					
	the SAM. If payment is remitted to another					
	entity, the name, address and DUNS					
	information of that entity must also be					
	_					
	provided which will require Government					
	verification before payment can be processed;					
	processed;					
	(ii). Dunn and Bradstreet (D&B) DUNS Number;					
	(iii). Invoice date and invoice number;					
	(iv). Agreement/Contract number, contract					
	line item number and, if applicable, the		l			
	order number;					
	(v). Description, quantity, unit of					
	measure, unit price, extended price and					
	period of performance of the items or					
	services delivered;					
	services delivered,					
	(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;					
	(vii). Terms of any discount for prompt					
	payment offered;					
	(viii). Remit to Address;					
	Continued					
					(b) (3) (A) (b) (4)	

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PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) (ix). Name, title, and phone number of person to resolve invoicing issues; (x). ICE program office designated on order/contract/agreement and (xi). Mark invoice as "Interim" [Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing) (xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management. 3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows: (i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below: a. Detention Bed Space Services · Bed day rate; · Detainees check-in and check-out dates; Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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PAGE NO

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

 DATE OF ORDER
 CONTRACT NO.
 ORDER NO.

 07/31/2020
 70CDCR20D00000012
 70CDCR20FR0000050

owners of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification infornation (ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation mileage or other. Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format: a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include: • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Nume of each detainee; • Neame of each detainee; • Neame of each detainee; • Nume of each detainee; • Nume of each detainee; • Number of bed days multiplied by the supporting documentation must include: • Mileage rate being applied for that invoice; • Mileage rate being applied for that invoice; • Number of miles; • Transportation Services: For transportation of miles; • Transportation of the supporting documentation must include: • Mileage rate being applied for that invoice; • Number of miles; • Transportation serviced; • Numes of detainees transported; • Itemized listing of all other charges; and, • for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. c. Stationery Guard Services: The itemized monthly invoice shall state: Continued	07/31/2	70CDCR20D0000012				70CDC	CR20FR0000050			
e) (e) (e) (f) (e) (f) (e) • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainese identification information (ii). Allowable Incurred Cost. Fixed Unit Frice Items (Items for allowable incurred costs, such as transportation services, stationary quard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format: a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include: • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include: • Mileage rate being applied for that invoice; • Number of miles; • Transportation routes provided; • Locations serviced; • Names of detainees transported; • Itemized listing of all other charges; and, • for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. c. Stationary Guard Services: The itemized monthly invoice shall state: Continued	ITEM NO.	SUPPLIES/SERVICES		UNIT	I		AMOUNT	QUANTITY		
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ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION 11 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20D00000012 70CDCR20FR0000050 07/31/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (b) (d) · The location where the guard services were provided, · The employee guard names and number of hours being billed, · The employee guard names and duration of the billing (times and dates), and for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted. d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.): 1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support. (iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs. 4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in 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. Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

PAGE NO

12

IMPORTANT	: Mark all packages and papers with contract and/or order numbers.						
DATE OF ORD					ORDER N		
07/31/20	70CDCR20D0000012				70CDC	R20FR0000050	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(f)	ACCEPTED (g)
	As part of your obligation to safeguard	(-/	(-,	(-/		(-)	(3)
	information, the follow precautions are	1			- 1		
	required:				l		
	•		l i		l		
	(i) Email supporting documents containing	İ			l		
	Sensitive PII in an encrypted attachment				l		
	with password sent separately to the						
	Contracting Officer Representative assigned				- 1		
	to the contract.						
	(ii) Never leave paper documents containing						
	Sensitive PII unattended and unsecure. When						
	not in use, these documents will be locked						
	in drawers, cabinets, desks, etc. so the						
	information is not accessible to those				- 1		
	without a need to know.						
	(iii) Use shredders when discarding paper						
	documents containing Sensitive PII.						
	(iv) Refer to the DHS Handbook for				- 1		
	Safeguarding Sensitive Personally		l				
	Identifiable Information (March 2012) found	İ	l		i		
	at		Ιİ		i		
	http://www.dhs.gov/xlibrary/assets/privacy/	3			İ		
	hs-privacy-safeguardingsensitivepiihandbook	-					
	march2012.pdf for more information on				- 1		
	and/or examples of Sensitive PII.				- 1		
	5. Invoice Inquiries. If you have questions						
	regarding payment, please contact ICE						
	Financial Operations at						
	1-877-491-6521 or by e-mail at						
	(b) (7)(E) @ice.dhs.gov.						
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AMENDMI	ENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF F	AGES
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50 000 000	ENT/MODIFICATION NO.			20FA000000011.10	J. FRO	DIECT NO. (/	арріксавіе)
P00001 6. ISSUED B	Y CODE	See Block 16C ICE/DCR		MINISTERED BY (If other than Item 6)	CODE	ICE/DO	TD TD
IMMIGRA OFFICE 801 I S	ENTION COMPLIANCE REMATION AND CUSTOMS ENFO OF ACQUISITION MANAGE ETREET NW (b) (6), (b) (7)(c) ETON DC 20536	OVALS RCEMENT	IMM OFF: 801	DETENTION COMPLIANCE RIGRATION AND CUSTOMS EN ICE OF ACQUISITION MANA I STREET NW (D)(G), (D) (7)(C) HINGTON DC 20536		ALS EMENT	
8. NAME ANI	D ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.			
4955 TE	UP INC THE CHNOLOGY WAY TON FL 33431		9B.	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER NOCDCR 2 0 0 0 0 0 0 0 1 2	10.		
				CDCR20FR0000050 B. DATED (SEE ITEM 13)			12
CODE 6	127064650000	FACILITY CODE		7/31/2020			
li .		11. THIS ITEM ONLY APPLIES TO A	AMENDM	ENTS OF SOLICITATIONS			
virtue of th	is amendment you desire to change an offer to the solicitation and this amendment, and i ITING AND APPROPRIATION DATA (If required used)	r already submitted , such change may b s received prior to the opening hour and irred) Net	be made l date spe t Inc	CIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram or ciffied. Tease: DDIFIES THE CONTRACT/ORDER NO. AS DE	(3) (/	makes (A), (b) (4	
CHECK ONE	- A. THIS CHANGE ORDER IS ISSUED PORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) THE	E CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN T	HE CON	NTRACT	
Х	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMENT			MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b). TY OF:	in payin	g office,	
) .	D. OTHER (Specify type of modification	and authority)		200000000000000000000000000000000000000			- 65.
E. IMPORTAI	NT: Contractor X is not.	is required to sign this document an	od return	copies to the issuin	a office	. 1	
14. DESCRI	PTION OF AMENDMENT/MODIFICATION (Imber: 612706465 (6), (b) (7)(C) (210) 283			olicitation/contract subject matter where feasit			
COR: (b Phone: Email:	(210) 231-000000000000000000000000000000000000	gov					
Phone: Continu Except as pr	TATOMETRI – EN TOMO PO SONTE TRANSCONTO EN TOMO TOMO PORTUGADO EN TRANSCONTO EN TRANSCONTO EN TRANSCONTO EN TRANSCONTO SE A SENSO SE		16A. I	retofore changed, remains unchanged and in h			
15B. CONTR	ACTOR/OFFEROR	15C. DATE SIGNED	16B. (b)	S OF AMERICA (6), (b) (7)(C)	IL:	10.77.000	TATE SIGNED
NSN 7540-0	(Signature of person authorized to sign) 1-152-8070		1.	Contracting Officer)	TANDAF	RD FORM 30	Landarder War and Industry and Artist
Previous edit				P	rescribe	d by GSA CFR) 53.243	

REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET**

70CDCR20D00000012/70CDCR20FR0000050/P00001

PAGE 2

OF 3

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Email: (b) (6), (b) (7) (C) Gice.dhs.gov				
	There is [0](3)(A),(b)(d) requisition associated with this Task Order: 192120FA0000000011.10.				
	This modification provides additional funding provided in the amount of (b)(3)(A),(b)(4). The total amount of the contract is increased:				
	From: (b) (3) (A), (b) (4) By: To:				
	The details for funding of each CLIN is as follows:				
	1. Provide funding to CLIN 0001b in the total amount of (b) (3) (A), (b) (4). As a result, funding for CLIN 0001b has increased:				
	From: (b) (3) (A), (b) (4) By: To: The Period of Performance for this task order is currently from 08/06/2020 to 08/05/2020 which matches the base period of IDIQ 70CDCR20D00000012.				
	Notwithstanding the period of performance indicated in this task order, 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. Discount Terms: Net Accounting Info: Period of Performance: 08/06/2020 to 08/05/2021				
	Change Item 0001b to read as follows(amount shown Continued				

NSN 7540-01-152-8067

		PAGE ()F
CONTINUATION SHEET	70CDCR20D0000012/70CDCR20FR0000050/P00001	3	3

ΓΕΜ NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
	is the obligated amount):		\vdash		
		3.0			(b) (3) (A),
001b	Base Period: Detention Services				
	PoP: 08/06/2020 - 08/05/2021				
	Tier (b) (3) (A), (b) (4)				
	Tier				
	The value of this CLIN increases:				
	From: (b) (3) (A), (b) (4)				
	By:				
	To:				
	Product/Service Code: S206			İ	
	Product/Service Description: HOUSEKEEPING- GUARD				
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