**U.S. Department of Homeland Security** 500 12<sup>th</sup> St., SW Washington, D.C. 20536



September 20, 2022

Ms. Jacqueline Stevens 601 University Place, 2d floor Political Science Department Evanston, IL 60208

RE: Stevens v. ICE 20-cv-2725 ICE FOIA Case Number 2020-ICLI-00042 Twenty second Interim Release

Dear Ms. Stevens:

This letter is the twenty second interim response to your client's Freedom of Information Act (FOIA) requests to U.S. Immigration and Customs Enforcement (ICE). Your client seeks records relating to the following Freedom of Information Act requests: 2018-ICFO-56530, 2020-ICFO-18634, 2019-ICFO-33429, 2019-ICFO-29171, 2018-ICFO-59138, and 2019-ICFO-24680. ICE has considered your request under the FOIA, 5 U.S.C. § 552. This interim response provides additional documents responsive to your FOIA requests 2018-ICFO-59138.

FOIA request 2018-ICFO-59138 seeks:

- "A. The most recent Jail Services Costs Statement (JSCS) for the following facilities ICE uses to hold people under immigration laws:
- 1) the Berks County Residential Center, Berks County, PA;
- 2) South Texas Family Residential Center, Dilley, TX;
- 3) Hudson County Jail, Hudson County, NJ;
- 4) Stewart County, GA, (CoreCivic);
- 5) Aurora, Colorado (GEO)
- 6) Tacoma, WA (GEO)
- 7) Otay Mesa, CA (CoreCivic)
- 8) Eloy, AZ (CoreCivic)
- 9) Pinal County Jail, AZ
- 10) Otero County Processing Center, NM (MTC)
- 11) Joe Corley Detention Facility, Conroe TX (GEO)
- 12) Houston, TX (CoreCivic on Export Drive)
- 13) IAH, Secure Adult Detention Center (MTC) (Livingstone, TX)
- 14) LaSalle, LA

B. Memorandum from Michael J. Davidson, Chief, CALD, OPLA, ICE to William C. Randolph, Director and Head of Contracting Activity, OAQ, ICE, Funding Intergovernmental Service Agreements (Feb. 7, 2013)

C. All information in any medium including but not limited to e-mail, text messages, reports, contracts, memoranda, letters, or faxes signed by, from, to OR about Charlie Dent, John McCormack, Eric Ruth, Matthew Lerch, Judith Kraine, Mark Baldwin, William Dennis, Thomas Gajewski, Judith Schwank, Mark Scott in ICE components that handle Berks County, PA ICE Intergovernmental Service Agreements (IGSAs) and not responsive to previous requests. This means any document under ICE control associated with detention or removal operations, facility leases, purchases, sales, or services rendered in Berks County, PA that reference any of the individuals listed above is responsive to this request. Please make sure to inquire of any ICE component responsible for any negotiations with Berks County. The time frame of this request is 2000 to the present.

The most likely location of records responsive to this request are offices responsible for the Berks County, PA operations, contracts, and reviews, including but not limited to litigation for that facility. In particular, there should be communications in 2006 about ICE-contracted facility firings based on allegations of unlawful actions. Components within ICE that are alerted about misconduct or possible litigation should be searched for responsive records.

D. Please also include all grievance logs and grievances for Berks County, PA, Hudson County, NJ, and Otero County Processing Center, January 1, 2010, to present. (Names and other Personally Identifying information is of course exempt and may be redacted.)

E. All Jail Services Costs Statements for Berks County Family Facility and Hudson County, NJ 2001 to present.

- F. Since January 1, 1999, the earliest first 100 pages of documents associated with the IGSA for:
- 1. Berks County, PA
- 2. Hudson County, NJ

For "F" please request documents of the component of ICE predecessor INS that would initiate discussions of IGSAs for the purposes of holding people under immigration laws. I am seeking the first information referencing these county governments as suitable detention locations by an INS component in any medium, including but not limited to emails, letters, proposals, memorandums, or reports.

- G. All Evaluations associated with contracts for facilities below, including technical and performance evaluations by the Contracting Officers and ICE Detention Planning and Acquisition Unit and ongoing performance and renewals by contract officers EXCEPT Inspector reports. The time frame for this request is January 1, 2000, or the first year of the facility's submission of the JCSC through the present.
- 1) the Berks County Residential Center, Berks County, PA;
- 2) South Texas Family Residential Center, Dilley, TX;

- 3) Hudson County Jail, Hudson County, NJ;
- 4) Stewart County, GA, (CoreCivic);
- 5) Aurora, Colorado (GEO)
- 6) Tacoma, WA (GEO)
- 7) Otay Mesa, CA (CoreCivic)
- 8) Eloy, AZ (CoreCivic)
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- 11) Joe Corley Detention Facility, Conroe TX (GEO)
- 12) Houston, TX (CoreCivic on Export Drive)
- 13) IAH, Secure Adult Detention Center (MTC) (Livingstone, TX)
- 14) LaSalle, LA
- H. Evaluations of JCSCs by Contracting Officers and ICE Detention Planning and Acquisition Unit for all detention contracts since January 1, 2008.
- I. Evaluations of the FIRST JCSCs by Contracting Officers and ICE Detention Planning and Acquisition Units (or their predecessors) for all currently operating ICE/INS detention facilities except as covered by (H)."

ICE has considered your requests under the FOIA, 5 U.S.C. § 552.

Included in this release are 528 pages that were sent out for consultation. ICE has determined that 21 pages will be released in full and portions of the remaining 507 pages will be withheld pursuant to FOIA Exemptions 4, 6, 7(C) and, 7(E) as described below. These pages have been Bates numbered 2020-ICLI-00042 GEO Group 386 through 2020-ICLI-00042 GEO Group 913.

**FOIA Exemption 4** protects trade secrets and commercial or financial information obtained from a person that is privileged or confidential. The courts have held that this subsection protects (a) confidential commercial information, the disclosure of which is likely to cause substantial harm to the competitive position of the person who submitted the information and (b) information that was voluntarily submitted to the government if it is the kind of information that the provider would not customarily make available to the public. I have reviewed the responsive documents, the submitter's objections to release, and relevant case law, and I have determined that portions of the responsive records are exempt from disclosure under subsection (b)(4) of the FOIA and must be withheld in order to protect the submitter's proprietary interests.

ICE has applied FOIA Exemptions 6 and 7(C) to protect from disclosure the personally identifiable information of DHS employees and third parties contained within the records.

**FOIA Exemption 6** exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

FOIA Exemption 7(C) protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy. This exemption takes note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate. As such, I have determined that the privacy interest in the identities of individuals in the records you have requested clearly outweigh any minimal public interest in disclosure of the information. Please note that any private interest you may have in that information does not factor into this determination.

FOIA Exemption 7(E) protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I have determined that disclosure of certain law enforcement sensitive information contained within the responsive records could reasonably be expected to risk circumvention of the law. Additionally, the techniques and procedures at issue are not well known to the public.

If you have any questions about this letter, please contact Assistant United States Attorney Alex Hartzler at Alex.Hartzler@usdoj.gov.

Sincerely,

Marcus K. Francis, Sr. Supervisory Paralegal Specialist

Enclosure: 528 pages

AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT	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)				
P00045	See Block 16C	7 ADMINISTEDED BY (15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	0005				
6. ISSUED BY	CODE ICE/DCR	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DCR				
ICE/Detention Compliance Immigration and Customs Office of Acquisition Ma 801 I Street, (b)(6):(b)(7)(0) WASHINGTON DC 20536	Enforcement nagement	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (LL)(A): Washington DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (A	lo., street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.					
GEO GROUP INC THE							
ATTN GEO GROUP INC THE		9B. DATED (SEE ITEM 11)					
4955 TECHNOLOGY WAY							
BOCA RATON FL 33431							
		× 10A. MODIFICATION OF CONTRACT/ORDER I	NO.				
		10B. DATED (SEE ITEM 13)					
CODE 6127064650000	FACILITY CODE	09/15/2011					
6127064650000							
The above numbered solicitation is amended		S TO AMENDMENTS OF SOLICITATIONS specified for receipt of Offers	ended. is not extended.				
virtue of this amendment you desire to change reference to the solicitation and this amendments. ACCOUNTING AND APPROPRIATION DATA	e an offer already submitted , such change ent, and is received prior to the opening ho	ND DATE SPECIFIED MAY RESULT IN REJECTION OF YO may be made by telegram or letter, provided each telegram ur and date specified.					
See Schedule							
13. THIS ITEM ONLY APPLIE	S TO MODIFICATION OF CONTRACTS/O	RDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DI	ESCRIBED IN ITEM 14.				
A. THIS CHANGE ORDER IS IS ORDER NO. IN ITEM 10A.	SUED PURSUANT TO: (Specify authority,	) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT				
		LECT THE ADMINISTRATIVE CHANGES (such as changes E AUTHORITY OF FAR 43.103(b).	in paying office,				
C. THIS SUPPLEMENTAL AGR	EEMENT IS ENTERED INTO PURSUANT	TO AUTHORITY OF:					
D. OTHER (Specify type of mod	ification and authority)						
X Mutual Agreement	of the Parties						
E. IMPORTANT: Contractor is	s not, X is required to sign this docume	ent and return 1 copies to the issuir	ng office.				
		ngs, including solicitation/contract subject matter where feasi					
OUNS Number: 612706465		go, notating constitution to the constitution and constitution to the constitution and cons					
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Contracting Officer's Po	progentative (COB):						
Contracting Officer's Re	presentative (COR):						
b)(6); (b)(7)(C)							
b)(6); $(b)(7)(C)$ @ice.dhs	.gov						
Contracting Officer (CO)	<u>: _</u>						
(b)(6); (b)(7)(C)							
b)(6); @ice.dhs.gov	_						
Continued							
Except as provided herein, all terms and condition	ons of the document referenced in Item 9 A	A or 10A, as heretofore changed, remains unchanged and in	full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or pi	int)	16A. NAME AND TITLE OF CONTRACTING OFF	ICER (Type or print)				
(b)(6); (b)(7)(C)	xecutive Vice Presider	nt (h)/6).	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
		TEL: (b)(6). EMP	AIL: (h)(6). @ice.dhs.gov				
15B. CONTRACTOR/OFFEROR (b)(6); (b)(7)(C)	15C. DATE SIGN	(b)(6); (b)(7)(C)	b)(6); (b)(7)(C)				
(Signature of person authorized to sign	6/3/2020	(Signature of Contracting Officer)	Date: 2020.06.03 15:30:16 -04'00'				
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA				

2020-ICLI-00042 GEO Group 386

Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/P00045
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(11)	Contract Specialist:	(0)	(5)	(2)	(1)
	(b)(6): (b)(7)(C)				
	(b)(6); (b)(7)(C) @ice.dhs.gov				
	(DNO), (DN) (NO)			1110	
	*******				
				1 12	
	The purpose of this modification to contract				
	HSCEDM-11-D-00003 is to increase the Not to	1		110	
	Exceed Amounts for CLINs 4002B, 4003 and 4008.			1.10	
	The total value of this contract has increased: From: (b)(4)				
	By:				
	To:			1310	
	10.	1		130	
	No funding is obligated on this base contract				
	HSCEDM-11-D-00003. Funding will be provided via				
	the current funding Task Order.				
	All other terms and conditions remain unchanged.				
	******			1.45	
	Period of Performance: 09/16/2011 to 09/16/2021			110	
	1 e110d 01 refrontance. 05/10/2011 to 05/10/2021			1110	
	Change Item 4002B to read as follows(amount shown				
	is the total amount):			1 1	
002B	Direct Fuel Pass-Thru. Cost reimbursement ONLY				
	costs paid at the pump on a monthly basis. Not to			11	
	exceed amount (b)(4)				
	Not to exceed amount has increased:				
	From: (b)(4)			1.46	
	By:				
	To:			1110	
	Product/Service Code: AD55			1.10	
	Product/Service Description: R&D- DEFENSE OTHER:			1 12	
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)			1111	
	Change Item 4003 to read as follows(amount shown				
	is the total amount):				
003	Remote Custody	(b)(4)	$\dashv$	(b)(4)	
005	These estimated hours are for detainee medical	K=/( · /	-		
	trips/visits and associated waiting time for				
	detention officers only, not to exceed (b)(4)				
	(b)(4)			111	
	Option Period 4			1111	
	Effective 11/01/2019, CLIN 4003 rate increases				
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/P00045
 PAGE | OF | 4

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
	from (b)(4) by (b)(4) to (b)(4)			
	Not to exceed hours have increased:			
	From: (b)(4)			
	By: To:			
	The total value of this CLIN has increased:			
	From: (b)(4)			
	By:			
	To: Obligated Amount: (b)(4)			
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD			
	rioddet, beiviee beseifpeion. Modelidding dome			
	Change Item 4008 to read as follows(amount shown is the total amount):			
4008	TELE-RADIOLOGY SERVICES			
	Cost Reimbursement Only without fees or additional mark-up			
	CMMS will bill GEO directly for services provided according to the Medicare allowable reimbursement. CPT 71010-1V CXR will be billed at (b)(4) of Medicare allowable.			
	Medicare changes rates every January and June. All other CPT codes will be billed at (b)(4) of Medicare allowable fee schedule.			
	The GEO Group technologist performs all the x-ray			
	exam(s) with CMMS equipment. CMMS will provide GEO x-ray technologist training			
	on CMMS equipment and programs. CMMS will have each study interpreted by a			
	Radiologist and a report will be provided to the facility.			
	Not to exceed (b)(4)			
	Not to exceed amount has increased:			
	From: (b)(4) By:			
	To:			
	Continued			
		1 1 1		

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/P00045
 PAGE 4
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EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Obligated Amount: (b)(4)				
	Product/Service Code: Q201			- 1	
	Product/Service Description: MEDICAL- GENERAL			1	
	HEALTH CARE				
	Discount Terms:		1 1		
	(b)(4)		1 1		
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P00044			See Block 16C				
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	GROUP INC THE			96	B. DATED (SEE ITEM 11)		
	CHNOLOGY WAY						
	ON FL 33431			10	A MODIFICATION OF CONTRACTO	DDED NO	
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					B. DATED (SEE ITEM 13)		
CODE 61	27064650000		FACILITY CODE		09/15/2011		
			11. THIS ITEM ONLY APP	LIES TO AMEND	MENTS OF SOLICITATIONS		
virtue of this	s amendment you desire to che the solicitation and this amer TING AND APPROPRIATION	nange an offer ndment, and i	r already submitted , such cha s received prior to the opening	nge may be made	ECIFIED MAY RESULT IN REJECTION by telegram or letter, provided each te pecified.		
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Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/P00044
 PAGE 0F
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 3

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Contract Specialist:				
	(b)(6): (b)(7)(C)		1 1		
	(b)(6); $(b)(7)(C)$ Pice.dhs.gov		1 1		
	******				
			1 1		
	The purpose of this modification contract				
	HSCEDM-11-D-00003 is to:		1 1		
	)Extend the Surge CLIN 4011 through September 16,				
	2021		1		
	2) Incorporate the "Further Guidance Regarding the				
	Care of Transgender Detainees" Memorandum and		1 1		
	"Attachment 1: ICE Detention Facility Contract		1 1		
	Modification for Transgender Care"		1 1		
	3) Incorporate the "Best Practices for the Care of		1 1		
	ICE Transgender Detainees Supplement to ICE		1 1		
	Detention Facility Contract Modification for				
	Transgender Care"				
			1 1		
			H		
	The total value of this contract has been		1 1		
	increased:		1 1		
	From: (b)(4)		1 1		
	By: (b)(4)		1 1		
	To:				
	No funding is obligated on this base contract				
	HSCEDM-11-D-00003. Funding will be provided via		1		
	the current funding Task Order.		1 1		
	the current runaring rask order.				
	All other terms and conditions remain unchanged.				
			1 1		
	********		1 1		
	Discount Terms:		11		
	(b)(4)		1 1		
	Delivery Location Code: ICE/ERO/DENVER		1 1		
	ICE-ERO-FOD-FDN		1 1		
	Immigration Customs Enforcement		11		
	4730 Paris Street		1 1		
	Denver CO 80239		1 1		
	Period of Performance: 09/16/2011 to 09/16/2021				
	Change Them 4011 to mand as fallows/amount about				
	Change Item 4011 to read as follows (amount shown is the total amount):		1		
	is the total amount):		1 1		
11	(b)(4 Surge Beds (Annex)				
	Continued			[4]0	
		1	1 I		

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/P00044
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
4011A	Period of Performance: April 21, 2020 - September 16, 2021 Obligated Amount: (b)(4) Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD Add Item 4011A as follows: Monthly fixed rate for (b)( Surge Beds (Annex)	(b)(4)			
	(b)(4) Obligated Amount: (b)(4) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  Add Item 4011B as follows:				
4011B	Additional bed day rate for up to (b)(4)  (b)(4)  Obligated Amount: (b)(4)  Product/Service Code: S206  Product/Service Description: HOUSEKEEPING- GUARD				

	AWARD/CONTRACT	1. THIS CONTRACT UNDER DPAS (1			IER	<b>&gt;</b> P	ATING		PAGE OF PAGES	5
	. CONTRACT (Proc. Inst. Ident.) NO.							4. REQUISITION/PUR	RCHASE REQUEST/PR	OJECT NO.
	1-D-00003					See Blo		1		
ICE/DM/DC-LAGUNA  ICE/Detent Mngt/Detent Contract-LAG  Immigration and Customs Enforcement  Office of Acquisition Management  24000 Avila Road, (b)(6);  Laguna Niguel CA 92677				ICE/I Immid Offic 24000	Detent gration ce of D Avil	n and	Deten Custo ition ,(b)(6	t Contract-I ms Enforceme Management		C-LAGUNA
7. NAME AND A	DORESS OF CONTRACTOR (No., Street	I. City, Country, State and ZIP C	ode)			8. DELIVE				
621 NW 5	P INC THE 3RD ST <u>(h)(6):</u> ON FL 334678242					10. SUBMI	(b)(	PROMPT PAYMENT	THER (See below)	
CODE 6127	2064650000	FACILITY CODE				TO THE AL				
11 SHIP TO/MA	700703000	ICE/ERO/CENTEN		17 PAY	MENT WILL	L BE MADE I	ay.	con	E ICE-ERO/FO	
12445 Eas	FOD-FDN ion Customs Enforceme st Caley Avenue al CO 80111	nt		P.O. Atin	ington Box 1 : ICE-	Finan 620 ERO/FO VT 054	D-FDN	nter		
13 AUTHORITY	FOR USING OTHER THAN FULL AND C	PEN COMPETITION		14. ACC	OUNTING.	AND APPRO	PRIATIO	N DATA		-
10 U.S.C.	. 2304 (c) ( )	41 U.S.C. 253 (c) (	)					Gee Schedule		
ISA. ITEM NO	159.	SUPPLIES/SERVICES				15C. QUANTITY	15D. UNIT	15E, UNIT PRICE	16F. AMO	UNT
	Continued				15G TC	TAL AMOU	NT OF CO	ONTRACT		\$0.0
(X) SEC	DESCRIPTION		16. TABL	-	1 1				·-··	1
· · · · · · · · · · · · · · · · · · ·			PAGE(S	5) (X)		DESCRIPT				FAGE (F
X A	THE SCHEDULE SOLICITATION/CONTRACT FORM		1	×	PARTII	CONTRACT			<del></del>	70
х в	SUPPLIES OR SERVICES AND PRICES	S/COSTS	2	- <del> </del>	PARTIII			TS, EXHIBITS AND OT	HER ATTACH	78
x c	DESCRIPTIONSPECS WORK STATES	MENT	12	X	J	LIST OF AT				92
x D	PACKAGING AND MARKING		35		PART IV	- REPRESE	NOITATION	S AND INSTRUCTIONS	5	
X E	INSPECTION AND ACCEPTANCE		36		к			S. CERTIFICATIONS A	40	
X F	CONTRACT ADMINISTRATION DATA		37 39	-	+			TS OF OFFERORS	FROOR	
х н	SPECIAL CONTRACT REQUIREMENTS		42		L M			IND NOTICES TO OFFI ORS FOR AWARD	LNORS	-
		CONTRACTING OFFICER		MPLETE					-	1
document and rel furnish and delive above and on only obbgations of the documents. (a) the representations, or reference therein	CTOR'S NEGOTIATED AGREEMENT (Court copies to issuing or all items or perform all the services set for continuation sheets for the consideration parties to this contract shall be subject to his award/contract, (b) the solicitation, if an certifications, and specifications, as are all (Attachments are listed herein).  TITLE OF SIGNER (Type or part)	ulfice / Contractor agrees to orth or otherwise identified a stated herein. The rights and and governed by the following by, and (c) such provisions.		Solicitati including in full ab sheets docume No furth	ion Number  3 the addition  bove, is her  This award  nts. (a) the  er contract	r ons or chang eby accepted I consummat	es made to liss to the les the con l's soficita i is neces		R-00002 or changes are selforth on any condition the following	
(b)(6); (b)(7		-President		(b)(6)	; (b)(7)	(C)	1			
(b)(6); (b)(	TO THE TAXABLE PARTY OF TAX	19C DATES	IL.	208 UN		TES OF AME	RICA	<b>Р</b> гоз.	20C. DATE  Q - {	5-แ

**CONTINUATION SHEET** 

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OF

NAME OF OFFEROR OR CONTRACTOR

	(B)	(C)	(D)	4-5	
		(0)	(D)	(E)	(F)
	S Number: 612706465				
FIN	ANCE POC: $(b)(6)$ ; $(b)(7)(C)$				
	); (b)(7)(C) dhs.gov, (b)(6); (b)(7)(C)				
PRO	GRAM POC: (h)(6): (h)(7)(C)				
	6): $(b)(7)(C)$ adhs.gov, $(b)(6)$ ; $(b)(7)(C)$				
IAW	FAR 52.222-43, Fair Labor Standards Act and				
Ser	vice Contract Act $\square$ Price Adjustment (Multiple			h	
Yea	r and Option Contracts), this contract already	1			
inc	ludes a price increase of (b)( per year for	1			
Col.	lective Bargaining Agreement labor categories.				
	erefore, the Government will allow adjustment				
onl	y over and above the $(b)(4)$ ncrease annually when				
war	ranted.				
	Offeror's proposal dated May 2, 2011 and as				
	otiated through August 24, 2011 for technical,				
	ical, staffing and transportation submissions				
	stitutes their Performance Work Statement				
	S). All documents are hereby incorporated				
inte	o the contract in section J, Attachment 2.				
Donn	1-1 -5 D5 1- Ct 16 2011	1			
	iod of Performance is September 16, 2011	1			
	ough September 15, 2021, if all options are rcised.				
exe.	icisea.				
Acc	ounting Info:	1			
	be provided on individual delivery order				
	: Destination				
	. 2000111401011				
BASI	E PERIOD: 09/16/2011 - 09/15/2013				
0001 Con	tractor Owned Contractor Operated Detention	1			
	ility in accordance with the terms and			14	
	ditions of this contract. Offeror shall	1			
pro	vide fully burdened bed day rates only. (h)(4)	İ		la il	
(b)(4			l I		
	duct/Service Code: (h)(4)		l I		
	duct/Service Description: GUARD SERVICES				
0013	Des Dele Free Minimum Constitution File	(h)(4)			
	Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via	(b)(4)			
		1		1	
	k order is (b)(4)	1			
(b)(4)	)			(-)	
Pro	duct/Service Code: (b)(4)				
	duct/Service Description: GUARD SERVICES				
	* (***********************************				
Acc	ounting Info:	1		7	
	be provided on individual delivery order	1			
	tinued	1			
		1			
		1			
7540-01-152-8067		1		0	PTIONAL FORM 336 (4-86)

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NAME OF OFFE	EROR OR CONTRACTOR						1 32
GEO GROU	P INC THE				- 4		
ITEM NO.		SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE		AMOUNT
(A)		(B)	(C)	(D)	(E)		(F)
	(b)(4) (Subje	ct to Availability of Funds)					
0001B	Government ma estimated to (b)(4)  Product/Servi Product/Servi Accounting In To be provide	ce Code: (b)(4) ce Description: GUARD SERVICES fo: d on individual delivery order	e (b)(4)				
0002	TRANSPORTATIO TERMS AND CON Product/Servi	n Services in Accordance with the DITIONS OF THIS CONTRACT. ce Code: (b)(4) ce Description: GUARD SERVICES					(b)(4)
0002A	(b)(4) (Subjet TRANSPORTATIO includes all maintenance.  Product/Servite Produc	d on individual delivery order ct to Availability of Funds)  N SERVICES - Monthly Flat Fixed Fe staff, vehicles and vehicle  ce Code: (b)(4) ce Description: GUARD SERVICES	e (b)	(4)			
0002В	(b)(4) (Subje Direct Fuel P paid at the p mark-ups are	d on individual delivery order ct to Availability of Funds)  ass-Thru. Vendor Bill exact cost ump on a monthly basis. No fees o allowed. Not to exceed (b)(4)  ce Code: (b)(4)	r				(b)(4)
0003	To be provide (b)(4) (Subje  Remote Custod These estimat trips/visits	d on individual delivery order ct to Availability of Funds)  y ed hours are for detainee medical and associated waiting time for icers only, not to exceed (b)(4)	(b)(4)				
							<u> </u>

CONTINU	JATION SHEET					OF	
NAME OF OFF	EROR OR CONTRACTOR					4	92
	JP INC THE						
ITEM NO.	7777	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	11	AMOUNT
(A)		(B)	(C)	(D)	(E)		(F)
0004	Accounting I To be provid (b)(4) (Subj Stipend for for this lin (b)(4) not exceed t approval by Product/Serv	ice Code: (b)(4) ice Description: GUARD SERVICES  nfo: ed on individual delivery order ect to Availability of Funds)  Detainee Work Program - Reimbursemen e item will be at actual cost of  The contractor shall he quantity shown without prior the Contracting Officer. ice Code: (b)(4) ice Description: GUARD SERVICES					
0005	(b)(4) (Subj  MEDICAL SERV conditions o Fee includes supplies.  Product/Serv Product/Serv	nfo: ed on individual delivery order ect to Availability of Funds)  ICES-In accordance with the terms an f this contract. Monthly Flat Fixed all medical staff and in-house  ice Code: (b)(4) ice Description: GENERAL HEALTH CARE		4)			
1001	(b)(4) (Subj  OPTION PERIO  Contractor O Facility in conditions o provide full (b)(4) (Option Line 09/16/2013 Product/Serv	ed on individual delivery order ect to Availability of Funds)  D 1: 09/16/2013 - 09/15/2015  wned Contractor Operated Detention accordance with the terms and f this contract. Offeror shall y burdened bed day rates only. (b)(4)					(b)(4)
1001A	Bed Day Rate	For Minimum Quantity - The	(b)(4)			1	
		minimum quantity to be ordered via b)(4) d 1 Item)	1				

HSCEDM-11-D-00003 92 NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT **UNIT PRICE** AMOUNT (A) (D) (B) (C) (E) (F) 09/16/2013 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES (b)(4)1001B Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)(b)(4)Option Period 1 (Option Line Item) 09/16/2013 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES 1002 TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2013 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES 1002A TRANSPORTATION SERVICES - Monthly Flat Fixed Fee (b)(4)includes all staff, vehicles and vehicle maintenance. (Option Line Item) 09/16/2013 Product/Service Code: Product/Service Description: GUARD SERVICES (b)(4)1002B Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) (Option Line Item) 09/16/2013 Product/Service Code: (b)(4) (b)(4)1003 Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) (b)(4)Option Period 1 (Option Line Item) 09/16/2013 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES (b)(4)1004 Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of Continued ...

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CONTINUATION SHEET

PAGE

OF

CONTINUATION SHEET HSCEDM-11-D-00003 92 6 NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT **UNIT PRICE** AMOUNT (A) (D) (E) (B) (C) (F) The contractor shall (b)(4)not exceed the quantity shown without prior approval by the Contracting Officer. Option Period 1 (Option Line Item) 09/16/2013 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES (b)(4)1005 MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies. Option Period 1 (Option Line Item) 09/16/2013 Product/Service Code: (b)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES OPTION PERIOD 2: 09/16/2015 - 09/15/2017 2001 Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)(Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES (b)(4)2001A Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) (b)(4)Option Period 2 (Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES 2001B Bed Day Rate In Excess Of Minimum Quantity - The (b)(4)Government may order an additional quantity estimated to be (b)(4)(b)(4)Option Period 2 (Option Line Item) Continued ...

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES				
2002	TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES	4			(b)(4)
2002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  (Option Line Item)  09/16/2015  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	(b)(	4)		
2002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  (Option Line Item)  09/16/2015  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES				(b)(4)
2003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4)  (b)(4) Option Period 2 (Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES	(b)(4)			
2004	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 2  (Option Line Item)  09/16/2015  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	(b)(4)			
2005	MEDICAL SERVICES-In accordance with the terms and Continued	(b)(	4)		

**CONTINUATION SHEET** 

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies. Option Period 2 (Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (D)(4) (Option Line Item) 09/16/2017 Product/Service Description: GUARD SERVICES  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) (Option Feriod 3 (Option Line Item) 09/16/2017 Product/Service Description: GUARD SERVICES  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4) (b)(4)  Option Feriod 3 (Option Line Item) 09/16/2017 Product/Service Description: GUARD SERVICES	EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
Fee includes all medical staff and in-house supplies.  Option Period 2 (Option Line Item)  O9/16/2015  Product/Service Code: (b)(4)  Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  OOT Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)  (b)(4)  Option Period 3 (Option Ine Item)  09/16/2017  Product/Service Description: GUARD SERVICES  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  (b)(4)  (c)(4)  Option Period 3 (Option Period 3 (Option Ine Item)  09/16/2017  Product/Service Description: GUARD SERVICES  Product/Service Description: GUARD SERVICES  OOT TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Code: (b)(4)  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	(A)	(B)	(C)	(D)	(E)	(F)
Fee includes all medical staff and in-house supplies.  Option Period 2 (Option Line Item)  O9/16/2015  Product/Service Code: (b)(4)  Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  OOT Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)  (b)(4)  Option Period 3 (Option Ine Item)  09/16/2017  Product/Service Description: GUARD SERVICES  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  (b)(4)  (c)(4)  Option Period 3 (Option Period 3 (Option Ine Item)  09/16/2017  Product/Service Description: GUARD SERVICES  Product/Service Description: GUARD SERVICES  OOT TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Code: (b)(4)  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES		conditions of this contract. Monthly Flat Fixed		$\Box$		
Option Period 2 (Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  Ochractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4) (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DOLA Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) (b)(4) (D)(4) (D)(4) (D)(5) DOLA Bed Day Rate Item) 09/16/2017 Product/Service Code: (b)(4) (b)(4) (b)(4) (b)(4) (b)(4) (c)(5) DOLA Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4) (b)(4) (b)(4) (c)(6) (c)(7) Doption Feriod 3 (option Feriod 3 (optio				1 1		
Option Period 2 (Option Line Item) 09/16/2015 Product/Service Code: (b)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  Ochractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4) (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DOLA Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) (b)(4) (D)(4) (D)(4) (D)(5) DOLA Bed Day Rate Item) 09/16/2017 Product/Service Code: (b)(4) (b)(4) (b)(4) (b)(4) (b)(4) (c)(5) DOLA Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4) (b)(4) (b)(4) (c)(6) (c)(7) Doption Feriod 3 (option Feriod 3 (optio		supplies.			A 7	
(Option Line Item)  O9/16/2015  Product/Service Code: (b)(4)  Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  O11 Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)  (Option Line Item) 09/16/2017  Product/Service Code: (b)(4)  (Option Feriod 3 (Option Line Item) 09/16/2017  Product/Service Code: (b)(4)  (D)(4)  Option Period 3 (Option Line Item) 09/16/2017  Product/Service Description: GUARD SERVICES  D1018  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017  Product/Service Description: GUARD SERVICES  D102  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017  Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES					1	
09/16/2015 Product/Service Code: [D)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  OOTION Product/Service Code: (D)(4) Product/Service Code: (D)(4) Product/Service Description: GUARD SERVICES  OOTION PERIOD 3  OOTION PERIOD						
Product/Service Code: [b)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION FERIOD 3: 09/16/2017 - 09/15/2019  OO1 Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. [b)(4) [b)(4) (Option Line Item) 09/16/2017 Product/Service Code: [b)(4) Product/Service Description: GUARD SERVICES  DO1A Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is [b)(4) [b)(4) Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: [b)(4) Product/Service Description: GUARD SERVICES  DO1B Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be [b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: [b)(4) Product/Service Code: [b)(4) Product/Service Description: GUARD SERVICES  DO2 TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: [b)(4) Product/Service Code: [b)(4) Product/Service Code: [b)(4) Product/Service Description: GUARD SERVICES						
Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 3: 09/16/2017 - 09/15/2019  Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)  (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DO1A Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DO1B Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4) (b)(4) (b)(4) Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
OPTION PERIOD 3: 09/16/2017 - 09/15/2019  Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4) (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DOIA  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) (b)(4) Option Feriod 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DOIB  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4) (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  DOI  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
OPTION PERIOD 3: 09/16/2017 - 09/15/2019  Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)  (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) (D)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Description: GUARD SERVICES  DOID Bed Day Rate For Minimum quantity to be ordered via task order is (b)(4) (D)(4) (Option Line Item) 09/16/2017 Product/Service Description: GUARD SERVICES  DOID Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  (b)(4)  (b)(4)  (c) (c) (c) (d) (d) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f						
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Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only.  (Option Line Item)  09/16/2017  Product/Service Description: GUARD SERVICES  DOLA  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is [b](4)  (D)(4)  (Option Line Item)  09/16/2017  Product/Service Code: [b)(4)  Product/Service Description: GUARD SERVICES  DOLB  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be [b)(4)  (b)(4)  (b)(4)  Option Period 3  (Option Line Item)  09/16/2017  Product/Service Code: [b)(4)  Product/Service Code: [b)(4)  Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item)  09/16/2017  Product/Service Code: [b)(4)  Product/Service Code: [b)(4)  Product/Service Description: GUARD SERVICES		OPTION PERIOD 3: 09/16/2017 - 09/15/2019				
Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only.  (b)(4)  (Option Line Item)  09/16/2017  Product/Service Description: GUARD SERVICES  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)  (Option Period 3 (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  (b)(4)  Option Period 3 (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Code: (b)(4)  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	3001	Contractor Owned Contractor Operated Detention				(b)(
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Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES					110	
Product/Service Description: GUARD SERVICES  Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
Government may order an additional quantity estimated to be (b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  OO2  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
Government may order an additional quantity estimated to be (b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  OO2  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES	001B	Bed Dav Rate In Excess Of Minimum Ouantity - The	(b)(4)	Ш		
estimated to be (b)(4)  (b)(4)  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
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(Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES		Ontion Period 3			14	
09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  002 TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. ((Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES					1	
Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES				1	14	
TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES					11	
TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES		rioddot, beivide beberiperon. ddinb bliviollo		1	1	
TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	002	TRANSPORTATION SERVICES IN ACCORDANCE WITH THE			1	(b)
(Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						<u>` '</u>
09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES						
Product/Service Description: GUARD SERVICES					1	
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540-01-152-8067 OPTIONAL FORM 336 (4-86)	E40.04.450	9067	1			TIONAL FORM 200 (4.00)

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

PAGE OF HSCEDM-11-D-00003 9 92

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
3002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	(b)(	(4)		
3002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)	- 14			(b)(4)
3003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4)  (b)(4) Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES	(b)(4)			
3004	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of  (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 3  (Option Line Item)  09/16/2017  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	(b)(4)			
3005	MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  Option Period 3 (Option Line Item) 09/16/2017 Product/Service Code: (b)(4) Product/Service Description: GENERAL HEALTH CARE SERVICES  OPTION PERIOD 4: 09/16/2019 - 09/15/2021  Continued	(b)(	4)		

**CONTINUATION SHEET** 

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF HSCEDM-11-D-00003 10 92

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
4001	Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)				(b)(4)
	(Option Line Item) 09/16/2019 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES			71-2	
4001A	Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)  (b)(4)	(b)(4)			
	Option Period 4 (Option Line Item) 09/16/2019 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES				
4001B	Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4)  (b)(4)  Option Period 4 (Option Line Item) 09/16/2019 Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES	(b)(4)			
4002	TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT.  (Option Line Item)  09/16/2019  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES				(b)(4)
4002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  (Option Line Item)  09/16/2019  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES	(b)(4	1		
4002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  Continued				(b)(4)

CONTINUATION SHEET  REFERENCE NO. OF DOCUMENT BEING CONTINUED  HSCEDM-11-D-00003					PAGE	OF I	
NAME OF OFFER	ROR OR CONTRACTOR					11	92
GEO GROUP							
ITEM NO.		SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE		AMOUNT
(A)		(B)	(C)	(D)	(E)		(F)
	(Option Line 09/16/2019 Product/Servi	Item) ce Code: (b)(4)					
4003	trips/visits detention off (b)(4) Option Period (Option Line 09/16/2019 Product/Servi	ed hours are for detainee medical and associated waiting time for icers only, not to exceed (b)(4)	(b)(4)				
4004	for this line (b)(4) not exceed th approval by t Option Period (Option Line 09/16/2019 Product/Servi						
4005	MEDICAL SERVI	CES-In accordance with the terms ar	nd (b)	(4)			
4005	conditions of Fee includes supplies. Option Period (Option Line 09/16/2019 Product/Servi Product/Servi SERVICES	this contract. Monthly Flat Fixed all medical staff and in-house	i				

PAGE

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			CONTRACT ID CODE	- PAG	PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	IA DEC	QUISITION/PURCHASE REQ. NO.	5 PPO IEC	T NO. (If applicable)		
		4. 13.	2010111011/FOROTIAGE REQ. NO.	J. PROJEC	т но. (п аррисавіе)		
P00040 6. ISSUED BY CODE	See Block 16C	7. AD	MINISTERED BY (If other than Item 6)	CODE			
ICE/Detention Compliance & Immigration and Customs Enf Office of Acquisition Manag 801 I Street, NW (b)(6):	orcement						
B. NAME AND ADDRESS OF CONTRACTOR (No., stre	ef county State and 7IP Code)	I9A	. AMENDMENT OF SOLICITATION NO.				
5. NAME AND ADDRESS OF SOM TWO FOR PRO., and	st, county, state and zir code)	(x)	. AMENDMENT OF BOLIOTATION NO.				
GEO GROUP INC THE ATTN GEO GROUP INC THE 521 NW 53RD ST (h)(h): GOCA RATON FL 334878242			. DATED (SEE ITEM 11)				
00A RATON FE 334070242		x 10,	A MODIFICATION OF CONTRACT/ORDER SCEDM-11-D-00003	₹ NO.			
		10	B. DATED (SEE ITEM 13)				
CODE 6127064650000	FACILITY CODE	0	9/15/2011				
	11. THIS ITEM ONLY APPLIES	S TO AMENDA	MENTS OF SOLICITATIONS				
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIED TO REFL H IN ITEM 14, PURSUANT TO THE	LECT THE AD E AUTHORITY	GES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).				
C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PURSUANT	TO AUTHORI	TY OF:				
D. OTHER (Specify type of modification	and authority)						
X FAR 52.243-1 Change	s - Fixed-Price (A	UG 1987	) - Alternate I (AUG 1	1987)			
E. IMPORTANT: Contractor  is not.	x is required to sign this docume	ent and return	1 copies to the issu	uing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  Contracting Officer's Represol(6): (b)(7)(C)  (b)(6): (b)(7)(C)  (c)(6): (b)(7)(C)  (d): (b)(7)(C)  (d): (d): (d): (d): (d): (d): (d): (d):	sentative (COR):	gs, including s	olicitation/contract subject matter where fea	isible.)			
b)(6); (b)(7)(C) b)(6); (b)(7)(C) (6); (b)(7)(C)	v						
Continued							
Except as provided herein, all terms and conditions of to 5A. NAME AND TITLE OF SIGNER (Type or print)	he document referenced in Item 9 A		retofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OF				
(b)(6); (b)(7)(C) Executive Vice	President	4	); (b)(7)(C)	oun ( rype or	party		
(b)(6); (b)(7)(C)	15C. DATE SIGNE 4/12/2019	ED 16B.	united states of america )(6); (b)(7)(C)		16C. DATE SIGNED		
(Signature of person authorized to sign)			(Signature of Contracting Officer)	STANDARD FO	DDM 30 (DE)/ 40 90)		
NSN 7540-01-152-8070 Previous edition unusable				Prescribed by G FAR (48 CFR) 5			

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REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/P00040

PAGE 2

3

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Contracting Officer:  (b)(6): (b)(7)(C)  (b)(6); (b)(7)(C)  Contract Specialist:  (b)(6); (b)(7)(C)  (b)(6): (e)(7)(C)  (b)(6): (e)(8): (e)(8)				
	(b)(6): (b)(7)(C)				
	The purpose of this modification to contract HSCEDM-11-D-00003 is the following:				
	1. Extend CLIN 3011 for an additional sixty (60) days through June 20, 2019 at the current price of (b)(4) per month. In addition, add the following language, "CLIN 3011 is to be billed for the (b)(4) beds while the contractor's permanent staffing level is less than (b)(4) Once the permanent staffing level reaches (b)(1) the (b)(1) beds will be billed under CLIN 3011A."				
	2. Add language on CLIN 3011A that says," Once the contractor's permanent staffing level reaches (b)(4) CLIN 3011A will be billed in lieu of CLIN 3011 for the (b)(4) beds."				
	All other terms and conditions remain unchanged.				
	*********  Discount Terms:  (b)(4)  Period of Performance: 09/16/2011 to 09/15/2021  Change Item 3011 to read as follows(amount shown is the total amount):				
3011	Surge Detention Beds	(b)	(4)		
	(b)(4) Detention Beds for a Fixed Fee of (b)(4)  per month  The Period of Performance will be extended 60 additional days through June 20, 2019 for a total of (b)(4)  Total value of CLIN 3011 is (b)(4)  Continued				
NON 7540 04 45					DTIONAL FORM 236 /4 96\

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/P00040

PAGE 3 OF 3

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	D)	UNIT PRICE (E)	AMOUNT (F)
1/	1-7			,-,	ν-7
	The CLIN is to be billed for the $(b)(4)$ beds while				
	the contractor's permanent staffing level is less	1 1			
	than (b)(. Once the permanent staffing level				
	reaches $(b)(4)$ the $(b)($ beds will be billed under				
	CLIN 3011A.				
		1 1			
	Obligated Amount: (b)(4)	1 1			
	Product/Service Code: (b)(4)	1 1			
	Product/Service Description: HOUSEKEEPING- GUARD				
	Delivery: 01/21/2019				
	Delivery Location Code: ICE/ERO				
	ICE Enforcement & Removal				
	Immigration and Customs Enforcement				
	801 I Street, NW				
	(b)(6):				
	Washington DC 20536				
	Change Item 3011A to read as follows (amount shown				
	is the total amount):				
0117	a Parada Para	(b)(4	<u> </u>		
3011A	Surge Detention Beds	(0)(4	<del>)</del>		
	(The number of beds is $(b)(4)$ and the per				
	bed rate is (b)(4) The monthly rate is				
	(b)(4)				
	Once the contractor's permanent staffing level				
	reaches (b)(4) CLIN 3011A will be billed in lieu of				
	CLIN 3011 for the $(b)(4)$ beds.				
	Obligated Amount: (b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	lioudet/ belvice bescription. Hoodskabline down				
	Delivery Location Code: ICE/ERO/DETROIT				
	Immigration Customs Enforcement				
	333 Mt. Elliott St.	1 1			
	Detroit MI 48207				
	******				
	All other terms and conditions remain unchanged.				
	Conce Count and Conception Lemon unchanged.				
	********				

AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO	In preparate name	14.55	1 4
	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO 192112FDN31000051.14	
P00012 6 ISSUED BY CODI	See Block 16C	7. ADMINISTERED BY (if other than it	
ICE/Detent Mngt/Detent Cont Immigration and Customs Enf Office of Acquisition Manag 24000 Avila Road, (b)(6): Laguna Niguel CA 92677	ract-LAG orcement	ICE/Detent Mngt/Det Immigration and Cus Office of Acquisiti 24000 Avila Road, (b) Attn: (b)(6):(b)(7)(C)	ent Contract-LAG toms Enforcement on Management
NAME AND ADDRESS OF CONTRACTOR		Laguna Niguel CA 92	
B NAME AND ADDRESS OF CONTRACTOR (No., atta GEO GROUP INC THE 521 NW 53RD ST (b)(6): BOCA RATON FL 334878242	ed. courty. State and ZIP Code)	98. DATED (SEE ITEM 11)  98. DATED (SEE ITEM 11)  X 10A. MODIFICATION OF CONTRA HSCEDM-11-D-00003  HSCEDM-11-J-00054  108. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/15/2011	
		D AMENDMENTS OF SOLICITATIONS	
CHECK ONE A THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A	MODIFICATION OF CONTRACTS/ORDI	ET Increase:  ERS. IT MODIFIES THE CONTRACT/ORDE  HE CHANGES SET FORTH IN ITEM 14 AR  IT THE ADMINISTRATIVE CHANGES (SUC)  JTHORITY OF FAR 43 100(b)	E MADE IN THE CONTRACT
	NT IS ENTERED INTO PURSUANT TO n and authority)		
E. IMPORTANT: Contractor [x] is not.	is required to sign this document i	and return 0 copies	to the issuing office.
14 DESCRIPTION OF AMENDMENTAMODIFICATION DUNS Number: 612706465  FINANCE POC: (b)(6); (b)(7)(C)  PROGRAM POC: (b)(6); (b)(7)(C)  The purpose of this Mod is to 10001A, (b)(4)  10001B, 10004, 10005,	edhs edhs	. gov, (b)(6); (b)(7)(C) . gov, (b)(6); (b)(7)(C)	the following CLINS:
Continued			
Except as provided herein, all tarms and conditions of t	he document referenced in Item 9A or 1		
SA NAME AND TITLE OF SIGNER (Type or print)		16A NAME AND TITLE OF CONTRA	CTING OFFICER (Type or print)
		(b)(6); (b)(7)(C)	
58 CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	(b)(6); (b)(7)(C)	18C DATE SIGNE
NSN 7540-01-152-8070 Provious odition unusable		1	STANDARD FORM 30 (REV. 10-83) Proscribed by GSA FAR (48 CFR) 53:243

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PAGE OF

NO )	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUN1 (F)
		(0)	(0)	(2)	( = 1
	It is estimated that the funds obligated will				
	cover the period through 7/31/12. However, any				
	balance remaining passed 7/31/12 is available for		1 1		
	payment of services rendered through the end of				
	this task order.				
	If fully funded the performance period for the				
	Base Option / Year One will be September 15, 2011				
	to September 14, 2012 and the annual estimated				
	total value is(b)(4) (Includes Leap			(	
	year):				
	7-2-7				
	CLIN, PRICE, QTY, AMOUNT			9 11	
	0001A (b)(4)		1 1		
	00018,			V I	
	0002,				
	0002A,				
	0003,				
	0004,			111	
	0005,				
	All other terms and conditions remain unchanged.	0.33	1		
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	New Total Amount for this Version: (b)(4)				
				A 711	
	New Total Amount for this Award: (b)(4)			- "	
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:	Same II			
	(b)(4)				
	Incremental Funded Amount changed: from	•			
	(b)(4) to (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A		100		
	Obligated Amount for this modification:				
	(b)(4)				
	Incremental Funded Amount changed from				
	(b)(4)	l m			
	Incrementally Funded through 07/31/2012				
	Incrementally runded through 07/31/2012			145	
	HEW ACCOUNTING CODE ADDED.				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)				
	FOR SECTION AND ADDRESS OF THE PARTY OF THE				
	CHANGES FOR LINE ITEM NUMBER: 18			ŀ	
	Obligated Amount for this modification:		1	a ll 7	
	Continued				
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				- 4	
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ITEM NO	SUPPLIES/SERVICES	QUANTITY	TIMIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
3000	(b)(4)	ļ	1		
	Incremental Funded Amount changed from				
	(b)(4)		1 1		
	Incrementally Funded through 07/31/2012				
	NEW ACCOUNTING CODE ADDED:		1 1		
	Account code:		1		
	(b)(7)(E)			7	
	Quantity: (b)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 4		1 1	1	
	Obligated Amount for this modification: (b)(4)				
	Incremental Funded Amount changed from (b)(4)	1		0.1	
	(h)(4) Incrementally Funded through 07/31/2012				
	Incrementally runded through 0773172012				
	NEW ACCOUNTING CODE ADDED:	7 0	1	1	
	Account code:			- 1	
	(b)(7)(E)			h	
			1		
	Quantity: (b)(4)				
	Amount: (b)(4)	177			
				P	
	CHANGES FOR LINE ITEM NUMBER: 5			1 1	
	Obligated Amount for this modification:	į.			
	(b)(4)				
	Incremental Funded Amount changed from (b)(4)				
	Incrementally Funded through 07/31/2012				
	Inclumentary runded encough 677517 Edit		1	1.7	
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)		1 1	1	
				0.01	
	Quantity: (h)/	1			
	Amount: (b)(4)				
	1.00.03				
	Discount Terms:				
	(b)(4)  FOB: Destination	1			
	Period of Performance: 09/16/2011 to 09/15/2013				
	refloa of refloamance. O//10/2011 to U//13/2013			4 1 1	
	Change Item 0001A to read as follows(amount shown		1 1		
	is the total amount):		1 1		
				1	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
0001A	Bed Day Rate For Minimum Quantity				(b)(4)
				1	
	(b)(4)				
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TEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0001B to read as follows(amount shown				
	is the total amount):				
001B	Bed Day Rate In Excess Of Minimum Quantity	70	11		(b)(4)
5515		- )		V.	(6)(4)
	(b)(4)			111	
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0004 to read as follows (amount shown	<b>)</b>			
	is the total amount):				
004	Stipend for Detainee Work Program				(b)(4)
				i	( // /
	(b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD		1 1		
			1	1	
	Change Item 0005 to read as follows(amount shown				
	is the total amount):				
005	MEDICAL SERVICES				(b)(4)
	a.v.a.			l la	
	(b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: MEDICAL- GENERAL HEALTH CARE	ĺ			
	BEAUTI CARE				
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	FICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES	
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4
		192112FDN31000051.15	5 PROJECT NO (# applica	Øe)
P00013 6 ISSUED BY CO	See Block 16C		- 61 - CODE 1	
	TCE/ DIT/ DC-DAGONA	7 ADMINISTERED BY (if other than lies	(a) CODE ICE/DM/DC-	LAGUN
ICE/Detent Mngt/Detent Con		ICE/Detent Mngt/Dete	nt Contract-LAG	
Immigration and Customs En		Immigration and Cust		
Office of Acquisition Mana	gement	Office of Acquisitio	n <u>Manage</u> ment	
24000 Avila Road, (h)(6)		24000 Avila Road. (h)	6)-	
Laguna Niguel CA 92677		Attn: (b)(6); (b)(7)(C)		
P. NAME AND ADDRESS OF TOURS		Laguna Niguel CA 926		<u></u>
8 NAME AND ADDRESS OF CONTRACTOR (No., a	Brook, county, State and EIP Code)	(x) 9A AMENDMENT OF SOLICITATIO	NO	
GEO GROUP INC THE				
621 NW 53RD ST (b)(6)		98. DATED (SEE ITEM 11)		
OCA RATON FL 334878242				
			- 1. Section	
		× HSCEDM-11-D-00003	T/ORDER NO.	
		HSCEDM-11-J-00054		
		10B DATED (SEE ITEM 13)		
CODE 6127064650000	FACILITY CODE			
6127064650000		09/15/2011		
The above numbered solicitation is amended as a		O AMENDMENTS OF SOLICITATIONS		
Offers must acknowledge receipt of this amendme llems 8 and 15, and returning separate letter or telegram which includes a refere THE PLACE DESIGNATED FOR THE RECEIPT ( writes of this amendment you desire to change an to the solicitation and this amendment, and is received.	copies of the amendment; (b) By acknow ince to the solicitation and amendment nu OF OFFERS PRIOR TO THE HOUR AND offer already submitted, such change may	Audging receipt of this amondment on each or Imbers. FAILURE OF YOUR ACKNOWLEDG I DATE SPECIFIED MAY RESULT IN REJEC I be made by telegram or latter, provided each	py of the offer submitted, or (c) By EMENT TO BE RECEIVED AT TION OF YOUR OFFER. If by	
12 ACCOUNTING AND APPROPRIATION DATA (#	f return signard)			
See Schedule	Network Ne	et Increase:	(b)(4)	
	O MODISCATION OF CONTRACTEORS	ERS. IT MODIFIES THE CONTRACT/ORDER	NO. 19 SCROUDED IN ITEM 44	
	o most territori di controlo (gene	end. II MODIFIES THE CONTROL TORDEN	NO. AS DESCRIBED IN ITEM 14.	
CHECK ONE A THIS CHANGE ORDER IS ISSUE ORDER NO IN ITEM 10A	ED PURSUANT TO (Specify authority) Ti	HE CHANGES SET FORTH IN ITEM 14 ARE	MADE IN THE CONTRACT	
B THE ABOVE NUMBERED CONTI appropriation date, etc.) SET FO	RACT/ORDER IS MODIFIED TO REFLEC RTH IN ITEM 14, PURSUANT TO THE AI	OT THE ADMINISTRATIVE CHANGES (SUCh UTHORITY OF FAR 43, 103(b).	as changes in paying office.	
C. THIS SUPPLEMENTAL AGREEN	ENT IS ENTERED INTO PURSUANT TO	AUTHORITY OF:		
D OTHER (Specify type of modifical				
X   Unilateral - FAR 3	2.703-1(b) Funding			
E. IMPORTANT: Contractor [x] is not	is required to sign this document	and returnO copes t	the issuing office.	
14 DESCRIPTION OF AMENDMENT/MODIFICATE	DN (Organized by UCF section headings,	including solicitation/contract subject matter	vhere feasible.)	
OUNS Number: 612706465				
•				
TINANCE POC: (b)(6): (b)(7)(C)	adhs.	nov. (b)(6): (b)(7)(C)		
	edhs	.gov, (b)(6); (b)(7)(C)		
	@dhs	.gov, (b)(6); (b)(7)(C)		
PROGRAM POC:			a following CLINS:	
PROGRAM POC:			e following CLINS:	
PROGRAM POC:			e following CLINS:	
PROGRAM POC: The purpose of this Mod is $0002A$ , $(b)(4)$			e following CLINS:	
The purpose of this Mod is 0002A, (b)(4)			e following CLINS:	
PROGRAM POC: The purpose of this Mod is 0002A, (b)(4)			e following CLINS:	
The purpose of this Mod is 1002A, (b)(4)			e following CLINS:	
he purpose of this Mod is 002A, (b)(4) 003, continued	to fund in the amoun	t of (b)(4) to the		
PROGRAM POC:  The purpose of this Mod is  2002A, (b)(4)  2002B,  2003,  Continued	to fund in the amoun	t of $(b)(4)$ to the	ed and on full force and effect	
PROGRAM POC: The purpose of this Mod is  2002A, (b)(4)  2002B, (2003),  Continued	to fund in the amoun	t of (b)(4) to the	ed and on full force and effect	
PROGRAM POC: The purpose of this Mod is  2002A, (b)(4)  2002B, (2003),  Continued	to fund in the amoun	t of $(b)(4)$ to the	ed and on full force and effect	
0002B, 0003, Continued Except as provided herein, so terms and conditions of the sound that are the sound to the sound that are the sound to the	to fund in the amoun	t of (b)(4) to the	ed and in full force and effect TING OFFICER (Type or pnnt)	aura.
PROGRAM POC:  The purpose of this Mod is  2002A, (b)(4)  2002B,  2003,  Continued	to fund in the amoun	t of (b)(4) to the	ed and in full force and effect TING OFFICER (Type or print) 16C. DATE Sk	
PROGRAM POC:  The purpose of this Mod is  2002A, (b)(4)  2002B,  2003,  Continued  Except as provided herein, all terms and conditions of the second sec	to fund in the amoun	t of (b)(4) to the	ed and in full force and effect TING OFFICER (Type or print) 16C. DATE Sk	
PROGRAM POC:  The purpose of this Mod is  2002A, (b)(4)  2002B,  2003,  Continued  Except as provided herein, 40 terms and conditions of the continued of t	to fund in the amoun	t of (b)(4) to the	ed and in full force and effect TING OFFICER (Type or pnnt)	12

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00013

PAGE 2 OF 4

IQ.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUN'
		(0)	(1)	(E)	(F)
	It is estimated that the funds obligated will				
	cover the period through 8/30/12. However, any				
	balance remaining passed 8/30/12 is available for				
	payment of services rendered through the end of				
	this task order.				
	If fully funded the performance period for the				
	Base Option / Year One will be September 15, 2011				
	to September 14, 2012 and the annual estimated				
	total value is (b)(4) (Includes Leap				
	year):				
	CLIN, PRICE, QTY, AMOUNT				
	0001A(b)(4)				
	00018				
	0002,			9 11	
	0002A				
	0003,			11	
	0004,	I			
	0005,				
	0003,				
	All other terms and conditions remain unchanged				
	All other terms and conditions remain unchanged.				
	Exempt Action: Y				
	LIST OF CHANGES:		1 1		
	Reason for Modification : Funding Only Action				
	New Total Amount for this Version: (b)(4)				
	New Total Amount for this Award: (h)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:			i	
	(b)(4)				
	Funded Amount changed: from (b)(4)		1		
	(b)(4)		1		
	CHANGES FOR LINE ITEM NUMBER: 2A	1 0 -9			
	Obligated Amount for this modification:		1 1		
	(b)(4)		1 1		
	Funded Amount changed from (b)(4)				
	(b)(4)				
	Funded through 08/30/2012		1 1		
			1 1		
	NEW ACCOUNTING CODE ADDED:	1 4 3	1		
	Account code:		] [		
	(b)(7)(E)		1		
	(-7(-7(-7				
	Quantity:[/h\]	1	∤ I		
	Amount: (b)(4)	- 2			
			i 1		
	CHANGES FOR LINE ITEM NUMBER: 2B		[		
	Obligated Amount for this modification: $\Re(b)(4)$				
	Continued				
	WILLIAM III				
			1 1		
	II			<u> </u>	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE 0	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00013	3	4

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
,	Funded Amount changed from (b)(4)		12/		- (2)
	(b)(4)				
	Funded through 08/30/2012			-0	
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)	1			
	(4)(1)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3				
	Obligated Amount for this modification: (b)(4)				
	Funded Amount changed from (b)(4)			1	
	(b)(4)	ļ.			
	Funded through 08/30/2012				
	NEW ACCOUNTING CODE ADDED:				
	Account code:			14	
	(b)(7)(E)			17	
	Quantity: (h)/4) Amount: (b)(4)				
	Discount Terms:				
	(b)(4)				
	FOB: Destination				
	Period of Performance: 09/16/2011 to 09/15/2013		1		
	Change Item 0002A to read as follows (amount shown	W . I			
	is the total amount):	11 - 1			
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee	-			(b)(4)
OUZA	includes all staff, vehicles and vehicle	41			(0)(4)
	maintenance.				
	1 month is (b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD	77			
	•				
	Change Item 0002B to read as follows (amount shown is the total amount):	0. 1			
	is the total amount;				
002B	Direct Fuel Pass-Thru. Vendor Bill exact cost	50			(b)(4)
	paid at the pump on a monthly basis. No fees or				
	mark-ups are allowed.				
	Product/Service Code: (b)(4)				
	Product/Service Description: R&D- DEFENSE OTHER:				
	Continued	1			
		l = 4			
7540-01-150	k		$\perp$		OPTIONAL FORM 338 (4-86)

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00013	4	4

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP	INC THE	
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IO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
	(B)		(D)	(E)	(F)
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
				1	
	Change Item 0003 to read as follows(amount shown			1 11	
	is the total amount):	pr by			
					[n. v. r. v.
	Remote Custody These estimated hours are for detainee medical				(b)(4)
	trips/visits and associated waiting time for			. 7	
	detention officers only.				
	(b)(4)				
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD			1,000	
	FIOURCE/Service Description: HOUSEKEEPING- GOARD				
	V — • • • • • •				
				0.71	
	177				
				41	
				[4]	
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- 1				i	
				4	
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AMENDMENT OF SOLICITATION/MODI	FICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOCIOTATION MODI	TOKING OF CONTINUE		1 3
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO	5. PROJECT NO. (If applicable)
P00014	See Block 16C	192112FDN31000051.16	
6 ISSUED BY CO	DE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (if other than flem 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cor Immigration and Customs Er Office of Acquisition Mana 24000 Avila Road,(b)(6): Laguna Niguel CA 92677	nforcement	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, (b)(6): Attn: (b)(6): (b)(7)(C) Laguna Niguel CA 92677	Enforcement
8 NAME AND ADDRESS OF CONTRACTOR (Ab	street county. State and ZIP Code:	Ton autonomical or any interestation	
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		98. DATED (SEE ITEM 11)  10A. MODIFICATION OF CONTRACT/OR HSCEDM-11-D-00003  HSCEDM-11-J-00054  108. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/15/2011	
	11 THIS ITEM ONLY ABBUTES Y	O AMENDMENTS OF SOLICITATIONS	
virtue of this amendment you desire to change at to the solicitation and this amendment, and is red 12 ACCOUNTING AND APPROPRIATION DATA (	n offer already submitted, such change ma eved prior to the opening hour and data s	D DATE SPECIFIED MAY RESULT IN REJECTION by be made by telegram or letter, provided each tele- pocified  et Increase:	
See Schedule		DERS. IT MODIFIES THE CONTRACT/ORDER NO.	
ORDER NO. IN ITEM 10A  8 THE ABOVE NUMBERED CON appropriation date, stc.) SET FO	TRACT/ORDER IS MODIFIED TO REFLE ORTH IN ITEM 14, PURSUANT TO THE A MENT IS ENTERED INTO PURSUANT Y	THE CHANGES SET FORTH IN ITEM 14 ARE MAD  OT THE ADMINISTRATIVE CHANGES (SUCH as CHAUTHORITY OF FAR 43.103(b)	
	32.703-1(b) Funding		
E. IMPORTANT: Contractor X is no		and rotum O copies to the	rssuing office.
14 DESCRIPTION OF AMENDMENT/MODIFICATE DUNS Number: 612706465 . FINANCE POC: (b)(6); (b)(7)(C) PROGRAM POC:	€dh:	is . gov,	e feasible) Ollowing CLINS:
0002B, (b)(4)			
It is estimated that the f	unds obligated will o	cover the period through 8	3/30/12. However,
		10A, as heretoforo changed, remains unchanged a	
15A. NAME AND TITLE OF SIGNER (Type or prof.		(b)(6); (b)(7)(C)	GOFFICER (Type or print)
15B CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C DATE SIGNED		18C DATE SIGNED  9-2- 2  NDARD FORM 30 (REV. 10-83)
NSN 7540-01-152-8070 Previous edition unusable			Priscribed by GSA FAR (48 CFR) 53 243

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CON	INUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00014	2	3

A)	(B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
	any balance remaining passed 8/30/12 is available for payment of services rendered through the end of this task order.				
	If fully funded the performance period for the				
	Base Option / Year One will be September 15, 2011				
	to September 14, 2012 and the annual estimated total value is (b)(4) (Includes Leap				
	year):				
	CLIN, PRICE, QTY, AMOUNT				
	0001A (b)(4) 0001B				
	0002,		i I		
	0002A				
	0003,		H		
	0004,				
	0005,				
	All other terms and conditions remain unchanged.				
	Exempt Action: Y LIST OF CHANGES:			1	
	Reason for Modification : Funding Only Action				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Version: (b)(4)			3.7	
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification: (b)(4)  New Total Obligated Amount for this Award:	h 17			
	(b)(4)				
	Funded Amount changed: from (b)(4) to	h			
ļ	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 0002B			4977	
	Total Amount changed from (b)(4)				
	Obligated Amount for this modification: (b)(4)	19		Y	
	Funded Amount changed from (h)(4)			11	
	(b)(4)			1	
- 4	NEW ACCOUNTING CODE ADDED:	86			
	Account code: (b)(7)(E)				
	Amount: (D)(4)				
	CHANGES FOR LINE ITEM NUMBER: 0003			( )	
	Quantity changed from (b)(4)  Total Amount changed from (b)(4)				
	(b)(4)				
l	Obligated Amount for this modification: (b)(4)				
- 1	Funded Amount changed from (b)(4)				
	Continued				
		1 6 6			
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00014	3	3

NO.	SUPPLIES/SERVICES	QUANTITY UNIT		UNIT PRICE	THUOMA	
1)	(B)	(C)	(D)	(E)	(F)	
	(b)(4)		11			
	NEW ACCOUNTING CODE ADDED:					
	Account code:					
	(b)(7)(E)					
	Quantity: (b)(4)	1				
	Amount: (b)(4)					
		1	1			
	Discount Terms:		1 1			
	(b)(4)		th L			
	FOB: Destination Period of Performance: 09/16/2011 to 09/15/2013					
	Period of Periormance: 09/16/2011 to 09/15/2013					
	Change Item 0002B to read as follows (amount shown					
	is the total amount):		1 1			
					(1-)(4)	
2B	Direct Fuel Pass-Thru. Vendor Bill exact cost				(b)(4)	
	paid at the pump on a monthly basis. No fees or					
	mark-ups are allowed.					
	(b)(4)					
	Product/Service Code: (b)(4)					
	Product/Service Description: R&D- DEFENSE OTHER:					
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)					
		10				
	Change Item 0003 to read as follows(amount shown					
	is the total amount):					
					- J. <u>- 1</u>	
3	Remote Custody				(b)(4)	
	These estimated hours are for detainee medical trips/visits and associated waiting time for	1				
	detention officers only.		1			
			1			
	(b)(4)					
	Product/Service Code: (b)(4)		1 1			
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD					
			1 [			
			1 1			
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AMENDMENT OF SOLICITATION/MODIF	CATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
					1	4
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		UISMON/PURCHASE REQ. NO	5 PR	OJECT NO.	(If applicable)
P00015 6 ISSUED BY COD	See Block 16C DE ICE/DM/DC-LAGUNA		12FDN31000051.17 MINISTERED BY (If other than Item 8)	CODE		
ICE/Detent Mngt/Detent Con Immigration and Customs En Office of Acquisition Mana 24000 Avila Road, (b)(6): Laguna Niguel CA 92677	tract-LAG forcement	Imm Off 240 Atti	/Detent Mngt/Detent () igration and Customs ice of Acquisition Ma 00 Avila Road, (b)(6): n: (b)(6): (b)(7)(C) una Niguel CA 92677	Enforc	t-LAG ement	DM/DC-LAGUNA
8 NAME AND ADDRESS OF CONTRACTOR (No. 20) GEO GROUP INC THE 621 NW 53RD ST(h)(h). BOCA RATON FL 334878242	real, county, State and ZIP Code)	98 102	AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  A MODIFICATION OF CONTRACT/ORD CCDM-11-D-00003	DER NO		
			CEDM-11-J-00054			
CODE 6127064650000	FACILITY CODE	<b>—</b>	DATED (SEE ITEM 13)			
6127064630000	11. TRIS ITEM ONLY APPLIES		9/15/2011			
THE PLACE DESIGNATED FOR THE RECEIPT C virtue of this amendment you desire to change an a to the selectation and this amendment, and is received ACCOUNTING AND APPROPRIATION DATA (if See Schedule	offer stready submitted, such change ma ved prior to the opening hour and date a	ay be made b	by letegram or letter, provided each leteg	(b)(4)	makes refen	ance
	I DODINGATION OF CO.	nene :	DOINES THE CONTRACT/ORDER NO. A			
	ENT IS ENTERED INTO PURSUANT TO		MINISTRATIVE CHANGES (such as cha OF FAR 43 103(b). TY OF:	inges in payir	ng office.	
E. IMPORTANT: Contractor x is not	is required to sign this document	t and return	0 copies to the it	sauroo offico	-	
14 DESCRIPTION OF AMENDMENTAMODIFICATION DUNS Number: 612706465 . FINANCE POC: (b)(6); (b)(7)(C) PROGRAM POC:	idh:	s.gov, s.gov,	(b)(6); (b)(7)(C)		ing CI	INS:
0001A (b)(4) 0001B, 0004, 0005,						
Except as provided herein, all terms and conditions of	the document referenced in Item 9A or					
15A NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING $(b)(7)(C)$	OFFICER (Ty	pe or print)	
158 CONTRACTOR/OFFEROR	ILED DAYS BIOUSE	1 1 1 1	// (=/(·/(=/		1	DATE SIGNE
(Signature of person authorized to sign)	15C DATE SIGNED				18C	-4-12
NSN 7540-01-152-8070 Previous edition unusable				Prescribed		(REV 10-83)

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00015	2	4

NO NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
	It is estimated that the funds obligated will				
	cover the period through 8/31/12. However, any				
	balance remaining passed 8/31/12 is available for				
	payment of services rendered through the end of				
	this task order.				
	this task order.				
	76 6.11. 6d.a 606				
	If fully funded the performance period for the				
	Base Option / Year One will be September 15, 2011			1.4	
	to September 14, 2012 and the annual estimated	1.0			
	total value is (b)(4) (Includes Leap				
	year):	1			
	CLIN DRICE ONY AMOUNT		1 1		
	CLIN, PRICE, QTY, AMOUNT 0001A, (b)(4)				
	0001B,				
	0002,				
	0002A,				
	0003,			1	
	0004,				
	0005,				
	NII ather town and conditions are in making				
	All other terms and conditions remain unchanged.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action	1		024	
	New Total Amount for this Version: (b)(4)	4		1.1	
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4)				
	Funded Amount changed: from (b)(4)				
	(b)(4)	1.9			
	CHANGES FOR LINE ITEM NUMBER: 1A				
	Obligated Amount for this modification:				
	(b)(4)	i			
	Funded Amount changed from (b)(4)				
	(b)(4)				
	Funded through 08/31/2012				
	NEW ACCOUNTING CODE ADDED:	10.9			
	Account code:			7	
	(b)(7)(E)				
	/-/·//-/				
	Quantity: (h)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1B				
	Continued				
		1		- 1	
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	- V 0()				

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CONTINUATION SHEET   HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00015   3	4

INO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
1)	(B)	(C)	(D)	(E)	(F)
	Obligated Amount for this modification:				
	(b)(4)				
	Funded Amount changed from (b)(4)			400	
	(b)(4)				
	Incrementally Funded through 08/31/2012			1, 11	
			1 [	[ [ [ ]	
	NEW ACCOUNTING CODE ADDED:		1		
	Account code:		1		
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)			3	
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 4				
	Obligated Amount for this modification: $(b)(4)$				
	Funded Amount changed from (b)(4)				
	(b)(4)				
	Funded through 08/31/2012				
	NEW ACCOUNTING CODE ADDED:				
	Account code:		1		
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 5	100-6	i I		
	Obligated Amount for this modification:			110	
	(b)(4)				
	Funded Amount changed from (b)(4)	. 13			
	(b)(4)			1	
	Funded through 08/31/2012	plan i			
				7	
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(6); (b)(7)(C)				
			] ]		
	Quantity: (h)(A)				
	Amount: (b)(4)		1		
	7.				
	Discount Terms:				
	(b)(4) FOB: Destination				
	Period of Performance: 09/16/2011 to 09/15/2013	- 1			
	Terror of refrontance: 03/10/2011 (0 03/13/2013		1		
	Change Item 0001A to read as follows (amount sho	wn			
	is the total amount):				
					- 4 <u> </u>
1A	Bed Day Rate For Minimum Quantity				(b)(4)
	Continued			A	
	100000000000000000000000000000000000000	- 17			
			]		
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	1		1 1		

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00015	4	4

M NO	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(4)  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0001B to read as follows(amount shown is the total amount):				
)1B	Bed Day Rate In Excess Of Minimum Quantity				(b)(4)
	(b)(4)	J- (			
	Product/Service Code: (h)(4) Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0004 to read as follows(amount shown is the total amount):				
4	Stipend for Detainee Work Program				(b)(4)
	(b)(4)				
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0005 to read as follows(amount shown is the total amount):				
5	MEDICAL SERVICES				(b)(4)
	(b)(4) Product/Service Code: (b)(4) Product/Service Description: MEDICAL- GENERAL HEALTH CARE				
(0-01-1	<u>                                     </u>				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
			1 6
2 AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5 PROJECT NO. (If applicable)
P00016	08/23/2012	See Schedule	
6 ISSUED BY CODE	ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than Item 6,	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(6); Laguna Niguel CA 92677	orcement	ICE/Detent Mngt/Detent Immigration and Custom Office of Acquisition 24000 Avila Road, Room Attn: (b)(6); (b)(7)(C) Laguna Niguel CA 92677	ns Enforcement Management n 3104
B NAME AND ADDRESS OF CONTRACTOR (No. street	t, county, State and ZIP Code)	(x) BA. AMENDMENT OF SOLICITATION N	
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		SB DATED (SEE ITEM 11)  × 10A MODIFICATION OF CONTRACTION HSCEDM-11-D-00003 HSCEDM-11-J-00054	IRDER NO.
		10B DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/15/2011	
	11. THIS ITEM ONLY APPLIES Y	D ÁMENDMENTS OF SOLICITATIONS	
separate letter or felegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offic to the acticitation and this amendment, and is receive 12 ACCOUNTING AND APPROPRIATION DATA (if re-	OFFERS PRIOR TO THE HOUR AND or already submitted, such change may dipnor to the opening hour and date specially believed.	DOATE SPECIFIED MAY RESULT IN REJECTION  y be made by telegram or latter, provided each telepocified	ON OF YOUR OFFER. If by degram or letter makes reference
See Schedule	,/ Ni	et Increase:	(b)(4)
13. THIS ITEM ONLY APPLIES TO M	IODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO	O. AS DESCRIBED IN ITEM 14.
B. THE ABOVE NUMBERED CONTRAL appropriation date, etc.) SET FORTI C. THIS SUPPLEMENTAL AGREEMEN	CT/ORDER IS MODIFIED TO REFLEI I IN ITEM 14, PURSUANT TO THE A IT IS ENTERED INTO PURSUANT TO	HE CHANGES SET FORTH IN ITEM 14 ARE MA	
D OYHER (Specify type of modification			
X   Unilateral - FAR 32.	703-1(b) Funding		
E. IMPORTANT: Contractor	is required to sign this document	and return 0 copies to the	he issuing office.
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 . FINANCE POC: (b)(6); (b)(7)(C) PROGRAM POC:	•	including solicitation/contract subject matter when $a$ ,	rre feasible.)
The purpose of this Mod is t			ne following CLINS:
0001A,(b)(4)			
0001B,			
0002A			
00028,	4.1		
Continued			
Except as provided herein, all terms and conditions of the	ne document referenced in Item 95 or	10A se herelefere channed remains unchanned	and in hill force and affect
15A NAME AND TITLE OF SIGNER (Type or print)	a document a constant at Home of the	16A NAME AND TITLE OF CONTRACTIN	The Control of the Co
		(b)(6); (b)(7)(C)	
158. CONTRACTOR/OFFEROR	15C DATE SIGNED		16C. DATE SIGNED
(Signature of parson authorized to sign)		-	STANDARD FORM 30 (REV. 10-83)
NSN 7540-01-152-8070 Previous addison unusable			Prescribed by GSA FAR (48 CFR) 53:243

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	QF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00016	2		6

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
	0003, (b)(4)		+		
	0004,				
	0005,			Adds	
	The funds obligated will cover the rest of the				
	period through 9/15/12.			V	
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action Total Amount for this Modification: (h)(4)				
	New Total Amount for this Version: (b)(4)	1			
	New Total Amount for this Award: (b)(4)	'			
	Obligated Amount for this Modification:	- 63			
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4)				
	Incremental Funded Amount changed: from				
	(b)(4)				
	CURNOCC FOR LINE THEM NUMBER. 18				
	CHANGES FOR LINE ITEM NUMBER: 1A  Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)	1			
	(b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	Funded Amount changed from (b)(4)				
	(b)(4)			10	
				i i	
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)	1		+	
	(b)(1)(L)	1			
	Quantity: (b)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 18				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)		1 1		
	(b)(4) Obligated Amount for this modification: $(b)(4)$				
	Funded Amount changed from (b)(4)	1			
	(b)(4)				
	(~)( ·)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	0			•	
	Quantity: (b)(4)				
	Amount: (b)(4)				
	Continued				
		114			
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00016	3	6

ITEM NO	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	CHANGES FOR LINE ITEM NUMBER: 2A			
	Obligated Amount for this modification:			
	(b)(4)			
	Funded Amount changed from (b)(4)			
	(b)(4)			
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	Quantity: (b)(4)		1	
	Amount: $(b)(4)$			
			11	
	CHANGES FOR LINE ITEM NUMBER: 2B			
	Total Amount changed from $(b)(4)$			
	Obligated Amount for this modification: (b)(4)			
	Funded Amount changed from (b)(4)			
	(b)(4)			
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	Amount:(b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3			
	Quantity changed from (b)(4)		- C-V	
	Total Amount changed from (b)(4)			
	(b)(4)	→ 11		
	Obligated Amount for this modification: (b)(4)	_		
	Funded Amount changed from (b)(4)			
	(b)(4)			
	NEW ACCOUNTS OF THE PROPERTY O		7.0	
	NEW ACCOUNTING CODE ADDED:		111	
	Account code:	<b>→</b>		
	(b)(7)(E)			
	Quantity: (b)(4)			
	Amount: (b)(4)			
	Tanoatto, (D)(4)			
	CHANGES FOR LINE ITEM NUMBER: 4			
	Total Amount changed from (b)(4)	<del>-</del>		
	Obligated Amount for this modification: (b)(4)	<del>- </del>		
	Funded Amount changed from (b)(4)	-		
	(b)(4)			
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	Continued			
48N 7640.01.163				NAME OF THE PARTY OF THE PARTY.

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE OF		
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00016	4	6	

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E)				
	Amount: (b)(4)			- 11.50	
				1	
	CHANGES FOR LINE ITEM NUMBER: 5				
	Obligated Amount for this modification:			1	
	(b)(4)				
	Funded Amount changed from (b)(4)				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:		] [	Y 1	
	Account code:		1 1		
	(b)(7)(E)				
	Ountibus [ask]				
	Quantity: (h)//				
	Amount: (b)(4)				
	Discount Terms:				
	(b)(4)				
	FOB: Destination				
	Period of Performance: 09/16/2011 to 09/15/2013	2			
	reflow of reflormance: 09/10/2011 to 09/13/2013				
	Change Item 0001A to read as follows (amount shown				
	is the total amount):				
	Is the total amounty.				
1A	Bed Day Rate For Minimum Quantity				(b)(4)
	was day inco for the transmit guarterey				
	(b)(4)				
	I.				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Requisition No: 192111FDN31000029.3,	711			
	192111FDN31000029.4, 192111FDN31000029.7,				
	192111FDN31000029.8, 192112FDN31000051.1,				
	192112FDN31000051.10, 192112FDN31000051.14,			0   1   1   1	
	192112FDN31000051.17, 192112FDN31000051.20,				
	192112FDN31000051.5, 192112FDN31000051.9	11 - 2-2			
	Change Item 0001B to read as follows (amount shown				
	is the total amount):	Y			
					(1-1/4)
1B	Bed Day Rate In Excess Of Minimum Quantity				(b)(4)
	(b)(4)				
	(b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Requisition No: 192111FDN31000029.3, 192112FDN31000051.1, 192112FDN31000051.10,				
	192112FDN31000051.11, 192112FDN31000051.10,				
	Continued				
	CONCERNICE				

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE 0	OF
	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00016	5	6

EM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	Uмп (D)	UNIT PRICE	AMOUNT (F)
	192112FDN31000051.20, 192112FDN31000051.5, 192112FDN31000051.9	(0)	(6)	(E)	
	Change Item 0002A to read as follows(amount shown is the total amount):				
02A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.				(b)(4)
	(b)(4)				
	Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192111FDN31000029.3,  192112FDN31000051.10, 192112FDN31000051.13, 192112FDN31000051.15, 192112FDN31000051.19, 192112FDN31000051.4, 192112FDN31000051.6				
	Change Item 0002B to read as follows(amount shown is the total amount):				
028	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed.				(b)(4)
	(b)(4)  Product/Service Code: (b)(4)  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT) Requisition No: 192111FDN31000029.3, 192112FDN31000051.10, 192112FDN31000051.11, 192112FDN31000051.13, 192112FDN31000051.15, 192112FDN31000051.16, 192112FDN31000051.19, 192112FDN31000051.4, 192112FDN31000051.6				
	Change Item 0003 to read as follows(amount shown is the total amount):				
03	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only.				(b)(4)
	(b)(4) Product/Service Code: (b)(4) Continued				

CONTINUENTON CUEFT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00016	6	6

	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	Product/Service Description: HOUSEKEEPING- GUARD				
	Requisition No: 192111FDN31000029.3,		1 1		
	192111FDN31000029.5, 192112FDN31000051.10,		1 1		
	192112FDN31000051.11, 192112FDN31000051.13,		1		
	192112FDN31000051.15, 192112FDN31000051.16,				
	192112FDN31000051.19, 192112FDN31000051.4,	1			
	192112FDN31000051.6	1			
				-	
7 14	Change Item 0004 to read as follows (amount shown				
11	is the total amount):				
	Stipend for Detainee Work Program				(b)(4)
(	(b)(4)				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Reguisition No: 192111FDN31000029.3,				
	192112FDN31000051.1, 192112FDN31000051.10,				
	192112FDN31000051.14, 192112FDN31000051.17,				
	192112FDN31000051.20, 192112FDN31000051.5,				
	192112FDN31000051.9	1			
	Compared and all comments		1		
	Change Item 0005 to read as follows(amount shown				
	is the total amount):				
			1		
	MEDICAL SERVICES				(b)(4)
	(1) \( \lambda \)				
	(b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: MEDICAL- GENERAL	1			
	HEALTH CARE				
	Requisition No: 192111FDN31000029.3,				
	192112FDN31000051, 192112FDN31000051.1,				
	192112FDN31000051.10, 192112FDN31000051.14,				
	192112FDN31000051.10, 192112FDN31000051.14,				
	192112FDN31000051.5, 192112FDN31000051.9				
	17211210031000031.3, 17211210031000031.9	1			
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AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT	1 CONTRACT ED CODE		PAGE OF	PAGES
AMENDMENTINDDIFICATION NO	3 EFFECTIVE DATE	4 REQUISITION PURCHASE REQ NO	) le i	L L	9
200017	See Block 160	192113F0N31000033	·   ' '	MOJECI NO	(if eppicatio)
ISSUED BY	CODE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If after then the	om 8) CQ	OF Tree (	Date ( D
CE/Detent Mngt/Detent C	ontract-LAG			100/	DM/DC-LAGUN
mmigration and Customs	Enforcement	ICE/Detent Mngt/Dete	one Contra	act-LAG	
ffice of Acquisition Ma	nagement	Office of Acquisition	on Manager	cement	
4000 Avila Road, (h)(h).		24000 Avila Road, (h	)(6):	iicii L	
aguna Niguel CA 92677		Attn: (b)(6): (b)(7)(C)			
NAME AND ADDRESS OF CONTRACTOR PA		Laguna Niguel CA 926			
	2. Mar. (2004), 3124 Std 53 C000)	(X) SA AMENDMENT OF SQLICITATIO	ON NO		
ED GROUP INC THE					
21 HW 53RD ST (h)(6).		SE DATED (SEE ITEM 11)			
OCA RATON FL 334878242		11			
		X ISA MODIFICATION OF CONTRAL	- Labor		
		* HSCEDM-11-D-00003	THURBEN NO		
		HSCEDM-11-J-00054			
ODE 512705055		108 DATEO (SEE ITEM 13)			
GDE 612706465G000	FACILITY CODE	09/15/2011			
	TT. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS	<del></del>		
The above numbered to ottoon a premised at Offers much advantagement of many and account of the	sal forth in Rom 14. The hour and data app	Cod for receipt of Offices	is detended	ा वास्त्र वर्ग	rendad
Offers must activowedge recept of this execution to the second terms to and 15, and rearrang	ment prior to the numbers and date specified in (	he schoolmen or as emended, by one of the (	stawng waterds	(a) By compto	Lang .
soperate letter or judgereen mouth protection is redu	Manage to the second	and a discrete to that successive to comple	opy of the offer pu	bracted, or (c)	0,
THE PLACE DESIGNATED FOR THE RECEIP while of this attended to the got	T OF OFFERS PRIOR TO THE HOUR AND	DATE SPECIFIED MAY RESULT IN REJECT	SEMENT TO BE R	ECEMED AT	
while of the amendment you doesn to change a to the schoolstern and the amendment, and is no	en differ alteredy submitted, such charge may covered and/ to the process has a cost case on	by made by talegram or letter, provided sec	n talogram or site	r makes ratere	nta
ACCOUNTING AND APPROPRIATION DATA	IP minutains				
e Schedule	Ne	t Decrease:	(b)(4)		
I THE THE OKLY APPLIES	TO MUDIFICATION OF CONTRACTS-ORD	ERS. IT MODIFIES THE CONTRACT/DADES	NO AR DESCRIPTION		
A THIS CHANGE ORDER IS ISS	UED PURSUANT TO (Specify authority) TI	E CHANGES SET FORTH IN ITEM 14 ARE	MADE IN THE C	DATEACT	· ··
B THE ABOVE NUMBERED CON	TRACTIORDER IS MODIFIED TO REFLEC ORTH IN ITEM 14, PURSUANT TO THE AL	T THE ADMINISTRATIVE CHANGES (Such THORITY OF FAR 43 (CDVp)	us Chamas in oak	na ožem	
			•		
C THIS SUPPLEMENTAL AGREE	MENT IS ENTERED WITO PURSUANT TO	AUTRORITY OF			
N. ABOPH IN.					
D OTHER (Soverly types of modifie					
	2.703-1(b) Funding				
MPORTANT: Contractor de n		nd return 1 copper t	o the resump of so		
DESCRIPTION OF AMENDMENT MODIFICAT	TON (Organized by UCF section headings, i	roughing solotaterycontroct but and mainter	Ann Annth		
NS Number: 612706465			,		
OGRAM/FINANCE POC: (b)(6);	(b)(7)(C)	Rice.dha.gov, (b)(	6): (h)(7)(0	27	
purpose of this modifi	cation is to de-oblite	late excess/ unused to	da 711.		
ount of the order is dec	reased by (h)(4)	from (b)(4)	ius. the c	Diigate	<u>:a</u>
	. (2)(4)	(b)(4)			
empt Action: Y					
T OF CHANGES:					
son for Modification :	Funding Columbers				
t inued (b)(6); (b)(7)(C)	Action Day Action				
		b)(6); (b)(7)(C)			
HAME WITH BUT BUT BUT OF AT BUT OF	Actional	MED IC	ed sand on facilitation		
The GEO Grou	ip, Inc.	rac i	ING OFFICER (T)	be or bush	
		(b)(6); (b)(7)(C)			
CONTRACTORIOFFEROR (b)(6);	ISC DATE SIGNED	T (2), (2), (2)		7160 0	ATE EIGHE
/41/71/01	1-6-13	1		'** '	ATE SIGNED
(Especial of parent surround to say)	× 2 / J	41		11 2	11/12
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7540-01-152-8070		-4		RM 20	REV SDADS
				IRM 30 (	REV 1040)

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00017	2		9

NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
.)	(8)	(C)	(D)	(E)	(F)
	Total Amount for this Modification: (b)(4)	ļ			
	New Total Amount for this Version: (b)(4)				
	New Total Amount for this Award: (b)(4)		19	. 11	
	Obligated Amount for this Modification:				
	(b)(4) New Total Obligated Amount for this Award:				
	(b)(4)				
	Incremental Funded Amount changed: from				
	(b)(4)				
	(2)(1)	}			
	CHANGES FOR LINE ITEM_NUMBER: 3	1			
	Quantity changed from (b)(4)				
	Total Amount changed		1		
	from (h)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	Incremental Funded Amount changed from			10 10	
	(b)(4)			11	
			l i	- 1	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL	1			
	Quantity changed from (h)(A)		1		
	Amount changed from (b)(4)			£ 6.	
			1 1		
	CHANGES FOR ACCOUNTING CODE:	,			
	(b)(7)(E)				
		]			
	Quantity changed from (b)(4)  Amount changed from (b)(4) to (b)(4)				
	Amount changed 110. (b)(4)		1 1		
	CHANGES FOR LINE ITEM NUMBER: 2A				
	Obligated Amount for this modification: (b)(4)				
	Incremental Funded Amount changed from	1 1	1 1	0 1111	
	(b)(4)				
	127.17			0 1	
	CHANGES FOR LINE ITEM NUMBER: 1B		HТ		
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4)		1 1		
	Obligated Amount for this modification:		1		
	(b)(4)		1		
	Incremental Funded Amount changed from				
	(b)(4)			la a	
	CURVICED DOD DESTREES ACCOMENS. TOT (ERO/CENTERNAVA)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (h)(4)			V/1   11	
	Amount changed from (b)(4)	4			
	Immorre changed 110m none;	┪			
	CHANGES FOR LINE ITEM NUMBER: 1A				
	Quantity changed from (b)(4)				
	Total Amount changed				
	Continued			* La la	
	The state of the s				
	I and the second		1 I		

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—		HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00017					9
	EROR OR CONTRAC IP INC THE	TOR					
ITEM NO		SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMO	JNT
(A)		(B)	(C)	(D)	(E)	11	F)

EM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	from (b)(4)		$\vdash$		
	Obligated Amount for this modification:			T = 7 m	
	(b)(4)	]		A	
	Incremental Funded Amount changed from			0.00	
	(b)(4)	]			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
		1	1 1	1	
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	(b)(4)				
	CURNATE FOR ACCOUNTANCE CORE			- I	
	CHANGES FOR ACCOUNTING CODE:			4.4	
	(b)(7)(E)				
	0 (1) (1)			7 1	
	Quantity changed from (b)(4)	ц .			
	Amount changed from (b)(4)	┦	1 1		
			1 1		
	CHANGES FOR LINE ITEM NUMBER: 4				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	Incremental Funded Amount changed from (b)(4)	No. 1	1 1		
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		1 1		
	Amount changed from $\P(b)(4)$		1		
	CHANGES FOR LINE ITEM NUMBER: 5	1			
	Quantity changed from /h\///\		1		
	Total Amount changed from (6)(4)	llo I	1 1		
	Obligated Amount for this modification:(b)(4)	4	1 1		
	Incremental Funded Amount changed from	7	1 1		
	The state of the s				
	(h)(4)		1 1	i i	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)		1 1		
	Amount changed from (b)(4)			4	
		-	1 1	1	
	Discount Terms: (b)(4)				
	FOB: Destination		1 1		
	Period of Performance: 09/16/2011 to 09/15/2013				
	relied of reflermance, syriated to syriated s				
	Change Item 0001A to read as follows (amount shown				
	is the total amount):				
	is the total amount,		1 1		
)1A	Bed Day Rate For Minimum Quantity	1			(b)(4)
. 417	non nat man row management Secure of				(~/( '/
	(b)(4)	1		- 1	
	Continued				
	ACCOUNTS (1100-14)		1		
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NSN 7540-01-152-8067

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00017	4	9

ANO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT
• /	(8)	(0)	(0)	(E)	(F)
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD			_ = 1	
	Trouble believe believe the board and board				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)	1			
	Accounting Info:				
	(b)(7)(E)				
	Dun de de (1) (4)				
	Funded: (b)(4) Accounting Info:	1		9.91	
	(b)(7)(E)		1		
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	Funded: (h)(4)		1 1		
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	(b)(7)(E)			0.1	
	Funded: (b)(4)				
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	(b)(7)(E)				
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	Funded: (h)(A)	+			
	Accounting Info:		1		
	(b)(7)(E)		1		
	(b)(r)(L)			150	
	Funded: (b)(4)				
	Accounting Info:	1		7.	
	(b)(7)(E)	14.0		4	
				la de	
	Funded: (h)(4)				
	Accounting Info:				
	(b)(7)(E) Funded: (h)(4)				
	Accounting Info:				
	(b)(7)(E)				
	(~/(-/(-/				
	Funded: (b)(4)				
	Accounting Info:		1		
	(b)(7)(E)		1		
	Don't de la Constantina del Constantina de la Co	4			
	Funded: (b)(4)			1 4 1	
	Accounting Info: (b)(7)(E)				
	(b)(1)(L)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)	]			
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00017	5	9	
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ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0001B to read as follows(amount shown				
	is the total amount):	20			
001B	Bed Day Rate In Excess Of Minimum Quantity			- 1	(b)(4)
	(b)(4)				
	Product/Service Code: (b)(4)	100		10	
	Product/Service Description: HOUSEKEEPING- GUARD	1			
		11 0,3			
	Accounting Info: (b)(7)(E)				
	(D)(1)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)	1			
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	Funded: (b)(4) Accounting Info:				
	(b)(7)(E)				
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	Funded: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)	1		4 1	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)			A. I	
	Accounting Info:	1			
	(b)(7)(E)			9.8	
	Funded: (b)(4)				
	Accounting Info:			1.	
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:	Y		1	
	(b)(7)(E)				
	Fredada (a.v.a.				
	Funded: (b)(4)				
	Change Item 0002A to read as follows(amount shown				
	Continued				
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( ) )	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B) is the total amount):	(C)	(D)	(E)	(F)
	is the total amount):				(b)(4)
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			0.41	(b)(4)
	includes all staff, vehicles and vehicle				
	maintenance.				
	(b)(4)				
	((5)(4)		1 1		
	Product/Service Code: (b)(4)		1 1		
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:	1			
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
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	(b)(7)(E)				
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	(b)(7)(E)				
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	(b)(7)(E)				
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	Funded: (h)(4) Accounting Info:				
	(b)(7)(E)		1 1		
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	Funded: (h)(4)	1			
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	Change Item 0003 to read as follows(amount shown				
	is the total amount):				
מחו	Pomoto Custodu			9 94	(b)(4)
103	Remote Custody These estimated hours are for detainee medical			1	(0)(4)
	trips/visits and associated waiting time for		1 1		
	detention officers only.				
				/	
	(b)(4)	1			
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD Continued			1 0 1	
	Louis Indea				
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
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ANE OF OCCUPAN OR CONTRACT			

40	SUPPLIES/SERVICES (B)	QUANTITY (C)		UNIT PRICE	AVOUNT
	(8)	10)	(D)	(E)	(F)
	Accounting Info:				
	(b)(7)(E)	V 11 11 200			
	Funded: (b)(4)				
	Accounting Info:	Δ			
	(b)(7)(E)				
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	Eugedad (h)(A)	0.44			
	Funded: (b)(4) Accounting Info:	1 1			
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		U 047			
	Funded: (b)(4)		1	A. (1)	
	Accounting Info:	-1			
	(b)(7)(E)	- g			
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	Funded: (b)(4)				
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	(b)(7)(E)				
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	(b)(7)(E)	6.0	1 1		
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	Funded: (b)(4)	A			
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	(b)(7)(E)				
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	Funded: $(b)(4)$			1	
	Accounting Info:			. "1	
	(b)(7)(E) 00 GE-21-31-00				
	00 GE-21-31-00				
	Funded: (b)(4)		1		
	Change Item 0004 to read as follows (amount sh	OWn			
	is the total amount):				
					0.5745
	Stipend for Detainee Work Program				(b)(4)
	(b)(4)				
	(~/( 1/				
	(1-)/4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GU	ARD			
	Continued				
		o, III II			
	1	* . [[i			

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00017	8	9

	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
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	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
-4+	Accounting Info:		H	1	
	(b)(7)(E)				
	(b)(r)(L)				
	Funded: (b)(4)	ì			
	Accounting Info:	t .			
Ī	(b)(7)(E)			• 11	
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I	Funded: (b)(4)		1		
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14	(b)(7)(E)				
	Funded: (b)(4)				
9	Accounting Info:				
	(b)(7)(E)			- 1	
			1 1	- 17	
	Funded: (b)(4)	1			
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	Change Item 0005 to read as follows (amount shown			U.	
	is the total amount):				
			1		(b)(4)
	MEDICAL SERVICES				( /( /
1	(b)(4)				
Ľ	(6)(4)			p 1	
	Product/Service Code: (b)(4)	4			
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE	1		<u> </u>	
				75.51	
	Accounting Info:			1	
	(b)(7)(E)				
	Continued				
	Fig. 625.025	60		86	
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00017	9	9

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

AMERICAN AND DOLLAR STATE OF THE STATE OF TH	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONTRACT		1 2
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO	5 PROJECT NO (if applicable)
P00018	See Block 16C	PRO-13-L105	
3. ISSUED BY COOM	ICE/DM/DC-LAGUNA	7 ADVINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cont Immigration and Customs Enf Office of Acquisition Manag 24000 Avila Road, ( <u>/h\/A\-</u> Laguna Niguel CA 92677	orcement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(6): Attn:(b)(6):(b)(7)(C) Laguna Niguel CA 92677	Enforcement
3. NAME AND ADDRESS OF CONTRACTOR (No. ser	and county State and 718 Fordet	1.aguna Niguel CA 92677	
GEO GROUP INC THE  521 NW 53RD ST[h)(h):  BOCA RATON FL 334878242	na, county, state and air cooley	88. DATED (SEE (TEM 11)  x 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003	IER NO
		HSCEDM-11-J-00054	<u> </u>
		10B DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/15/2011	
	11. TRUS TYEM ONLY APPLIES Y	O AMENDMENTS OF SOLICITATIONS	
CKECK ONE A THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A	D PURSUANT TO (Specify authority)	DERS. IT MODIFIES THE CONTRACT/ORDER NO. A THE CHANGES SET FORTH IN ITEM 14 ARE MADI ECT THE ADMINISTRATIVE CHANGES (such as cha	E IN THE CONTRACT
C THIS SUPPLEMENTAL AGREEM	ENT IS ENTERED INTO PURSUANT Y	O AUTHORITY OF:	
D OTHER (Specify type of modification	on and aumonity)		
E. IMPORTANT: Contractor   X  s not.	is required to sign this document	t and return copies to the	issuing office.
		s, including solicitation/contract subject matter where	
. PROGRAM/FINANCE POC: (b)(6):(	b)(7)(C)	lice.dhs.gov, (b)(6):(	(b)(7)(C)
The purpose of this modific specialist. The POP end dat 09/15/2012. Exempt Action: Y LIST OF CHANGES:	e is changed from 0	9/15/2013 to the correct e	
Reason for Modification : 0			
Period Of Performance End I	ate changed from 15	-SEY-13 to _5-SEY-12	
Continued		40)	
Except as provided herein, all terms and conditions of 15A NAME AND TITLE OF SIGNER (Type or print)	tive document reteranced in Item 9A co	r 10A, as heretotore changed, remains unchanged ar [16A, NAME_AND_TITLE_OF_CONTRACTING]	
		(b)(6); (b)(7)(C)	The second state of the second
15B CONTRACTOR/OFFEROR	15C DATE SIGNE		16C DATE SIGNED
(Signature of person authorized to sign)			EODH 20/00/V (A.ST)
NSN 7540-01-152-6070 Previous edition unusable			FORM 30 (REV 10-83) y GSA 9) 53 243

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00018	2		2

M NO	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Total Amount for this Modification (b)(4)				
	New Total Amount for this Version:	_			
	New Total Amount for this Award: (b)(4)				
	Period of Performance: 09/16/2011 to 09/15/2012				
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				PPLIES OR SER	VICES				1	PAGE	OF PAGES
IMPORTANT	T: Mark all	packages and papers with	contract and/or ord	der numbers.						1	7
1. DATE OF O	RDER	2. CONTRACT NO. (If any) HSCEDM-11-D-000	0.3					6. SHIP TO	):		•
09/15/2	011	1.505511 11 5 000	05		a. NAME	OF C	ONSIGNEE				
3. ORDER NO	).		4. REQUISITION/R	EFERENCE NO.							
HSCEDM-	11-J-0	0054	See Schedu	ile	ICE-E	ERO-	FOD-FDN				
ICE/Det Immigra	ent Mn tion a	gt/Detent Contra nd Customs Enfor uisition Managem	cement			grat	DRESS ion Customs st Caley Av		ent		
24000 A	vila R	oad, (b)(6);									
Laguna	Niguel	CA 92677			c. CITY Cente	enni	al		d. \$	STATE O	e. ZIP CODE 80111
7. TO:					f. SHIP V	1A					
a. NAME OF C							8.	TYPE OF ORDER			
b. COMPANY	NAME				Da PII	IRCHA	W.		X b. DE	I IVEDV	
c. STREET AD		- (1) (0) I			REFERE				D. DE	LIVERY	
621 NW	53RD S	T (b)(6);							reverse, th	is delive	nstructions on the ery order is subject
											tained on this side nd is issued
							he following on the terr specified on both sides				s and conditions pered contract.
d. CITY BOCA RATON  e. STATE f. ZIP CODE FL 334878242			f. ZIP CODE 334878242	this order	and or	n the attached sheet, it ry as indicated.		0.000	ve mann	wites contract.	
9. ACCOUNTIN	NG AND API	PROPRIATION DATA			10. REQU	ISITIO	NING OFFICE				
See Sche	Comment of the commen				ICE E	nfo	rcement & R	emoval			
a. SM/		CATION (Check appropriate bo			_			12. F.O.B. POIN	IT		
	MEN-OWNE	b. OTHER TH  D e. HUBZone	IAN SMALL	c. DISADVANTAGE  f. EMERGING SMA		D	ERVICE- DISABLED ETERAN-	Destinat	ion		
		13. PLACE OF	1.	BUSINESS	NO	0	WNED				
a. INSPECTION	N	b. ACCEPTANCE		4. GOVERNMENT B/L	NO.		ON OR BEFORE (Multiple		16. Di	ISCOU	IT TERMS
				17. SCHEDULE (Se	ee reverse for	Rejec	tions)				(b)(4)
					QUANTITY	1	UNIT			T	QUANTITY
ITEM NO. (a)		SUPPLIES OF			ORDERED (c)	UNIT (d)	PRICE (e)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OUNT		ACCEPTED
	FINANO (b)(6): ( PROGRA (b)(6); (	Number: 6127064 CE POC: (b)(6):(b)(7	65 7)(C) v, (b)(6): (b)(7)(C)		(4)		(6)		(f)		(9)
	COMCIN	ided									
	18. SHIPP	PING POINT		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.				17(h) TOTAL (Cont.
			21	MAIL INVOICE TO:							pages)
		5110		MAIL HAVOIGE TO.				(b)(4)			
	a. NAME	DHS,	ICE					(5)(4)			-
SEE BILLING INSTRUCTIONS ON REVERSE	b. STREE (or P.O. B	P.O.	Box 1620 : ICE-ERO/	ance Center							17(i) GRAND TOTAL
	c. CITY							(b)(4)			
		lliston			d. STA		e. ZIP CODE 05495-1620				
22 LIMITED	STATES OF				V.		THE RELEASE OF MESSELE	L			
22. UNITED :	ABY (Sign		(b)(7)(C)				23. NAME (Typed) (b)(6); (b)(7 TITLE: CONTRACTION		FICER		
AUTHORIZED FO	OR LOCAL RE	PRODUCTION								VAL EC	RM 347 (Rev. 4/2006)
PREVIOUS EDIT									OPTION	TAL FO	M 347 (Rev. 4/2006)

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

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

CONTRACT NO.

DATE OF ORDER

PAGE NO 2

ORDER NO. HSCEDM-11-D-00003 HSCEDM-11-J-00054 09/15/2011 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT **AMOUNT** QUANTITY ORDERED PRICE ACCEPTED (d) (f) (a) (c) (e) (q) This task order is for the performance of services by The GEO Group at the Aurora Detention Facility for the Period of Performance of September 16, 2011 through September 15, 2013. Obligated funds for this order will cover the period from September 16, 2011 through October 15, 2011. Any balance remaining past October 15, 2011 is available for payment of services rendered through the end of this task order. If the First Year of the Base Period (contains leap year) is fully funded, POP September 16, 2011 through September 15, 2012 the estimated amount is (b)(4)CLIN 0001A, (b)(4) (b)(4)CLIN 0001B, (b)(4) b)(4)CLIN 0002, (b)(4) (b)(4)CLIN 002A, (b)(4) CLIN 0003, (b)(4) CLIN 0004, (b)(4) CLIN 0005, (b)(4) (b)(4)This Task Order incorporates all terms and conditions of Contract HSCEDM-11-D-00003. In accordance with FAR 52.222-43, Fair Labor Standards Act and Service Contract Act-Price Adjustment (Multiple Year and Option Contracts), "(f) The Contractor shall notify the Contracting Officer of any increase claimed under this clause within 30 days after receiving a new wage determination unless this notification period is extended in writing by the Contracting Officer. The Contractor shall promptly notify the Contracting Officer of any decrease under this clause, but nothing Continued ... 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 09/15/2011

CONTRACT NO.

HSCEDM-11-D-00003

ORDER NO.

HSCEDM-11-J-00054

NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
a)	(b)	(c)	(d)	(e)	(f)	(g)
l l	in the clause shall preclude the Government from asserting a claim with the period permitted by law. This notice shall contain a statement of the amount claimed and the change in fixed hourly rates (if this is a time-and-materials or labor-hour contract), and any relevant supporting data, including payroll records, that the Contracting Officer may reasonably require. Upon agreement of the parties, the contract price, contract unit price labor rates, or fixed hourly rates shall be modified in writing. The Contractor shall continue performance pending agreement on or determination of any such adjustment and its effective date.  Attached is the Department of labor Wage Rate Determination No 2005-2081, Rev 11, 06-13-2011.  BASE PERIOD: 09/16/2011 - 09/15/2013  Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. (b)(4)  (b)(4)  Product/Service Code: (b)(4)  Product/Service Description: GUARD SERVICES  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)  (b)(4)				(b)(4)	(9)
	(b)(4)  Fully Funded Obligation Amount(b)(4)  Incrementally Funded Amount: (b)(4)  Product/Service Code: (b)(4)  Product/Service Description: GUARD  Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				(b)(4)	

### ORDER FOR SUPPLIES OR SERVICES **SCHEDULE - CONTINUATION** 4 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-11-D-00003 HSCEDM-11-J-00054 09/15/2011 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) (f) (b) (c) (e) (g) SERVICES Requisition No: 192111FDN31000029.3, 192111FDN31000029.4 Accounting Info: (b)(7)(E) Funded: (b)(4)Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)(b)(4)0001B Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be (b)(4) (b)(4)(b)(4)Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES Reguisition No: 192111FDN31000029.3 Accounting Info: (b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4)0002 TRANSPORTATION SERVICES IN ACCORDANCE WITH (b)(4)THE TERMS AND CONDITIONS OF THIS CONTRACT. Product/Service Code: (b)(4) Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION

PAGE NO

OPTIONAL FORM 348 (Rev. 4/2006)

Prescribed by GSA FAR (48 CFR) 53.213(f)

PREVIOUS EDITION NOT USABLE

# ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION 5 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO.

ITEM NO   SUPPLESSENCES   QUANTITY UNIT ORGERED (S)   Product/Service Description: GUARD   SERVICES	/15/20	)11 HSCEDM-11-D-00003		HSCI	EDM-11-J-00054	
Product/Service Description: GUARD SERVICES  TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  (b)(4)  Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (h)(4) Product/Service Description: GUARD SERVICES Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E) Funded: (b)(4)  Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  (b)(4)  Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E) Funded: (b)(4)  O03 Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period			ORDERED	PRICE		QUANTITY ACCEPTED (g)
Fixed Pee includes all staff, vehicles and vehicle maintenance.  (b)(4)  Fully Funded Obligation Amount(b)(4)  Incrementally Funded Amount: (b)(4)  Product/Service Code: (b)(4)  Product/Service Description: GUARD SSRVICES  Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  (b)(4)  (b)(4)  Fully Funded Obligation Amount (b)(4)  Incrementally Funded Amount: (b)(4)  Product/Service Code: (b)(4)  Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4)  Base Period						
Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES Requisition No: 19211FDN31000029.3 Accounting Info: (b)(7)(E) Funded: (b)(4)  Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  [b)(4)  [b)(4)  Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Requisition No: 19211FDN31000029.3 Accounting Info: (b)(7)(E)  Funded: (b)(4)  Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period	02A	Fixed Fee includes all staff, vehicles and			(b)(4)	
Incrementally Funded Amount: (b)(4) Product/Service Code: (h)(4) Product/Service Description: GUARD SERVICES Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  (b)(4)		(b)(4)				
(b)(7)(E)  Funded: (b)(4)  Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  (b)(4)  (b)(4)  Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4)  Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period		Incrementally Funded Amount: (b)(4)  Product/Service Code: (h)(4)  Product/Service Description: GUARD  SERVICES				
Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis.  No fees or mark-ups are allowed. Not to exceed (b)(4)  (b)(4)  Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period		(b)(7)(E)				
Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period  (b)(4)	02B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis.  No fees or mark-ups are allowed. Not to			(b)(4)	
Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4)  Base Period  (b)(4)		Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4)				
Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period		Requisition No: 192111FDN31000029.3  Accounting Info: (b)(7)(E)				
	3	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) Base Period			(b)(4)	
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))  (b)(4)						

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OPTIONAL FORM 348 (Rev. 4/2006)

## ORDER FOR SUPPLIES OR SERVICES **SCHEDULE - CONTINUATION** 6 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-11-D-00003 HSCEDM-11-J-00054 09/15/2011 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (f) (b) (c) (e) (g) (b)(4)Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (h)(1) Product/Service Code: (h)(4) Product/Service Description: GUARD Requisition No: 192111FDN31000029.3, 192111FDN31000029.5 Accounting Info: (b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4)(b)(4)0004 Stipend for Detainee Work Program -Reimbursement for this line item will be at actual cost of (b)(4) The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer. (b)(4)Fully Funded Obligation Amount (b)(4) Incrementally Funded Amount: (b)(4) Product/Service Code: (b)(4) Product/Service Description: GUARD SERVICES Requisition No: 192111FDN31000029.3 Accounting Info: (b)(7)(E)Funded: (b)(4) Accounting Info: b)(4); (b)(7)(E)Funded: (b)(4) (b)(4)0005 MEDICAL SERVICES-In accordance with the Continued ... (b)(4)

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OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

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

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

PAGE NO 7

09/15/2		CONTRACT NO. HSCEDM-11-D-00003				ORDER NO. HSCEDM-11-J	-00054	
ITEM NO.	T	SUPPLIES/SERVICES	QUANTITY		UNIT	AMC	OUNT	QUANTITY
(a)		(b)	ORDERED (c)	(d)	PRICE (e)		f)	ACCEPTED (g)
	Mon	ms and conditions of this contract. hthly Flat Fixed Fee includes all medical off and in-house supplies.						
	(b)(4	4)						
		ly Funded Obligation Amount(b)(4)						
	Inc	crementally Funded Amount: (b)(4)						
	Pro	oduct/Service Description: GENERAL						
		quisition No: 192111FDN31000029.3						
		counting Info: 7)(E)						
F A (k		nded: (b)(4)						
		counting Info: 7)(E)						
	Fur	nded:(b)(4)						
		e total amount of award: (b)(4)						
		e obligation for this award is shown in (17(i).						
	TOTA	L CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	$\geq$			(b)(4)		

	ENT OF SOLICITATION/MOD	MICATION OF CONTRACT		1. CONTRACT ID CODE	1 1 -
	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJECT NO. (H app@cable)
00001		See Block 16C	1921	11FDN31000029.7	
ISSUED E	BY C	ODE ICE/DM/DC-LAGUNA	7. ADN	INISTERED BY (If other then Item 6)	CODE ICE/DM/DC-LAG
mmigr ffice 4000	tent Mngt/Detent Co ation and Customs E of Acquisition Man Avila Road, (b)(6); Niguel CA 92677	inforcement	Off: 2400 Attr	Detent Mngt/Detent Congration and Customs Code of Acquisition Ma Do Avila Road, (h)(6) Code (b)(6)(0)(0) Code (b)(7)(C) Code (b)(7)(C) Code (c)(C)(C)(C) Code (c)(C)(C)(C)(C) Code (c)(C)(C)(C)(C)(C) Code (c)(C)(C)(C)(C) Code (c)(C)(C)(C) C) Code (c)(C)(C)(C)(C) Code (c)(C)(C)(C)(C) Code (c)(C)(C)(C)(C) Code (c)(C)(C)(C)(C) Code (c)(C)(C)(C)(C)(C) Code (c)(C)(C)(C)(C)(C) Code (c)(C)(C)(C)(C)(C)(C)(C) Code (c)(C)(C)(C)(C)(C)(C)(C)(C) Code (c)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	Enforcement
NAME AN	D ADDRESS OF CONTRACTOR (NO	, street, county, State and ZIP Code)		AMENDMENT OF SOLICITATION NO.	
21 NW	OUP INC THE 53RD ST (b)(6): ATON FL 334878242		x 10/HS	DATED (SEE ITEM 11)  MODIFICATION OF CONTRACT/ORD CEDM-11-D-00003	ER NO.
			1 -	CEDM-11-J-00054	
CODE 6	127064650000	FACILITY CODE	$\dashv$ $\Box$	DATED (SEE ITEM 13)	
	12/064650000		1 1	9/15/2011	
'The obes	a symbood safeitation is perceded as	11. TRIS ITEM ONLY APPLIES You set forth in Item 14. The hour and date spe		1. 104	extended. Sis not extended.
virtue of the	CE DESIGNATED FOR THE RECEIP his amendment you desire to change a	rence to the solicitation and amendment nut T OF OFFERS PRIOR TO THE HOUR AND In offer already submitted, such change may ceived prior to the opening hour and date sy (If required)	DATE SPE y be made to pecified.	CIFIED MAY RESULT IN REJECTION O y lelegram or letter, provided each telegr	DF YOUR OFFER. If by am or letter makes reference
	hedule	Ne	et Inc	rease:	(b)(4)
	13. THIS ITEM ONLY APPLIES	TO MODIFICATION OF CONTRACTS/ORD	ERS. IT MC	DIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
		ITRACT/ORDER IS MODIFIED TO REFLE ORTH IN ITEM 14, PURSUANT TO THE A EMENT IS ENTERED INTO PURSUANT TO			nges in paying office,
	D. OYHER (Specify type of modifie	cation and authority)			
Х	Biilateral - FAR	43.103-(a) Contract Mc	odific	ation	
. IMPORTA		· · · · · · · · · · · · · · · · · · ·		1 copies to the is	
		TION (Organized by UCF section headings,	including s	blicitation/contract subject matter where for	easible.)
UNS NU	mber: 612706465 E POC: (b)(6); (b)(7)(C) 4 POC: (b)(6); (b)(7)(C)	@dhs @dh	.gov, is.gov,	(b)(6); (b)(7)(C)	
ROGRAM	mann of this Mad i.				
ROGRAM	rpose of this Mod is				
ROGRAM he pur ) Modi	fy the contract to	recognize that other	compor	ents of the Federal	government in the
ROGRAM he pur ) Modi epartm	fy the contract to ment of Justice, spe	recognize that other ecifically the United	States	Marshals Service (U	SMS) may house
ROGRAM he pur ) Modi epartm ederal	fy the contract to ment of Justice, spe detainees at the	recognize that other	States	Marshals Service (U	SMS) may house
ROGRAM  he pur  ) Modi  epartm  ederal  gencie	ify the contract to ment of Justice, spendetainees at the ses.	recognize that other ecifically the United facility utilizing sep	States	Marshals Service (U contracts establishe	SMS) may house d by those
ROGRAM he pur ) Modi epartm ederal gencie ontinu xxept as pn	afy the contract to ment of Justice, special detainees at the ses.	recognize that other ecifically the United facility utilizing sep	States arate	Marshals Service (U contracts establishe	SMS) may house d by those in full force and effect.
ROGRAM The pur Modification Mod	AND TITLE OF SIGNER (Type or (b)	recognize that other ecifically the United facility utilizing sep of the document referenced in Nam 9A or $\frac{1}{2}$	States arate	Marshals Service (U contracts establishe totore changed, remains unchanged and AME AND TITLE OF CONTRACTING O	SMS) may house d by those in full force and effect.
PROGRAM The pur The pu	afy the contract to ment of Justice, special detainees at the ses.  med  rovided herein, all terms and conditions  AND TITLE OF SIGNER (Type or	recognize that other ecifically the United facility utilizing sep of the document referenced in New 9A or $\frac{1}{2}$ (6); (b)(7)(C)	States arate	Marshals Service (U contracts establishe	SMS) may house d by those in full force and effect.
PROGRAM The pur  a) Modi Departm Tederal agencie Continu Except as pm	AND TITLE OF SIGNER (Type or (b)	recognize that other ecifically the United facility utilizing sep	States arate	Marshals Service (U contracts establishe totore changed, remains unchanged and AME AND TITLE OF CONTRACTING O	SMS) may house d by those in full force and effect.

CONTINUATION SUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00001	2	3

M NO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUN
	b) Fund CLIN 0001A in the amount of (b)(4)	10)	(D)	(E)	(F)
	to fund the period from September 16, 2011				
	through October 15, 2011.			1	
		1		- 1	
	c) To clarify funding to date including this mod:			- 1	
	CLIN/Amount/Funded Thru Date		1		
	0001A/(b)(4) / Funded to 15 OCT 11	1 1			
	0001B (b)(4) Funded to 26 OCT 11				
	0002/(b)(4) Funded to 15 NOV 11				
	0002A/(b)(4) / Funded to 15 NOV 11 0003/(b)(4) / Funded to 15 JAN 11				
	0003/(b)(4) / Funded to 15 JAN 11 0004/(b)(4) / Funded to 2 DEC 11				
	0005/(b)(4) Funded to 2 BEC 11  0005/ (b)(4) Funded to 30 OCT 11				
	Tanada to so our if				
	Any balance remaining past the noted "Funded				
	through" date on each CLIN above is available for				
	payment of services rendered through the end of				
	this task order.				
	Base Option / Year One total value is				
	(b)(4) (Includes Leap year):				
	CLIN, PRICE, QTY, AMOUNT			1	
	0001A,(b)(4)		- 1		
	0001B,	1 1		1	
	0002,				
	0002A,			1	
	0003,	1 1	- 1		
	0004,				
	LIST OF CHANGES:			110	
	Reason for Modification : Funding Only Action				
	New Total Amount for this Version: (b)(4)				
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4) Incremental Funded Amount changed: from				
	Incremental Funded Amount changed: from (b)(4)				
	(D)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A				
	Obligated Amount for this modification:				
	(b)(4)				
	Incremental Funded Amount changed from				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	Continued				
			1		
- 1					

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
OOKTINGATION STILLT	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00001	3		3

ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E)	l	1		
	Discount Terms:		1		
	(b)(4)  FOB: Destination	1			
	POB. Describation				
	Change Item 0001A to read as follows (amount shown				
	is the total amount):				
0001A	Bed Day Rate For Minimum Quantity - The	1			(I) (A)
	Governments minimum quantity to be ordered via		1		(b)(4)
	task order is (b)(4)		1		
	(b)(4)				
			1		
	(b)(4)		1		
	Fully Funded Obligation Amount(b)(4) Incrementally Funded Amount: (b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: GUARD SERVICES				
	This Task Order incorporates all terms and				
	conditions of Contract HSCEDM-11-D-00003.				
				l v	
	Λ.				
	1 6.1				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
P. ANENDMENTALODIEIGATION NO.	la essecutive outc		1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192111FDN31000029.8	5. PROJECT NO. (if applicable)
P00002 6. ISSUED BY CODE	See Block 16C		CODE I
	TCE/ DN/ DC-DAGONA	7. ADMINISTERED BY (If other than Item 6)	ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Conti		ICE/Detent Mngt/Detent	
Immigration and Customs Enfo		Immigration and Custom	
Office of Acquisition Manage 24000 Avila Road, (b)(6):	ement 1	Office of Acquisition : 24000 Avila Road, (b)(6)	
Laguna Niguel CA 92677		Attn: (b)(6): (b)(7)(C)	<u>.                                    </u>
		Laguna Niguel CA 92677	
B NAME AND ADDRESS OF CONTRACTOR (No., street	ol, county, State and ZiP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO	0.
GEC GROUP INC THE			
621 NW 53RD ST (h)(6):		9B. DATED (SEE ITEM 11)	
BOCA RATON FL 334878242			
		× 10A MODIFICATION OF CONTRACT/O	RDER NO.
		HSCEDM-11-J-00054	
		108. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/15/2011	
	11. THIS ITEM ONLY APPLIES Y	O AMENDMENTS OF SOLICITATIONS	· · · ·
The above numbered solicitation is amended as set for			is extended, is not extended.
Offers must acknowledge receipt of this amendment,			
		viedging receipt of this amendment on each copy of	[1]
separate letter or telegram which includes a reference		[188] - 프로그램 - Control of the Contr	
THE PLACE DESIGNATED FOR THE RECEIPT OF	OFFERS PRIOR TO THE HOUR AND	DATE SPECIFIED MAY RESULT IN REJECTION	N OF YOUR OFFER. If by
virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is receive			agram or letter makes raference
12 ACCOUNTING AND APPROPRIATION DATA (If re-		et Increase:	(b)(4)
See Schedule		ct increase.	(2)(1)
13. THIS ITEM ONLY APPLIES TO A	IODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO	J. AS DESCRIBED IN ITEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUED	PURSUANT TO: (Specify authority) T	HE CHANGES SET FORTH IN ITEM 14 ARE MA	DE IN THE CONTRACT
ORDER NO. IN ITEM 10A.			
B. THE ABOVE NUMBERED CONTRA	CT/ORDER IS MODIFIED TO REFLE	CT THE ADMINISTRATIVE CHANGES (such as o	hanges in paying office,
appropriated tale, sit.) Set FORT	M IN ITEM 14, PURSUANT TO THE A	(5) HORUTT OF FAR 43.183(B)	
C THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PURSUANT TO	O AUTHORITY OF:	
D OTHER (Specify type of modification	and authority)	2.12.111.211	·
X Unilateral - FAR 32.	703-1(b) Funding (	Incremental)	
E. IMPORTANT: Contractor K, is not.	, is required to sign this document	and return copies to the	e issuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings,	, including solicitation/contract subject matter who	re feasible.)
DUNS Number: 612706465		· · · · · · · · · · · · · · · · · · ·	
FINANCE POC: (b)(6): (b)(7)(C)	<b>P</b> dhs	g.gov, (b)(6); (b)(7)(C)	
PROGRAM POC: (b)(6); (b)(7)(C)	- Eath	a.gov, (b)(6); (b)(7)(C)	
(=)(=), (=)(=)		.5.901	
The purpose of this Med is t	o fund CLIN 0001N i	in the amount of (b)(4)	through
The purpose of this Mod is t			
December 4, 2011. Any balanc			
services rendered through th		order. The total value of	f CLIN 0001A, if
fully funded for a year is= $($	b)(4)		
•			
LIST OF CHANGES:			
Reason for Modification : Fu	nding Only Action		
Continued			
Except as provided herein, all terms and conditions of the	ne document referenced in Hem 9A or	10A, as heretofore changed, remains unchanged	and in full force and effect.
15A NAME AND TITLE OF SIGNER (Type or print)		I IBA NAME AND TITLE OF CONTRACTIN	G OFFICER (Type or print)
		(b)(6); (b)(7)(C)	
ALE DOMESTOR OF THE PROPERTY O	luca pure ala:	4	I sad Barr Statute
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		18C, DATE SIGNED
			19-27-11
(Signature of porson authorized to sign)	<u></u>		
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA

2020-ICLI-00042 GEO Group 449

Prescribed by GSA FAR (48 CFR) 53:243

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00002

PAGE OF 2

(B) (C) (D) (E) (F)  LIST OF CHANGES: Reason for Modification: Funding Only Action Obligated Amount for this Modification: (D)(4) New Total Obligated Amount for this Award: (D)(4) Lincremental Funded Amount changed: from (D)(4) CHANGES FOR LINE ITEM NUMBER: 1A Obligated Amount for this modification: (D)(4) Theremental Funded Amount changed from (D)(4) Theremental Funded Amount changed from (D)(4) Theremental Funded Amount changed from (D)(4) NEW ACCOUNTING CODE ADDED: Account code: (D)(7)(E)  Quantity: (D)(4) Amount: (D)(4) Product Code: (D)(4)   ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	
Reason for Modification: Funding Only Action Obligated Amount for this Modification:    Didd	(A)	(B)			(E)	
	(A)	LIST OF CHANGES: Reason for Modification: Funding Only Action Obligated Amount for this Modification: (b)(4) New Total Obligated Amount for this Award: (b)(4) Incremental Funded Amount changed: from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1A Obligated Amount for this modification: (b)(4) Incremental Funded Amount changed from (b)(4) Incrementally Funded through 12/04/2011 NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: (b)(4) Amount: (b)(4) FOB: Destination Change Item 0001A to read as follows(amount shown is the total amount): Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)  (b)(4)  (b)(4)  Froduct/Service Code: (b)(4) Product/Service Description: GUARD SERVICES . This Task Order incorporates all terms and	(C)			(F)

AMENDMENT OF SOLICITATION/MODIS	CATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIF	TOATION OF CONTRACT		1 3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00003	See Block 16C	192112FDN31000051	0005
6. ISSUED BY COL	DE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Con Immigration and Customs En Office of Acquisition Mana 24000 Avila Road, (b)(6): Laguna Niguel CA 92677	forcement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (h)(A) Attn: (b)(6); (b)(7)(C) Laguna Niguel CA 92677	Enforcement
8. NAME AND ADDRESS OF CONTRACTOR (No., s	treet, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
GEO GROUP INC THE 621 NW 53RD ST (h)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003 HSCEDM-11-J-00054 10B. DATED (SEE ITEM 13)	ER NO.
CODE 6127064650000	FACILITY CODE	09/15/2011	
0127004030000		O AMENDMENTS OF SOLICITATIONS	
	offer already submitted, such change ma lived prior to the opening hour and date s	D DATE SPECIFIED MAY RESULT IN REJECTION Or by be made by telegram or letter, provided each telegraphecified.	
	O MODIFICATION OF CONTRACTS/ORD	DERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO	RACT/ORDER IS MODIFIED TO REFLE RTH IN ITEM 14, PURSUANT TO THE A MENT IS ENTERED INTO PURSUANT T	THE CHANGES SET FORTH IN ITEM 14 ARE MADE  CT THE ADMINISTRATIVE CHANGES (such as cha AUTHORITY OF FAR 43.103(b).  O AUTHORITY OF:	
X Unilateral - FAR 3	2.703-1(b) Funding (	Incremental)	
E. IMPORTANT: Contractor X is no	t. is required to sign this document	t and return 0 copies to the is	ssuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  FINANCE POC: (b)(6): (b)(7)(C)  PROGRAM POC: (b)(6); (b)(7)(C)  The purpose of this modification of the purpose of this modification of the purpose of	@dh:	is, including solicitation/contract subject matter where $s.gov$ , $(b)(6)$ ; $(b)(7)(C)$ hs.gov,	feasible.)
1) Correct the funded thru	date on letter (c),	Clin 0003 to read 15 Jan 3	12.
2) Provide incremental function order is increased from (b)		f (b)(4) The total ar	mount funded on the
Continued			
Except as provided herein, all terms and conditions	of the document referenced in Item 9A or	10A, as heretofore changed, remains unchanged an	d in full force and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6); (b)(7)(C)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		16C. DATE SIGNED
(Signature of person authorized to sign)			12/13/11
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SUCC	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (	DF.
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00003	2	3

Ю.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
	(B)	(C)	(D)	(E)	(F)
	estimated that the funds obligated will				
	the period through November 30. 2011.				
	er, any balance remaining past November 30,				
	is available for payment of services			a 11.	
rende	red through the end of the task order.				
	ther terms and conditions remain unchanged.				
	OF CHANGES:				
	n for Modification : Funding Only Action				
	otal Amount for this Award: (b)(4)				
	ated Amount for this Modification:				
(b)(4)					
	otal Obligated Amount for this Award:		l I		
(b)(4)					
	mental Funded Amount changed: from				
(b)(4)					
	DE EOD IINE IMBM WENDER. F			[	
	ES FOR LINE ITEM NUMBER: 5				
The second secon	ated Amount for this modification:				
(b)(4)					
NEW A	CCOUNTING CODE ADDED:				
	nt code:				
(b)(7)(					
(5)(1)(	_,				
Quant	ity:(b)(				
Amoun	t: (b)(4)				
	unt Terms:				
	(b)(4)				
FOB:	Destination				
		944			
	e Item 0005 to read as follows (amount shows	,			
1s th	e total amount):				
MEDIC	AL SERVICES-In accordance with the terms ar			1	(b)(4)
	tions of this contract. Monthly Flat Fixed				(D)(4)
	ncludes all medical staff and in-house	1			
suppl				1	
	ct/Service Code: (b)(4)	- 11			
	ct/Service Description: MEDICAL- GENERAL				
	H CARE				
WE'VE'S					
Accou	nting Info:				
(b)(7)(1	≣)				
				14	
	d: (b)(4)				
	nting Info:		1 1		
(b)(7)(E	=)				
54-4-	d-(L)(A)			14	
	d:(b)(4)			1	
Conti	nued		1		
				9/1	

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CONTINUATION SHEE	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00003	3	3

(A)	SUPPLIES/SERVICES (B)	QUANTITY U	D)	UNIT PRICE	AMOUNT (F)
		,5,		,	- (27
	Accounting Info: (b)(4); (b)(7)(E)	V 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Funded:(b)(4)			/ \ \ \ \ \	
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	DIFICATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00004	See Block 16C	192112FDN31000051.1	3. PROJECT NO. (If applicable)
ISSUED BY C	CODE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE TOF /DM/DG-IAGU
CE/Detent Mngt/Detent Commigration and Customs Effice of Acquisition Man 4000 Avila Road, (b)(6); aguna Niguel CA 926/7	ontract-LAG Enforcement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(6): Attn: (b)(6); (b)(7)(C)	Contract-LAG Enforcement
NAME AND ADDRESS OF CONTRACTOR (No.	street munty State and 7IR Code)	Laguna Niguel CA 92677	
EO GROUP INC THE 21 NW 53RD ST (b)(6): DCA RATON FL 334878242		(x) 9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  X 10A. MODIFICATION OF CONTRACT/ORDE HSCEDM-11-D-00003 HSCEDM-11-J-00054	ER NO.
		10B. DATED (SEE ITEM 13)	
6127064650000	FACILITY CODE	09/15/2011	
The above numbered solicitation is amended as	11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS	
to the solicitation and this amendment, and is rec ACCOUNTING AND APPROPRIATION DATA	ceived prior to the opening hour and date sp		m or letter makes reference
13. THIS ITEM ONLY APPLIES		RS. IT MODIFIES THE CONTRACT/ORDER NO. AS	
	MENT IS ENTERED INTO PURSUANT TO	T THE ADMINISTRATIVE CHANGES (such as chang THORITY OF FAR 43.103(b). AUTHORITY OF:	ges in paying office,
		23.73 c. d. o. c. no. c. 4.00	
	32.703-1(b) Funding (I		
		nd return O copies to the issu	
E 110 III	the state of the s	ncluding solicitation/contract subject and	uing office.
DESCRIPTION OF AMENDMENT/MODIFICATIONS Number: 612706465  NANCE POC: (b)(6); (b)(7)(C)  OGRAM POC: (b)(6); (b)(7)(C)  e purpose of this modifi	@dhs. @cation is to provide i	gov, (b)(6); (b)(7)(C) s.gov, ncremental funding in the der is increased from (b)(4)	asible.)
DESCRIPTION OF AMENDMENT/MODIFICATIONS Number: 612706465  NANCE POC: (b)(6); (b)(7)(C)  DORAM POC: (b)(6); (b)(7)(C)  Purpose of this modification of the total and the to	adhs.  @dhs.  @dhs.  cation is to provide imount funded on the or  unds obligated will coning past December 31,  f the task order.	gov, (b)(6); (b)(7)(C) s.gov, ncremental funding in the der is increased from (b)(4) ever the period through Dec 2011, is available for pa	amount of ember 31, 2011. yment of services
DESCRIPTION OF AMENDMENT/MODIFICATIONS Number: 612706465  NANCE POC: (b)(6); (b)(7)(C)  DORAM POC: (b)(6); (b)(7)(C)  Purpose of this modification of the total and the to	adhs.  @dhs  cation is to provide i mount funded on the or unds obligated will coning past December 31, f the task order.	gov, (b)(6); (b)(7)(C) s.gov  ncremental funding in the der is increased from (b)(4)  ever the period through Dec 2011, is available for pa	amount of ember 31, 2011. yment of services
DESCRIPTION OF AMENDMENT/MODIFICATIONS Number: 612706465  NANCE POC: (b)(6); (b)(7)(C)  DGRAM POC: (b)(6); (b)(7)(C)  E purpose of this modification of the total and the purpose of the total and the following control of the total and the total	adhs.  @dhs.  @dhs.  cation is to provide imount funded on the or  unds obligated will coning past December 31,  f the task order.	gov, (b)(6); (b)(7)(C) s.gov, ncremental funding in the der is increased from (b)(4) ever the period through Dec 2011, is available for pa	amount of ember 31, 2011. yment of services
DESCRIPTION OF AMENDMENT/MODIFICATIONS Number: 612706465  NANCE POC: (b)(6); (b)(7)(C)  DEPUT OF THE MODIFICATION OF THE MODIF	adhs.  @dhs  cation is to provide i mount funded on the or unds obligated will coning past December 31, f the task order.	gov, (b)(6); (b)(7)(C) s.gov, ncremental funding in the der is increased from (b)(4) ever the period through Dec 2011, is available for pa	amount of  ember 31, 2011.  yment of services  full force and effect.  FICER (Type or print)
DESCRIPTION OF AMENDMENT/MODIFICATION  IS Number: 612706465  IANCE POC: (b)(6); (b)(7)(C)  OGRAM POC: (b)(6); (b)(7)(C)  Expurpose of this modification and the second and	adhs.  @dhs  cation is to provide i mount funded on the or unds obligated will coning past December 31, f the task order.	gov, (b)(6); (b)(7)(C) s.gov, ncremental funding in the der is increased from (b)(4) ever the period through Dec 2011, is available for pa	amount of  ember 31, 2011.  yment of services  full force and effect.  FICER (Type or print)

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	QF	F
	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00004	2		4

O. SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOU
(8)	(0)	(0)	(E)	(F
All other terms and conditions remain unchang	ed			
LIST OF CHANGES:	eu.		la til til s	
Reason for Modification : Funding Only Action		38/	4 112 1/4	
Obligated Amount for this Modification:				
(b)(4)			711	
New Total Obligated Amount for this Award:			1 11	
(b)(4)				
Incremental Funded Amount changed: from				
(b)(4)				
(4)(1)		524		
CHANGES FOR LINE ITEM NUMBER: 1A	- II - 0 Ai			
Obligated Amount for this modification:				
(b)(4)	0.8 4.4	1 1	- 1	
Incremental Funded Amount changed from				
(b)(4)				
NEW ACCOUNTING CODE ADDED:				
Account code:				
(b)(7)(E)	1			
(-/(-/(-/				
Quantity: (b)(4)			0.6%	
Amount: (b)(4)				
Amount: (D)(4)			. 11	
0034000 000 0000				
CHANGES FOR LINE ITEM NUMBER: 1B				
Obligated Amount for this modification:				
(b)(4)				
Incremental Funded Amount changed from				
(b)(4)				
NEW ACCOUNTING CODE ADDED:		30		
Account code:	0.77			
(b)(7)(E)			0,33	
(~)(.)(-)				
Quantity:(b)(4)				
Amount: (b)(4)				
	- 9   1			
CHANGES FOR LINE ITEM NUMBER: 4				
Obligated Amount for this modification: (b)(4)				
Incremental Funded Amount changed from (b)(4)	<u> </u>			
to (b)(4)	<del></del>			
NEW ACCOUNTING CODE ADDED:				
Account code:				
			7 7	
(b)(4); (b)(7)(E)		1		
Quantity: (b)(4)				
24dictty: (D)(4)				
Amount: (b)(4)				
	] [			
CHANGES FOR LINE ITEM NUMBER: 5			16149	
Continued		1		
4		- 1		
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00004	3	4

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	TINU	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Obligated Amount for this modification: (b)(4)  Incremental Funded Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4) Amount: (b)(4) Discount Terms: (b)(4)				
	FOB: Destination  Change Item 0001A to read as follows (amount shown is the total amount):	2			
0001A	Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4)				(b)(4)
	(b)(4)  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0001B to read as follows (amount shown is the total amount):				·
0001B	Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be $(b)(4)$ $(b)(4)$				(b)(4)
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0004 to read as follows(amount shown is the total amount):				(b)(4)
0004	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Product/Service Code: (h)(A)  Product/Service Description: HOUSEKEEPING- GUARD Continued				
NSN 7540-01-15;	-8067				OPTIONAL FORM 336 (4-86)

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	<b> </b>	AGE	OF
CONTINUATION SHEET	HSCEDM~11-D-00003/HSCEDM-11-J-00054/P00004		4	4

TEM NO.	SUPPLIES/SÉRVICES	QUANTIT	TIMUY	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0005 to made 6.11				
	Change Item 0005 to read as follows(amount shown is the total amount):				
005	MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed		M		(b)(4)
	Fee includes all medical staff and in-house supplies.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Product/Service Code: (b)(4) Product/Service Description: MEDICAL- GENERAL HEALTH CARE				
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AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.		La promovina de la companya de la co	1 3
	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192112FDN31000051.4	5. PROJECT NO. (If applicable)
P00005 6. ISSUED BY CODE	See Block 16C	7. ADMINISTERED BY (If other than Item 6)	CODE TOF / DM / DC - LA GUNA
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(6): Laguna Niguel CA 92677	orcement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(6): Attn: (b)(6):(b)(7)(C)	Contract-LAG Enforcement
8. NAME AND ADDRESS OF CONTRACTOR (No., street	et, county, State and ZIP Code)	Laguna Niguel CA 92677  (x) 9A AMENDMENT OF SOLICITATION NO.	
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)  X 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003 HSCEDM-11-J-00054 10B. DATED (SEE ITEM 13)	ER NO.
CODE 6127064650000	FACILITY CODE	09/15/2011	
		O AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off to the solicitation and this amendment, and is receive 12. ACCOUNTING AND APPROPRIATION DATA (If re	er already submitted, such change may d prior to the opening hour and date sp	be made by telegram or letter, provided each telegrecified.	OF YOUR OFFER. If by ram or letter makes reference
13. THIS ITEM ONLY APPLIES TO M	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14
D. OTHER (Specify type of modification	NT IS ENTERED INTO PURSUANT TO	T THE ADMINISTRATIVE CHANGES (such as cha THORITY OF FAR 43.103(b).  AUTHORITY OF:	nges in paying office,
X Unilateral - FAR 32.	.703-1(b) Funding (I	ncremental)	
E. IMPORTANT: Contractor X is not,	is required to sign this document a	and return 0 copies to the is	ssuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  FINANCE POC: (b)(6): (b)(7)(C)  PROGRAM POC: (b)(6); (b)(7)(C)  The purpose of this modifical (b)(4)  The total amoun (b)(4)	@dhs @dh tion is to provide	.gov, (b)(6); (b)(7)(C)	
It is estimated that the fun However, any balance remaini rendered through the end of Continued  Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)  15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	ng past December 31 the task order.	, 2011, is available for p	payment of services
NSN 7540-01-152-8070			RD FORM 30 (REV. 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243

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			1

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	All other terms and conditions remain unchanged.	1 11		
	LIST OF CHANGES:			
	Reason for Modification : Funding Only Action			
	Obligated Amount for this Modification:		110, -	
	(b)(4) New Total Obligated Amount for this Award:			
	(b)(4)			
	Incremental Funded Amount changed: from			
	(b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 2A			
	Obligated Amount for this modification:			
	(b)(4)			
	Incremental Funded Amount changed from (b)(4)			
	(3)(4)			
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	Quantity:(b)(4)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 2B			
	Obligated Amount for this modification: (b)(4)			
	Incremental Funded Amount changed from (b)(4)			
	(b)(4)	1 11		
	NEW ACCOUNTING CODE ADDED:		1	
	Account code:			
	(b)(7)(E)	1 11		
	Amount: (b)(4)	4 11	1	
		1 1 1		
	Obligated Amount for this modification: (b)(4)	4 11	100	
	Incremental Funded Amount changed from			
	to(b)(4)	1 11		
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	[ ]			
	Quantity: (b)(4) Amount: (b)(4)			
	Discount Terms:			
	(b)(4)			
	Continued			
		] []		
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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00005	3	3

EM NO.	SUPPLIES/SERVICES	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
(A)	(B)	(0)	10/	(6)	. (2)
	FOB: Destination				
	Change Item 0002A to read as follows (amount shown		H	- 5001	
	is the total amount):				
02A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee		11	1	(b)(4)
	includes all staff, vehicles and vehicle		1 1		· · · · · · · · · · · · · · · · · · ·
	maintenance.			41	
	(b)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0002B to read as follows (amount shown	. 0			
	is the total amount):	9			
					(b)(4)
002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or				(-/(-/
	mark-ups are allowed.			1	
	Product/Service Code: (b)(4)				
	Product/Service Description: R&D- DEFENSE OTHER:				
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Change Item 0003 to read as follows(amount shown				
	is the total amount):				
003	Banata Guatada				(b)(4)
20.3	Remote Custody These estimated hours are for detainee medical				
	trips/visits and associated waiting time for			0 10	
	detention officers only.	100			
	(b)(4)				
	Product/Service Code: (h)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD			1 1	
				4 A	
			1 1		
				10	
7540-01-1	53,6967	•			OPTIONAL FORM 336 (4-86)

	ENT OF SOLICITATION/MODI	FICATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
2 AMENDM	ENT/MODIFICATION NO.	3 EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00006			192112FDN31000051.5	3. PROJECT NO. (II applicable)
6. ISSUED B	Y CO	See Block 16C DE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6	5) CODE TOF / DM / DC - LAGINA
Immigra Office 24000 A	tent Mngt/Detent Con ation and Customs En of Acquisition Mana Avila Road, (b)(6): Niguel CA 92677	tract-LAG	ICE/Detent Mngt/Detent Immigration and Custon Office of Acquisition 24000 Avila Road, (b)(6) Attn: (b)(6):(b)(7)(C) Laguna Niguel CA 92677	t Contract-LAG ms Enforcement Management
8. NAME AN	D ADDRESS OF CONTRACTOR (No., s	street, county, State and ZIP Code)	(x) 9A AMENDMENT OF SOLICITATION N	
621 NW	UP INC THE 53RD ST (b)(6); TON FL 334878242		9B. DATED (SEE ITEM 11)  X 10A MODIFICATION OF CONTRACT/OR HSCEDM-11-D-00003  HSCEDM-11-J-00054  10B. DATED (SEE ITEM 13)	ORDER NO.
CODE 6	127064650000	FACILITY CODE	09/15/2011	
		11. THIS ITEM ONLY ADDITIES Y	O AMENDMENTS OF SOLICITATIONS	
to the solic	itation and this amendment, and is receilting AND APPROPRIATION DATA (I	frequired) NL $(b)(7)(E)$	y be made by telegram or letter, provided each te pecified.  DET. Thomaso.  DERS. IT MODIFIES THE CONTRACT/ORDER N	(b)(4)
	IS. INIGITEM ONLT APPLIES I	O MODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER N	O. AS DESCRIBED IN ITEM 14.
				AN PERMANANTAN SANAKA AMERIKAN PENERANTAN PENERANTAN PENERANTAN PENERANTAN PENERANTAN PENERANTAN PENERANTAN PE
CHECK ONE	A THIS CHANGE ORDER IS ISSUE ORDER NO. IN ITEM 10A.	ED PURSUANT TO: (Specify authority) T	HE CHANGES SET FORTH IN ITEM 14 ARE M.	7 Part ( 1977 )
CHECK ONE	B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO	RACT/ORDER IS MODIFIED TO REFLE RTH IN ITEM 14, PURSUANT TO THE A MENT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as UTHORITY OF FAR 43.103(b).	ADE IN THE CONTRACT
CHECK ONE	B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO  C. THIS SUPPLEMENTAL AGREEM  D. OTHER (Specify type of modifica	RACT/ORDER IS MODIFIED TO REFLE RTH IN ITEM 14, PURSUANT TO THE A MENT IS ENTERED INTO PURSUANT TO tion and authority)	CT THE ADMINISTRATIVE CHANGES (such as UTHORITY OF FAR 43.103(b). D AUTHORITY OF:	ADE IN THE CONTRACT
х	B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO C THIS SUPPLEMENTAL AGREEM D. OTHER (Specify type of modifica Unilateral - FAR 3	RACT/ORDER IS MODIFIED TO REFLE RTH IN ITEM 14, PURSUANT TO THE A MENT IS ENTERED INTO PURSUANT TO tion and authority) 2.703-1(b) Funding (2)	CT THE ADMINISTRATIVE CHANGES (such as UTHORITY OF FAR 43.103(b).  D AUTHORITY OF:  Incremental)	ADE IN THE CONTRACT  changes in paying office,
X E. IMPORTAN	B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO  C THIS SUPPLEMENTAL AGREEM  D. OTHER (Specify type of modifical Unilateral - FAR 3  NT: Contractor 🗵 is not	RACT/ORDER IS MODIFIED TO REFLE RTH IN ITEM 14, PURSUANT TO THE A MENT IS ENTERED INTO PURSUANT TO tion and authority) 2.703-1 (b) Funding (i	CT THE ADMINISTRATIVE CHANGES (such as UTHORITY OF FAR 43.103(b).  D AUTHORITY OF:  Incremental)	ADE IN THE CONTRACT  changes in paying office,
X E. IMPORTAN 14 DESCRIP DUNS NU FINANCE PROGRAM	B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO  C THIS SUPPLEMENTAL AGREEM  D. OTHER (Specify type of modifical Unilateral - FAR 3  NT: Contractor	RACT/ORDER IS MODIFIED TO REFLER RTH IN ITEM 14, PURSUANT TO THE AMENT IS ENTERED INTO PURSUANT TO the amendment of the interest of the intere	CT THE ADMINISTRATIVE CHANGES (such as UTHORITY OF FAR 43.103(b).  DAUTHORITY OF:  Incremental) and return	ADE IN THE CONTRACT  changes in paying office,  the issuing office.  ere feasible.)
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CONTINUATION QUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	100	PAGE	CF	_
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00006		2	3	í

ITEM NO	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
		1 1		
	All other terms and conditions remain unchanged.			
	Exempt Action: Y			
	LIST OF CHANGES:			
	Reason for Modification : Funding Only Action			
	Obligated Amount for this Modification:	1 1 1		
	(b)(4)			
	New Total Obligated Amount for this Award:			
	(b)(4)			
	Incremental Funded Amount changed: from	1 1 1		
	(b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1A			
	Obligated Amount for this modification:			
	(b)(4)	1 1 1	0 11	
	Incremental Funded Amount changed from	1 1		
	(b)(4)		0 M	
	NEW ACCOUNTING CODE ADDED:			
	Account code:		6 I	
	(b)(7)(E)		6.4	
	Quantity: (b)(4)			
	Amount: (b)(4)			
	(B)(4)		ALL L	
	CHANGES FOR LINE ITEM NUMBER: 1B			
	Obligated Amount for this modification:	40 11 11	V 1	
	(b)(4)			
	Incremental Funded Amount changed from		- 4	
	(b)(4)			
	NEW AGREEMENT CO.		7	
	NEW ACCOUNTING CODE ADDED: Account code:		0 711 1.	
	(b)(7)(E)			
			2014	
	Quantity: (b)(4)			
	Amount: (b)(4)		A ( 11)	
	CHANGES FOR LINE ITEM NUMBER: 4			
	Obligated Amount for this modification:(b)(4)			
	Incremental Funded Amount changed from	JI I I		
	(b)(4)			
	NEW ACCOUNTING CODE ADDED:	1 1 1		
	Account code:			
	(b)(7)(E)		0 1 ''	
	Quantity: (b)(4)	1 11		
	Amount: (b)(4)	1 1 1	4 7 AT A	
	0		99 39	
	Continued			
			9 9 2	

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00006	3	3

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	CHANGES FOR LINE ITEM NUMBER: 5		++		
	Obligated Amount for this modification:	1			
	(b)(4)			7 4	
	Incremental Funded Amount changed from				
	(b)(4)			İ	
				. 01	
	NEW ACCOUNTING CODE ADDED:		101		
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)			7	
	Amount: (b)(4)				
	Discount Terms:				
	(b)(4)		1 1		
	FOB: Destination				
	Change Item 0001A to read as follows (amount shown			0 %	
	is the total amount):	Me \$		1	
00013	Red Day Date For Minimum Countries				(b)(A)
0001A	Bed Day Rate For Minimum Quantity				(b)(4)
	Product/Service Code: (h)(d)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0001B to read as follows(amount shown				
	is the total amount):				
					<u> </u>
0001B	Bed Day Rate In Excess Of Minimum Quantity				(b)(4)
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD		1 1		
		11			
			1 1	40	
	Change Item 0004 to read as follows (amount shown	lina de			
	is the total amount):				
0004	Stinged for Detained Mark Barrer				(b)(4)
3004	Stipend for Detainee Work Program				(b)(4)
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD	11			
	Change Item 0005 to read as follows (amount shown				
	is the total amount):				
			1 1		
0005	MEDICAL SERVICES		1 1		(b)(4)
	Product/Service Code: (b)(4)		1 1		
	Product/Service Description: MEDICAL- GENERAL		1 1		
	HEALTH CARE	1	1 1		
		11		9 1.1	
		1			
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AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
	AND THE PROPERTY OF THE PROPER		1 3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192112FDN31000051.6	5. PROJECT NO. (If applicable)
P00007 5. ISSUED BY CODE	See Block 16C  ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUN
ICE/Detent Mngt/Detent Cont Immigration and Customs Enf Office of Acquisition Manag 24000 Avila Road, (b)(6) Laguna Niguel CA 92677	ract-LAG orcement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(6); Attn: (b)(6); (b)(7)(C)	ontract-LAG Enforcement
		Laguna Niguel CA 92677	
B. NAME AND ADDRESS OF CONTRACTOR (No., stra SEO GROUP INC THE 521 NW 53RD ST (b)(6): BOCA RATON FL 334878242	et, county, State and ZIP Gode)	9B. DATED (SEE ITEM 11)  ** 10A MODIFICATION OF CONTRACT/ORDE HSCEDM-11-D-00003	ER NO.
		HSCEDM-11-J-00054	
CODE 6127064650000	LEACH ITY CODE	10B. DATED (SEE ITEM 13)	
6127064650000	FACILITY CODE	09/15/2011  O AMENDMENTS OF SOLICITATIONS	
virtue of this amendment you desire to change an of to the solicitation and this amendment, and is receiv 12. ACCOUNTING AND APPROPRIATION DATA (If re	ffer already submitted, such change may ed prior to the opening hour and date sp		F YOUR OFFER. If by am or letter makes reference
b)(7)(E)			
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as chan UTHORITY OF FAR 43.103(b). D AUTHORITY OF:	iges in paying office,
D. OTHER (Specify type of modification			
Annual of the second of the se	.703-1(b) Funding (		
E. IMPORTANT: Contractor is not.	is required to sign this document	277	
DUNS Number: 612706465	N (Organized by UCF section headings,	including solicitation/contract subject matter where fe	easible.)
FINANCE POC: (b)(6); (b)(7)(C)  PROGRAM POC:	êdhs êdhs	s.gov, (b)(6); (b)(7)(C)	
The purpose of this modification (a)(4)  The total amount (b)(4)		incremental funding in the der is increased from $(b)(4)$	amount of
It is estimated that the furtherwork, any balance remain rendered through the end of Continued  Except as provided herein, all terms and conditions of 15A NAME AND TITLE OF SIGNER (Type or print)	ing past March 31, 2 the task order.	1012, is available for paym  10A, as heretofore changed, remains unchanged and  16A NAME AND TITLE OF CONTRACTING O	ent of services in full force and effect.
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	(b)(6); (b)(7)(C)	16C. DATE SIGNED 2/22//2
(Signature of person authorized to sign) NSN 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION PUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00007	2		3

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
		1 11		
	All other terms and conditions remain unchanged.			
	Exempt Action: Y			
	LIST OF CHANGES:			
	Reason for Modification : Funding Only Action		1	
	Obligated Amount for this Modification:			
	(b)(4)			
	New Total Obligated Amount for this Award:	1 1 1		
	(b)(4)			
	Incremental Funded Amount changed: from			
	(b)(4)	4 11		
		1 1		
	CHANGES FOR LINE ITEM NUMBER: 2A			
	Obligated Amount for this modification:			
0 1	(b)(4)			
	Incremental Funded Amount changed from			
	(b)(4)			
		1 1		
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	Quantity: (b)(4)			
	Amount: (b)(4)			
	<u> </u>			
	CHANGES FOR LINE ITEM NUMBER: 2B		1	
	Obligated Amount for this modification: (b)(4)	11 1 1		
	Incremental Funded Amount changed from			
	(b)(4)	1		
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3	1 1 1		
	Obligated Amount for this modification: $(b)(4)$			
	Incremental Funded Amount changed from	J 11		
	(b)(4)		!</td <td></td>	
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
1	Quantity: (b)(4)		VIII	
	Amount: (b)(4)		/e	
	Discount Terms:		7	
- (	(b)(4)	1 1 1		
	FOB: Destination Continued	1 1 1		
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00007	3	3

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0002A to read as follows(amount shown is the total amount):				
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Change Item 0002B to read as follows(amount shown is the total amount):				
002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed.				(b)(4)
	Product/Service Code: (b)(4)  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Change Item 0003 to read as follows(amount shown is the total amount):				
003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only. Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	15.	CONTRACT ID CODE	PAGE OF PAGE	GES
2. AMENDMENT/MODIFICATION NO.	la effective date	14. REQUISI	TION/PURCHASE REQ. NO.	1   1   5. PROJECT NO. (# a)	3 pplicable)
	See Block 16C		FDN31000051.9		
6 ISSUED BY CODE	ICE/DM/DC-LAGUNA	7. ADMINIS	STERED BY (If other than Item 8)	CODE ICE/DM/	DC-LAGUNA
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(6): Laguna Niguel CA 92677	act-LAG rcement	Immig: Office 24000 Attn:	etent Mngt/Detent Coation and Customs of Acquisition Ma Avila Road, (b)(6): (b)(6): (b)(7)(C)	Enforcement	
8 NAME AND ADDRESS OF CONTRACTOR (No., stock	anythy State and Till Footel	100 000	Niguel CA 92677 ENDMENT OF SOLICITATION NO.		-
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242	, coursy, seats and 21+ cools	x 10A M HSCE	TED (SEE ITEM 11)  ODIFICATION OF CONTRACT/ORD DM-11-D-00003  DM-11-J-00054  ATED (SEE ITEM 13)	ER NO.	
CODE 6127064650000	FACILITY CODE	<b>—</b>	15/2011		
6127064650000	11. YHIS ITEM ONLY APPLIES TO				
	quired) N ADDIFICATION OF CONTRACTS/ORD PURSUANT TO (Specify authority) T		FIES THE CONTRACT/ORDER NO. A		
8. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENYERED INTO PURSUANT T			anges in paying office,	
D. OTHER (Specify type of modification		Incremer	h+11)		
X   Unilateral - FAR 32	[] is required to sign this document		0 copies to the	in a rice office	
E IMPORTANT: Contractor (F) is not.  14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  FINANCE POC: (b)(6); (b)(7)(C)  PROGRAM POC:	(Organized by UCF section headings	s, including solic			
The purpose of this modification $(b)(4)$ The total amode $(b)(4)$	ation is to provide ount funded on the				
It is estimated that the fur However, any balance remain: rendered through the end of Continued Except as provided hereon, all terms und conditions of 15A NAME AND TITLE OF SIGNER (Type or print)	ing past March 31, the task order.	2012, is	s available for pay store changed, remains unchanged at ME AND TITLE OF CONTRACTING	ment of servic	
		(b)(6)	; (b)(7)(C)		
158 CONTRACTOR/OFFEROR	15C. DATE SIGNE	D			128/12
(Signature of porson authorized to sign)				STANDARD FORM 30 (	DEV IN 97'
NSN 7540-01-152-8070 Previous edition unusable				Prescribed by GSA FAR (48 CFR) 53 243	REV. 19-63)

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	All other terms and conditions remain unchanged.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action	4.0		416	
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(7)(E)				
	Incremental Funded Amount changed: from			110	
	(b)(7)(E)				
	I WITH THE				
	CHANGES FOR LINE ITEM NUMBER: 1A			91	
	Obligated Amount for this modification:			4.	
	(b)(7)(E)				
	Incremental Funded Amount changed from			911	
	(b)(7)(E)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:	4			
	(b)(7)(E)				
	Quantity: (b)(7)(E)				
	Amount: (b)(7)(E)				
	CHANGES FOR LINE ITEM NUMBER: 1B			A.	
	Obligated Amount for this modification: (b)(7)(E)		5 I		
	<u>Incremental Funded Amount c</u> hanged from			100	
	(b)(7)(E)				
	(b)(1)(L)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(7)(F)				
	Amount: (b)(7)(E)			5.5	
	Amount. (D)(/)(E)		9-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	CHANGES FOR LINE ITEM NUMBER: 4				
	CHANGES FOR LINE ITEM NUMBER: 4 Obligated Amount for this modification:(b)(7)(E)	ا ا			
	Incremental Funded Amount changed from				
	(b)(7)(E)	<b>」</b>			
	(D)(1)(L)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)		2		
	Quantity:(b)(7)(E)			-	
	Amount: $(b)(7)(E)$				
	Milodire: (D)(7)(E)				
	CHANGES FOR LINE ITEM NUMBER: 5				
	Obligated Amount for this modification:				
	(b)(4)				
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CONTINUATION CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00008	3	3

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
(A)		(0)	(0)	(E)	(F)
	Incremental Funded Amount changed from		141		
	(b)(4)		1 1	A	
	NEW ACCOUNTANC CORP ADDED				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)			. 1	
	Quantity: (b)(4)				
	Amount: (b)(4)				
	Discount Terms:				
	(h)(4)			A (0.1)	
	FOB: Destination				
	Change Item 0001A to read as follows(amount shown				
	is the total amount):	1	1 1		
	is the total amount):		1 1		
0001A	Bed Day Rate For Minimum Quantity	1	1 1		(b)(4)
OUIA	Product/Service Code: (b)(4)		1 1	T 0 3	(6)(4)
	Product/Service Description: HOUSEKEEPING- GUARD	1	11		
	Trouble bescription noobled in Outli	1	1 1		
	Change Item 0001B to read as follows(amount shown				
	is the total amount):	1			
			1 1		
001B	Bed Day Rate In Excess Of Minimum Quantity		11		(b)(4)
	Product/Service Code: (h)(4)	j	1 1		( / / /
	Product/Service Description: HOUSEKEEPING- GUARD	ì	11		
	And the second of the second of the second of the second of the second of the second of the second of the second of		1 1		
		1		111	
	Change Item 0004 to read as follows(amount shown	1	1 1	100	
	is the total amount):	1	1 1	j	
		1	1 1		
004	Stipend for Detainee Work Program		1 1		(b)(4)
	Product/Service Code: (b)(4)	ļ	1 1		
	Product/Service Description: HOUSEKEEPING- GUARD		1 1		
			1 1		
	Change Item 0005 to read as follows (amount shown		1 1		
	is the total amount):		1 1		
	15 the total unouncy.				
005	MEDICAL SERVICES			Δ	(b)(4)
	Product/Service Code: (b)(4)		1.1		
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE				
			1 1		
			1 1		
	[1],				
		1			
	1/1				
		1			
7540-01-15	7.8067	1	1	1	PTIONAL FORM 336 (4-86)

AMENDMENT OF SOLICITATIO	N/MODIFICATION OF CONTRACT	CONTRACT ID CODE	E P	AGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE RE	EQ. NO. 5. PRO.	JECT NO. (If applicable)
P00009	See Block 16C	192112FDN31000051		and the company
6. ISSUED BY	CODE ICE/DM/DC-LAGUNA	A 7. ADMINISTERED BY (If other	than Item 6) CODE	ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Deten Immigration and Custo Office of Acquisition 24000 Avila Road, (h)(4) Laguna Niguel CA 9267	ms Enforcement Management 3):	ICE/Detent Mngt/Immigration and office of Acquis 24000 Avila Road Attn: (b)(6): (b)(7)(0 Laguna Niguel CA	Customs Enforce ition Managemen , (h)(A).	-LAG ement
B. NAME AND ADDRESS OF CONTRACT	TOR (No., street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLIC		
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 33487824	12	9B. DATED (SEE ITEM 11)  x 10A MODIFICATION OF CO HSCEDM-11-D-000 HSCEDM-11-J-000 10B. DATED (SEE ITEM 13)	003	
CODE 6127064650000	FACILITY CODE			
0127004630000		09/15/2011 ES TO AMENDMENTS OF SOLICITATION:		
virtue of this amendment you desire to c to the solicitation and this amendment, a 12. ACCOUNTING AND APPROPRIATION	es a reference to the solicitation and amendment RECEIPT OF OFFERS PRIOR TO THE HOUR hange an offer already submitted, such change and is received prior to the opening hour and da N DATA (If required)	AND DATE SPECIFIED MAY RESULT IN	REJECTION OF YOUR OFFI	ED If bu
See schedule	PPLIES TO MODIFICATION OF CONTRACTS/			
B. THE ABOVE NUMBERS appropriation date, etc.) C. THIS SUPPLEMENTAL D. OTHER (Specify type of	LIS ISSUED PURSUANT TO: (Specify authority)  ED CONTRACT/ORDER IS MODIFIED TO RESET FORTH IN ITEM 14, PURSUANT TO THE AGREEMENT IS ENTERED INTO PURSUANT MODIFICATION OF THE PURSUANT MODIFICA	FLECT THE ADMINISTRATIVE CHANGES HE AUTHORITY OF FAR 43.103(b).		
	FAR 32.703-1(b) Funding			
E. IMPORTANT: Contractor	is not. is required to sign this docum		copies to the issuing office.	
FINANCE POC: (b)(6); (b)(7) PROGRAM POC: (b)(6); (b)(7)		ths.gov, (b)(6); (b)(7)(C) ths.gov, de incremental funding	; in the amount	of
(b)(	7)(E)	(b)(4)		
Continued				
except as provided herein, all terms and co	inditions of the document referenced in Item 9A	A or 10A, as heretofore changed, remains u	unchanged and in full force and	d effect.
5A. NAME AND TITLE OF SIGNER (Type	or print)	16A. NAME AND TITLE OF COI	NTRACTING OFFICER (Type	or print)
		(b)(6); (b)(7)(C)		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN			16C. DATE SIGNED
(Signature of parent authorized to	A cional			4/10/12
(Signature of person authorized to NSN 7540-01-152-8070	r sign)			111011
Previous edition unusable			Prescribed by FAR (48 CFF	

CONTINUATION DUE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE 0	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00009	2	5

NAME OF OFFEROR OR CONTRACTOR

٥.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUN
	(B)	(C)	(D)	(E)	(F)
	It is estimated that the funds obligated will	1	11-		
	cover the period through April 30, 2012. However,				
	any balance remaining past April 30, 2012, is				
	available for payment of services rendered				
	through the end of the task order.				
	All other terms and conditions remain unchanged.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4)				
	Incremental Funded Amount changed: from				
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A	1			
- 1	Obligated Amount for this modification:				
ı	(b)(4)		[	10	
- 1			1		
- 1	Incremental Funded Amount changed from		1		
- 1	(b)(4)				
- 1					
- 1	NEW ACCOUNTING CODE ADDED:		1 1		
- [	Account code:		1		
- [	(b)(7)(E)				
ſ					
	Quantity: (b)(4)	1	1 1		
	Amount: (b)(4)	1	1 1		
- }	[\*-/\ ·/				
[	CHANGES FOR LINE ITEM NUMBER: 1B				
	Obligated Amount for this modification:		1 1		
	(b)(4)		I		
- [				1	
Ļ	Incremental Funded Amount changed from				
1	(b)(4)		1		
ſ					
ļ	NEW ACCOUNTING CODE ADDED:				
1	Account code:				
(	(b)(7)(E)			r air	
Ĺ					
	Quantity: (b)(4)	1			
	Amount: (b)(4)				
ŀ	(V/\¬/				
	CHANGES FOR LINE ITEM NUMBER: 4				
	Obligated Amount for this modification: (b)(4)				
	Incremental Funded Amount changed from				
Į.	to (b)(4)				
	NEW ACCOUNTING CODE ADDED:	1			
- 1	Account code:			7.53	
- [	Continued		1		
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		4.4			

CONTINUATION CUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00009	3	5

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY UNI		AMOUNT (F)
	(b)(7)(E)			
	Quantity: (b)(4)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 5		1	
	Obligated Amount for this modification: (b)(4)		7.6	
	Incremental Funded Amount changed from (b)(4)			
	Same and the same of the same			
	NEW ACCOUNTING CODE ADDED: Account code:		0 1	
	(b)(7)(E)			
	Quantity: (b)(4)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 2A			
	Obligated Amount for this modification: (b)(4)			
	Incremental Funded Amount changed from		1	
	(b)(4)			
	NEW ACCOUNTING CODE ADDED: Account code:		1	
	(b)(7)(E)	16 32 1		
	Quantity: (b)(4)	- 1		
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 2B			
	Obligated Amount for this modification: (b)(4) Incremental Funded Amount changed from			
	(b)(4)	_		
	NEW ACCOUNTING CODE ADDED:	14		
	Account code:			
	(b)(7)(E)			
	Quantity: (b)(4) Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3 Obligated Amount for this modification: (b)(4)	$\neg 1$ 1		
	Incremental Funded Amount changed from to(b)(4)	_		
- 1	NEW ACCOUNTING CODE ADDED: Account code:			
	Continued			
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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00009	4	5

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	(b)(7)(E)	(C)	(0)	(2)	( )
	Quantity: (b)(4) Amount: (b)(4) Discount Terms: (b)(4)  FOB: Destination				
	Change Item 0001A to read as follows(amount shown is the total amount):				
0001A	Bed Day Rate For Minimum Quantity Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Change Item 0001B to read as follows(amount shown is the total amount):				
0001B	Bed Day Rate In Excess Of Minimum Quantity Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Change Item 0002A to read as follows(amount shown is the total amount):			1.4	
0002 <b>A</b>	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Change Item 0002B to read as follows(amount shown is the total amount):	P (			
0002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed.				(b)(4)
	. Product/Service Code: (b)(4) Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Change Item 0003 to read as follows(amount shown is the total amount):				
	Continued				
	P-5097				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	CF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00009	5	5

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only.				(b)(4)
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0004 to read as follows(amount shown is the total amount):				<u> </u>
0004	Stipend for Detainee Work Program Product/Service Code: [h)/4) Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Change Item 0005 to read as follows(amount shown is the total amount):				
0005	MEDICAL SERVICES Product/Service Code: (b)(4) Product/Service Description: MEDICAL- GENERAL HEALTH CARE		i		(b)(4)
				4-9	

AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	la ben	UISITION/PURCHASE REQ. NO.	1 3
			12FDN31000051.11	5. PROJECT NO. (If applicable)
P00010 6 ISSUED BY	See Block 16C			
	TOE/ DM/ DC-LAGUNA	/. AUN	INISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent C		ICE/	Detent Mngt/Detent C	Contract-LAG
Immigration and Customs			gration and Customs	
Office of Acquisition Ma	nagement	Off	ice of Acquisition Ma	<u>inaq</u> ement
24000 Avila Road, (b)(6):			00 Avila Road, (b)(6):	
Laguna Niguel CA 92677			1: (b)(6); (b)(7)(C) ana Niguel CA 92677	
8. NAME AND ADDRESS OF CONTRACTOR IN	to, street, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO	
GEO GROUP INC THE				
621 NW 53RD ST (b)(6):		98.	DATED (SEE ITEM 11)	
BOCA RATON FL 334878242				
2001 1011011 12 331010212				
		X 10A	MODIFICATION OF CONTRACT/ORD	ER NO.
		1 185	CEDM-11-D-00003	
			CEDM-11-J-00054	
CORE	1	108	DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	0	9/15/2011	
	11. THIS ITEM ONLY APPLIES	TO AMENDE	ENTS OF SCUCITATIONS	
The above numbered solicitation is smended a	is set forth in Item 14. The hour and date sp	pecified for re	point of Offers [] is	extended. [ is not extended.
Offers must acknowledge receipt of this amend	iment prior to the hour and date specified in	the solicitatio	n or as amended, by one of the following	methods: (a) By completing
Items 8 and 15, and returning	copies of the amendment; (b) By actino	wiedging rece	ript of this amendment on each copy of th	re offer submitted; or (c) By
separate letter or talogram which includes a ref	ference to the solicitation and amandment re	umbers FAII	LIRE OF YOUR ACKNOWLEDGEMENT	TO BE RECEIVED AT
THE PLACE DESIGNATED FOR THE RECEIF	PT OF OFFERS PRIOR TO THE HOUR ANI	D DATE SPE	CIFIED MAY RESULT IN REJECTION O	F YOUR OFFER. If by
value of this amendment you desire to change to the solicitation and this amendment, and is a	sorived prior to the opening hour and data a	sy be made b specified	y telegram or letter, provided each telegri	em of letter makes reference
12. ACCOUNTING AND APPROPRIATION DATA	A (M manimal)	ot Inc		(b)(4)
b)(7)(E)				(b)(4)
	S TO MODIFICATION OF CONTRACTS/DRE	CERS. IT MO	DIFIES THE CONTRACT/ORDER NO. AS	R DESCRIBED IN IVEN 14
			- I - II - III	DESCRIBES IN FIEM 14.
CHECK ONE A THIS CHANGE DROER IS IS	SUED PURSUANT TO: (Specify authority) 1	THE CHANGE	S SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT
ORDER NO. IN ITEM 10A.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TO DELIT ON THE MADE	THE CONTINCT
B. THE ABOVE NUMBERED CO	NTRACTMENER IS UNNIFIED TO BEEL F	CT THE ADA	MINISTRATOR CHANCES (	
appropriation data, etc.) SET	NTRACT/ORDER IS MODIFIED TO REFLE FORTH IN ITEM 14, PURSUANT TO THE A	WINDRITY	OF FAR 43.103(b).	iges in paying omce,
C. THIS SUPPLEMENTAL AGRE	EMENT IS ENTERED INTO PURSUANT TO	O AUTHORIT	Y OF.	
D. OTHER (Specify type of modif				
X Unilateral - FAR	32.703-1(b) Funding (	Increme	ental)	
E. IMPORTANT: Contractor E is	not.   is required to sign this document	and return	O copies to the iss	suina office
14. DESCRIPTION OF AMENDMENT/MODIFICA				
DUNS Number: 612706465	The contract of the second instanting of	, marang so	Consider Subject matter where to	(#30#0.)
	<b>b</b> at 1		(1.)(0) (1.)(7.)(0)	
FINANCE POC: (b)(6); (b)(7)(C)	eans	s.gov,	(b)(6); (b)(7)(C)	
PROGRAM POC:	Pdhs	s.gov,		
The purpose of this modif	ication is to provide	increm	ental funding in the	amount of
	unt funded on the orde			
b)(4)			101 (D)(4)	
5)(4)				
It is estimated that the	funds obligated will o	cover t	he period through Ma	y 31, 2012.
However, any balance rema	ining past May 31, 201	12, is	available for payment	t of services
endered through the end	of the task order.			and the first the first self-
Continued				
	is of the close manufactures of in Name 2.5	104		
Except as provided herein, all terms and condition 15A NAME AND TITLE OF SIGNER (Type or prin	(i) As the more than the man the ct.	_		
The second of the second secon	7		ME AND TITLE OF CONTRACTING OF $(b)(7)(C)$	FFILER (1996 OF print)
		(5)(6),	(5)(1)(0)	
158. CONTRACTOR/OFFEROR	15C. DATE SIGNED	-		16C. DATE SIGNED
	177,771 3 3 3 3 3 3 3 3	7		1 / /
(Signature of person authorized to sign)		1		4/24/13
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00010	2	3

EM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	1 1	UNIT PRICE	AMOUNT
<u>~</u> /	(8)	(0)	(D)	(E)	(F)
	All other terms and conditions remain unchanged.				
	Exempt Action: Y	1			
	LIST OF CHANGES:	1			
	Reason for Modification : Funding Only Action	Ц			
	Obligated Amount for this Modification: (b)(4)	┦		14.0	
	New Total Obligated Amount for this Award:			1	
	Incremental Funded Amount changed: from				
	(b)(4)				
	(0)(4)				
	CHANGES FOR LINE ITEM NUMBER: 2B				
	Obligated Amount for this modification (b)(4)				
	Incremental Funded Amount changed from				
	(b)(4)			1.0	
	WELL DOGGENERALS CARD LAND			A	
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)				
	(~)(.)(=)			V	
	Quantity: (b)(4)				
	Amount: (b)(4)			7 7 7 7	
	The same of the sa				
	CHANGES FOR LINE ITEM NUMBER: 3				
	Obligated Amount for this modification: (b)(4)			0/1	
	Incremental Funded Amount changed from			A 1	
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)			0.8	
	Quantity: /k\/A\			Y	
	Amount: (h)(4)				
	Discount Terms:				
	(b)(4)				
	FOB: Destination				
	Period of Performance: 09/16/2011 to 09/15/2013				
	Change Item 0002B to read as follows(amount shown				
	is the total amount):			0 - 1	
02B	Direct Fuel Pass-Thru. Vendor Bill exact cost				(1.)(4)
02.0	paid at the pump on a monthly basis. No fees or				(b)(4)
	mark-ups are allowed.				
				V *1	
				n P	
	Product/Service Code: (b)(4)			)	
	Product/Service Description: R&D- DEFENSE OTHER:				
	Continued				
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	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00010	3	- 1	3

ITEM NO.	SUPPLIES/SERVICES	DUANTIT	ן דואען ז	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)		<del>1  </del>		
	Change Item 0003 to read as follows(amount shown		1 1		
	is the total amount):				
0003	Remote Custody				(b)(4)
	These estimated hours are for detainee medical				, , ,
	trips/visits and associated waiting time for		1		
	detention officers only.		1 1		
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD			P	
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AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
			1 3
AMENOMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO 192112FDN31000051.13	5 PROJECT NO IN Applicable)
200011	See Block 16C	7. ADMINISTERED BY (If other than flom 6)	CODE   ICE/DM/DC-LAGUN
CE/Detent Mngt/Detent Co	ontract-LAG	ICE/Detent Mngt/Detent C Immigration and Customs	Contract-LAG
Immigration and Customs of Acquisition Man		Office of Acquisition Ma 24000 Avila Road, (6)(6):	
4000 Avila Road, (b)(6): aguna Niguel CA 92677		Attn: (h)(6): (h)(7)(C)	<del></del>
aguna Niguel en 520.		Laguna Niguel CA 92677	
NAME AND ADDRESS OF CONTRACTOR IN	a street, county, State and ZP Code)	(x) BA AMENDMENT OF SOLICITATION NO.	W .
EO GROUP INC THE		98. DATED (SEE ITEM 11)	
21 NW 53RD ST (h)(6): OCA RATON FL 334878242			
		X HSCEDM-11-D-00003	ER NO.
		HSCEDM-11-J-00054	
		108 DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/15/2011	
	11. YRIS ITEM ONLY APPLIES	TO AMENDMENTS OF SOLICITATIONS	
. The above numbered solicitation is smended (	is set forth in Itom 14. The hour and date s		extended, ( ) is not extended
	iment prior to the hour and date specified in	n the solicitation or as amended, by one of the following	g methods. (a) By completing
Itams 8 and 15, and returning	copies of the amendment; (b) By accept	owledging receipt of this amendment on each copy of trumbers. FAILURE OF YOUR ACKNOWLEDGEMEN	the officer submitted, of (c) by
THE PLACE DESIGNATED FOR THE RECEI	PT OF OFFERS PRIOR TO THE HOUR AN	NO DATE SPECIFIED MAY RESULT IN REJECTION I	OF YOUR OFFER If by
virtue of this emendment you desire to change	an offer already submitted, such change m	lay be made by lategram or letter, provided each taleg	ram or letter makes reference
to the solicitation and this amendment, and is 2 ACCOUNTING AND APPROPRIATION DAT			(b)(4)
ee Sechedule	(1) Jodan sey	Net Increase:	(-)(-)
	S TO MODIFICATION OF CONTRACTS/OF	RDERS. IT MODIFIES THE CONTRACT/ORDER NO.	AS DESCRIBED IN ITEM 14.
8 THE ABOVE NUMBERED CO appropriation date, etc.) SET		THE CHANGES SET FORTH IN ITEM 14 ARE MADE  ECT THE ADMINISTRATIVE CHANGES (such as che AUTHORITY OF FAR 43 100(b)  TO AUTHORITY OF	
D. OTHER (Specify type of mod	fication and authority)		
	32.703-1(b) Funding		
		ant and return 0 copies to the	sewing office
		gs, including solicitation/contract subject matter where	
OUNS Number: 612706465	ATION (Cryshigso by DCF section resours	22 THAT DESIGNATION AND A SERVICE PRODUCT PRODUCT PRODUCT	,
FINANCE POC: (b)(6); (b)(7)(C	\ ladi	ns.gov.(b)(6):(b)(7)(C)	
PROGRAM POC:	ed)	ns.gov, (b)(6); (b)(7)(C)	
ROGRAT FOC.			
The purpose of this modi	fication is to provide	e funding in the amount of	(b)(4)
All other terms and cond	itions remain unchange	ed.	
Exempt Action: Y			
IST OF CHANGES:			
Reason for Modification	· Funding Only Action		
lew Total Amount for thi			
	3 TELSION, NUMBER		
Continued	one of the decement referenced in Item 95	or 10A, as heretofore changed, ramains unchanged as	nd in full force and effect.
Except as provided herein, au terms and conditi ISA, NAME AND TITLE OF SIGNER (Type or p		18A NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
		(b)(6); (b)(7)(C)	
			Lean new Groven
158 CONTRACTOR/OFFEROR	15C DATE SIGN	ED	18C. DATE SIGNED
			6-29-12
(Signature of person sufficient of to sign		<del>-</del>	D FORM 30 (REV. 10-83)
NSN 7540-01-152-8070 Provious edition unusable			Proscribed by GSA FAR (48 CFR) 53 243

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00011	2	3	

NAME OF OFFEROR OR CONTRACTOR

	Int	101	I/DAL	151	(F)
)	(B)	(C)	(D)	(E)	(2)
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:				
- 1	(b)(4)			. (1) (0)	
	New Total Obligated Amount for this Award:				
- 1	(b)(4)			1	
ŀ	Funded Amount changed: from(b)(4)		1 1		
- 1	(b)(4)	Mara III			
	(UNA)				
	CHANGES FOR LINE ITEM NUMBER: 2A				
0.0	Obligated Amount for this modification:				
			H		
	(b)(4)		1	4	
	Funded Amount changed from (b)(4)				
	(b)(4)				
	Funded through 05/31/2012				
	NEW ACCOUNTING CODE ADDED:		1	i	
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(				
	Amount: (b)(4)		1 1		
			1 1		
	CHANGES FOR LINE ITEM NUMBER: 2B		1		
	Obligated Amount for this modification: (b)(4)				
	Funded Amount changed from (b)(4)	1			
	(b)(4)				
	Funded through 05/31/2012				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
į,	(b)(7)(F)				
j	Amount: (b)(4)				
	(6)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3		1 I		
	Obligated Amount for this modification: (b)(4)				
	Funded Amount changed from (b)(4) to	-			
	(b)(4) Funded through 05/31/2012				
	runded Chrodyn 05/51/2012		1 1		
11	NEW ACCOUNTING CODE ADDED:				
_3					
	Account code: (b)(7)(E)				
	Quantity: (h)(				
	Amount: (b)(4)			b 14 1	
		1	1		
	Discount Terms:	1			
	(h)(A)				
	FOB: Destination	1			
	Period of Performance: 09/16/2011 to 09/15/2013				
	Change Item 0002A to read as follows(amount shown				
	Continued			1111	
			1		
			1 1		

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-11-J-00054/P00011	3	3

NAME OF DEFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
0002B	Change Item 0002B to read as follows(amount shown is the total amount):  Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or				(b)(4)
	mark-ups are allowed.  . Product/Service Code: (b)(4) Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Change Item 0003 to read as follows(amount shown is the total amount):				
0003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only.  Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	A 1 (2)				

AMENDMENT OF SOLICITATION/MOD	DIFICATION OF CONTRACT	CONTRACT ID CODE     PAGE OF PAGES				
		I and was a second as a second	1 4			
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO 192113FDN31000001.14				
P00013 6. ISSUED BY C	ODE TOP / DM / DC - LAGUNA	7. ADMINISTERED BY (If other than Ite				
ICE/Detent Mngt/Detent Co Immigration and Customs E Office of Acquisition Mar 24000 Avila Road, (A)(A)(A) Laguna Niguel CA 92677	ontract-LAG Enforcement	ICE/Detent Mngt/Dete Immigration and Cust Office of Acquisition 24000 Avila Road, (b) Attn: (b)(6): (b)(7)(C) Laguna Niguel CA 926	ent Contract-LAG toms Enforcement on Management )(6):			
8. NAME AND ADDRESS OF CONTRACTOR (No	., street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION				
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)	CT/ORDER NO			
		HSCEDM-11-D-00003 HSCEDM-12-J-00062 10B. DATED (SEE ITEM 13)				
CODE 6127064650000	FACILITY CODE	08/24/2012				
	11. THIS ITEM ONLY APPLIES T	TO AMENDMENTS OF SOLICITATIONS				
separate letter or telegram which includes a ref THE PLACE DESIGNATED FOR THE RECEIP virtue of this amendment you desire to change to the solicitation and this amendment, and is re 12. ACCOUNTING AND APPROPRIATION DATA	TOF OFFERS PRIOR TO THE HOUR ANI an offer already submitted, such change ma eccived prior to the opening hour and date s	D DATE SPECIFIED MAY RESULT IN REJE ay be made by telegram or letter, provided ea specified.	CTION OF YOUR OFFER. If by ch telegram or letter makes reference			
See Schedule	N (It required)	et Increase:	(b)(4)			
13. THIS ITEM ONLY APPLIES	TO MODIFICATION OF CONTRACTS/ORI	DERS. IT MODIFIES THE CONTRACT/ORDE	ER NO. AS DESCRIBED IN ITEM 14.			
B. THE ABOVE NUMBERED CO appropriation date, etc.) SET I		THE CHANGES SET FORTH IN ITEM 14 ARE THE ADMINISTRATIVE CHANGES (successful the control of the c				
D. OTHER (Specify type of modifi	7337 S. Vallet Total Total 188					
X Unilateral IAW FA	AR 32.703-1(b) Funding	Action				
E. IMPORTANT: Contractor 🗵 is	not, is required to sign this document	t and return O copies	s to the issuing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICA DUNS Number: 612706465	ATION (Organized by UCF section headings	s, including solicitation/contract subject matte	er where feasible.)			
COR: (b)(6); (b)(7)(C)		@ice.dhs.gov				
This Task Order is issued The purpose of the modification (4)		r 2.	n the amount of			
0005 (b)(4)						
FOTAL: (b)(4)						
Except as provided herein, all terms and condition						
15A. NAME AND TITLE OF SIGNER (Type or pri	nt)	16A NAME AND TITLE OF CONTRA	ACTING OFFICER (Type or print)			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	(b)(6); (b)(7)(C)	16C. DATE SIGNED			
(Signature of person authorized to sign)			Ky at			
NSN 7540-01-152-8070 Previous edition unusable			RD FORM 30 (REV. 10-83)			
			FAR (48 CFR) 53.243			

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IO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUN
	(B)	(C)	(D)	(E)	(F)
	The in continued that the found only onted will				
	It is estimated that the funds obligated will		1 1		
	cover the noted CLINs for the period through				
	9/15/13. However, any balance remaining is		1 1		
	available for payment of services rendered				
	through the end of this task order.				
	Exempt Action: Y				
	LIST OF CHANGES:		114		
	Reason for Modification : Funding Only Action	ł			
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:	15			
	(b)(4)	A	1		
	CHANGES FOR LINE ITEM NUMBER: 5				
	Quantity changed from (b)(4)				
	Unit Price changed from (b)(4)				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:			- N	
	(b)(4)		1 1		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL	6.9		A	
	Quantity changed from (b)(4)		1 1	- 7	
	Amount changed from (b)(4)		1 1		
	Amount changed from (b)(4)		1 1		
	CURNOTE POR AGRAMMENT CORD	. 7			
	CHANGES FOR ACCOUNTING CODE:		1 1		
	(h)(7)(F) Amount changed from (b)(4)		1 1		
	Amount Changed ITom (0)(4)		1 1		
	CHANGES FOR ACCOUNTING CODE:		1 1		
	(b)(7)(E)		1 1		
	Amount changed from (b)(4)		1 1		
	Tailoute changes 110m (b)(4)		1 1		
	CHANGES FOR ACCOUNTING CODE:		1		
	(b)(7)(E)		1		
			1 1		
	Amount changed from (b)(4)		1 1		
	Third the changes from (197(1)		1		
	CHANGES FOR ACCOUNTING CODE:		1		
	(b)(7)(E)				
	(~)(.)(_)		1 1		
	Amount changed from (b)(4)		1		
	(D)(4)		1	78	
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)		1	7 1 6 6	
	(6)(7)(=)		1 1		
	Amount changed from (b)(4)		1	A 1 4	
	(D)(4)				
	Continued			7 = 2	
			1 1	1	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00013	3		4

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	TINU (C)	UNIT PRICE	AMOUNT (F)
	CHANGES FOR ACCOUNTING CODE: (b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)				
	Quantity: /h// Amount: /h//4/ Discount Terms:				
	(h)(4)  FOB: Destination				
	Period of Performance: 09/16/2012 to 09/15/2013				
	Change Item 0005 to read as follows(amount shown is the obligated amount):				
0005	MEDICAL SERVICES. In accordance with the terms	(b)(4)			
	and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.			= 716	
	(b)(4)				
	Accounting Info: (b)(7)(E)			1 68	
	Funded: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)			2 2 1	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)				
	Accounting Info: (b)(7)(E)				
			1		
	Funded: (b)(4) Accounting Info:				
	Continued		1 1		
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00013	4	4

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE	AMOUNT (F)
	(b)(7)(E)			
	Funded:(b)(4)			
	Accounting Info: (b)(7)(E)			
	Fur.ded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
			0.1	
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	V			
			0 0 0	
		- 4	(1)	
			. 1	
		9/3		

AMENDMENT OF SOLICITA	ATION/MODIFICATION	OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION	NO. 3. EFFE	CTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	[5. PRI	1 5 ÖJECT NO. (# applicable)
P00014	See 1	Block 16C	See	Schedule		
S ISSUED BY	CODE ICE/	DM/DC-LAGUNA	7. ADI	MINISTERED BY (If other than Item 6	CODE	ICE/DM/DC-LAGUN
CE/Detent Mngt/De Immigration and Cu Office of Acquisit 24000 Avila Road, Laguna Niguel CA	ustoms Enforceme ion Management (b)(6):		Imm Off 240 Att	/Detent Mngt/Detent igration and Custom ice of Acquisition 00 Avila Road, (h)(6) (b)(7)(C)	ns Enforce Management	ement
NAME AND ADDRESS OF CON	TRACTOR (No., street county, Str	sie and ZIP Code)		una Niguel CA 92677  AMENDMENT OF SOLICITATION N		
EO GROUP INC THE 21 NW 53RD ST (b)( OCA RATON FL 3348	6);		98 × 10 H:	DATED (SEE ITEM 11)  A MODIFICATION OF CONTRACTION		
CODE 612706465000	FACILIT	Y CODE	$\exists \mid_{\mathfrak{a}}$	8/24/2012		
		IS ITEM ONLY APPLIES TO	1 1			
THE PLACE DESIGNATED FOR	THE RECEIPT OF OFFERS Paire to change an offer already a ment, and is received prior to the control of the cont	PRIOR TO THE KOUR AND submitted, such change may he opening hour and date spo	DATE SP be made ecified.	ULURE OF YOUR ACKNOWLEDGEN ECIFIED MAY RESULT IN REJECTK by telegram or letter, provided each te	ON OF YOUR O	FFER Mby
See Schedule	and an arrive in redemone)	Ne	t inc	rease:	(D)(4)	
13. THIS ITEM C	INLY APPLIES TO MODIFICAT	ION OF CONTRACTS/ORDE	ERS. IT M	ODIFIES THE CONTRACT/ORDER N	O. AS DESCRIB	ED IN FTEM 14.
B. THE ABOVE NU eppropriation de		R IS MODIFIED TO REFLEC 14, PURSUANT TO THE AU	T THE AL	GES SET FORTH IN ITEM 14 ARE M MINISTRATIVE CHANGES (such as Y OF FAR 43, 103(b).		
D. OTHER (Specif)	type of modification and author	unty)			- 7	-
X Unilateral	IAW FAR 32.703	-1(b) Funding	Actio	on		
E IMPORTANT: Contractor		uired to sign this document a			ealite griusei en	
		d by UCF section headings,	including	solicitation/contract subject matter wh	ere feasible.)	<u>"</u>
	06465			l		
con: $(b)(6)$ ; $(b)(7)(C)$				@ice.dhs.gov		
		s to provid <u>e f</u>	undin	g on CLIN 0002A in	the amou	unt of
0002A (b)(4)						
0002B						
Continued						
		int referenced in Item 9A or 1		ratofore changed, remains unchanged		
15A. NAME AND TITLE OF SIGNE	R (Type or print)	23.65		NAME AND TITLE OF CONTRACTI	NG OFFICER (T	ype or print)
			(b)(	6); (b)(7)(C)		
158. CONTRACTOR/OFFEROR		15C. DATE SIGNED				16C. DATE SIGNED
(Signature of parson au NSN 7540-01-152-8070	wareho to sign)	1	$\dashv$		31 480	RD FORM 30 (REV. 10-83)
Provious edition unusable					Prescribe	ND FORM 30 (REV. 10-63) Id by GSA CFR) 53:243

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00014	

PAGE QF 2 5

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YLINIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	MOMB I . //b///				<u> </u>
	TOTAL: (b)(4)				
	It is estimated that the funds obligated will		4 4		
	cover the noted CLINs for the period through				
	9/15/13. However, any balance remaining is				
	available for payment of services rendered				
	through the end of this task order.				
	chiodyn the one of this task ofder.				
	Exempt Action: Y				
	LIST OF CHANGES:		1 1	0.7	
	Reason for Modification : Funding Only Action				
	Total Amount for this Modification: (h)(4)				
	New Total Amount for this Version: (b)(4)				
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:			0.0	
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4)				
			1		
	CHANGES FOR LINE ITEM NUMBER: 2B			- 1	
	Description changed from Direct Fuel Pass-Thru.				
	Bill exact cost paid at the pump on a monthly				
	basis. No fees or mark-ups are allowed. Not to		11	6.5	
	exceed(b)(4) without Contracting Officer's prior approval.				
	. to Direct Fuel Pass-Thru. Bill exact cost paid				
	at the pump on a monthly basis. No fees or				
	mark-ups are allowed. Not to exceed (b)(4)	T		7.1	
	Total Amount changed	1		1	
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)	nl l			
		1			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		11		
	Amount changed from(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	R				
	Amount: (b)(4)				
	NEW ACCOUNTING CODE ADDED:			1	
	Account code:				
	(b)(7)(E)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 2A		11		
	Quantity changed from (b)(4)				
	Continued	177	11	· //	
			1 1		
			$\perp$		
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CONTINUATION SHEE	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00014	3	5

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)	1			
		1			
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(				
	Amount: (b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4			1111	
	Amount: $(b)(4)$		li		
	NEW ACCOUNTING CODE ADDED:		1 1		
	Account code:		1		
	(b)(7)(E)				
			1 - 1		
	Quantity: (b)				
	Amount: (b)(4)	4.4	1		
			1 1		
	Discount Terms:		1 1		
	(b)(4)				
	FOB: Destination				
	Period of Performance: 09/16/2012 to 09/15/2013				
				1	
	Change Item 0002A to read as follows (amount shown			1 1	
	is the obligated amount):		1 1	9.1	
02A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee	(b)(4)			
	includes all staff, vehicles and vehicle				
	maintenance.				
	<u>                                     </u>			A A	
	(b)(4)				
		1			
	Requisition No: 192112FDN31000051.18,				
	192113FDN31000001, 192113FDN31000001.12,				
	192113FDN31000001.15, 192113FDN31000001.16,				
	192113FDN31000001.2, 192113FDN31000001.5,		, ,		
	192113FDN31000001.9				
	Continued				
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00014	4	5

Accounting Info: [b)(7)(E)  Funded: [b)(4) Accounting Info: [b)(7)(E)  Funded: [b)(4) Accounting Info: (b)(7)(E)  Funded: [h)(4) Accounting Info: (b)(7)(E)  Funded: [b)(4) Accounting Info: (b)(7)(E)	Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(F) Funded: [b)(4) Accounting Info: (b)(7)(E) Funded: [h)(4) Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(E) Fun	EM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
(b)(7)(E)   Funded: (b)(4)   Accounting Info:   b)(7)(E)   Funded: (b)(4)   Accounting Info: (b)(7)(E)   Funded: (h)(4)   Accounting Info: (b)(7)(E)   Funded: (b)(4)   Accounting Info: (b)(6)   Accounting Info: (b)(6)   Accounting Info: (b)(7)	(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) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Charge Item 00028 to read as follows(amount shown is the obligated amount):  28 Direct Fuel Fass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) Contracting Officer's prior approval. Reguisition No: 192112FDN31000051.15, 132113FDN31000001.2, 132113FDN31000001.2, 132113FDN31000001.2, 132113FDN31000001.5 Continued	120			+ +		
Funded: (b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info	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) 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) Charge Item 0002B to read as follows(amount shown is the obligated amount):  Direct Fiel Fass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed [b](4) Contracting Officer's prior approval.  Requisition No: 192112FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5 Continued		Accounting Info:				
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) Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(E)  Funde	Accounting Info:   b)\( \( \text{b} \) \\ \( \text{c} \) \\\  \( \text{c} \)		(b)(7)(E)			0-11	
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) Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(E)  Funde	Accounting Info:   b)\( \( \text{b} \) \\ \( \text{c} \) \\\  \( \text{c} \)		- 1 2 (L)(A)		1		
Entraced:   Do(4)   Accounting Info:   Entraced:   Do(4)   Accounting Info:   Entraced:	Bunded: [b](4)   Accounting Info: (b)(7)(E)   Funded: [b](4)   Accounting Info: (b)(4)   Accounting Info: (b)(7)(E)   Accounting Info:				1		
Funded: [b)(4)   Accounting Info: (b)(7)(E)     Funded: [h)(4)   Accounting Info: (b)(7)(E)     Funded: [b)(4)   Accounting Info: (b)(7)(E)     Funded: [b)(4)   Accounting Info: (b)(7)(E)     Funded: [h)(4)   Accounting Info: (b)(7)(E)     Funded: [h)(4)   Accounting Info: (b)(7)(E)     Funded: [b)(4)   Accounting	Funded: [b](4)   Accounting Info: (b)(7)(E)   Funded: [h)(4)   Accounting Info: (b)(7)(E)   Funded: [b)(4)   Accou						
Accounting Info: (b)(7)(E)  Funded: [h)(A) Accounting Info: (b)(7)(E)  Funded: [b)(4) Accounting Info: (b)(7)(E)  Funded: [b)(4) Accounting Info: (b)(7)(E)  Funded: [b)(A) Accounting Info: (b)(7)(E	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) Accounting Info: (b)(7)(E) Funded: [b)(4) Accounting Info: (b)(7)(E) Funded: [b)(4) Charge Item 0002B to read as follows/amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed [b)(4) Contracting Officer's prior approval Requisition No: 192112FDN310000051.18, 192113FDN31000001.15, 192113FDN31000001.5, 192113FDN31000001.5 Continued						
(b)(7)(E)   Funded:   h)(A)   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)(A)   Accounting Info: (b)(A)	(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) Accounting Info: (b)(7)(E)  Funded: [b)(4) Accounting Info: (b)(7)(E)  Funded: [b)(4)  Charge Item 0002B to read as follows; amount shown is the obligated amount):  28 Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed [b)(4)  without Contracting Officer's prior approval. Requisition No: 192112FDN31000051.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued						
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Funded: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 0002B to read as follows(amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001, 192113FDN31000001.2, 192113FDN31000001.5	Funded: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 0002B to read as follows(amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued				11 1		
Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 0002B to read as follows (amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 0002B to read as follows(amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued		(D)(1)(E)				
Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 0002B to read as follows (amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 0002B to read as follows(amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001, 192113FDN31000001.16, 192113FDN31000001.5, 192113FDN31000001.5  Continued		Funded: (b)(4)				
Funded: (b)(4)  Change Item 0002B to read as follows (amount shown is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Funded: (b)(4)  Charge Item 0002B to read as follows(amount shown is the obligated amount):  2B Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.6, 192113FDN31000001.2, 192113FDN31000001.5  Continued		Accounting Info:				
Change Item 0002B to read as follows(amount shown is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Change Item 0002B to read as follows(amount shown is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued		(b)(7)(E)		1 1		
Change Item 0002B to read as follows(amount shown is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Change Item 0002B to read as follows(amount shown is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued		73			, 16	
is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.6, 192113FDN31000001.2, 192113FDN31000001.5  Continued		Funded: ((D)(4)			_ 11	
is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	is the obligated amount):  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.6, 192113FDN31000001.2, 192113FDN31000001.5  Continued		Change Item 0002B to read as follows(amount shown				
Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued					. 11	
the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval.  Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without Contracting Officer's prior approval Requisition No: 192112FDN31000051.18, 192113FDN31000001.15, 192113FDN31000001.2, 192113FDN31000001.5 Continued						
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Contracting Officer's prior approval Requisition No: 192112FDN31000051.18, 192113FDN31000001, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	Contracting Officer's prior approval Requisition No: 192112FDN31000051.18, 192113FDN31000001, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued						
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192113FDN31000001, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	192113FDN31000001, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued		contracting officer's pilot approval.				
192113FDN31000001, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5	192113FDN31000001, 192113FDN31000001.15, 192113FDN31000001.16, 192113FDN31000001.2, 192113FDN31000001.5  Continued		Requisition No: 192112FDN31000051.18,				
192113FDN31000001.5	192113FDN31000001.5  Continued						
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00014	5		5

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	TINU	UNIT PRICE	THUOMA
(A)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:		++		
	(b)(7)(E)			0 []:0	
	Funded: (b)(4)				
	Accounting Info:	41		- III	
	(b)(7)(E)				
	Funded: (b)(4) Accounting Info:				
	(b)(7)(E)	- N 1			
			1		
	Funded: (b)(4)		1 1		
	Accounting Info:				
	(b)(7)(E)	- [			
	Funded:(b)(4)				
	Accounting Info:			19	
	(b)(7)(E)	15 6	1 1		
			1 1		
	Funded: (b)(4)		11		
	Accounting Info: (b)(7)(E)		11		
	(b)(r)(L)				
	Funded: (h)(4)		11		
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NSN 7540-01-1	12,8067	1.		L CDP	TIONAL FORM 336 (4-88)

AMENDMENT OF SOLICITATION/MOD	DIFICATION OF CONTRACT	1. CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REC	NO I	PROJECT NO (II and to the last
		192113FDN31000001.		PROJECT NO. (If applicable)
P00015 6. I\$SUED BY C	09/23/2013 ODE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other th		DE TOP/DM/DC_LACINA
ICE/Detent Mngt/Detent Co Immigration and Customs E Office of Acquisition Man 24000 Avila Road, (/h)/6): Laguna Niguel CA 92677	ntract-LAG	ICE/Detent Mngt/D Immigration and C Office of Acquisi 24000 Avila Road, Attn:(b)(6):(b)(7)(C)	etent Contra ustoms Enfor tion Manager (b)(6)	act-LAG rcement
A NAME AND ADDRESS OF CONTRACTOR AS	The second second second	Laguna Niguel CA		
8. NAME AND ADDRESS OF CONTRACTOR (AND GEO GROUP INC THE 621 NW 53RD ST (b)(6); BOCA RATON FL 334878242	, areas, county, State and ZIP Code)	(x) 9A AMENDMENT OF SOLICIT  9B. DATED (SEE ITEM 11)  x 10A MODIFICATION OF CON HSCEDM-11-D-000( HSCEDM-12-J-000( 10B. DATED (SEE ITEM 13)	TRACT/ORDER NO.	
CODE 6127064653000	FACILITY CODE	08/24/2012		
		AMENDMENTS OF SOLICITATIONS		
THE PLACE DESIGNATED FOR THE RECEIP votus of this amendment you desire to change to the solicitation and this amendment, and is re 12. ACCOUNTING AND APPROPRIATION DATA See Schedule	an offer atheady submitted, such change may ceived prior to the opening hour and date spo (if required) Ne	be made by (elegram or letter, provide sched. t Increase:	(b)(4)	ter makes reference
12 THIS ITEM ONLY APPLIES	TO MODIFICATION OF CONTRACTS/ORDE	RS. IT MODIFIES THE CONTRACT/O	RDER NO. AS DESCR	UBED IN ITEM 14.
B. THE ABOVE NUMBERED CO appropriation date, etc.) SET I	UED PURSUANT TO: (Specify authority) TH NTRACT/ORDER IS MODIFIED TO REFLEC FORTH IN ITEM 14, PURSUANT TO THE AU EMENY IS ENTERED INTO PURSUANT YO	T THE ADMINISTRATIVE CHANGES THORITY OF FAR 43 103(b).		
D. OTHER (Spealy type of modifi	cation and authority)			
X   Unilateral IAW FA	R 32.703-1(b) Funding	Action		
E. IMPORTANT: Contractor Is	not. Is required to sign this document a	nd neturn 0 o	opies to the issuing off	ice.
14. DESCRIPTION OF AMENDMENT/MODIFICA	TION (Organized by UCF section headings, I	neluding solicitation/contract subject r	natter where feasible.)	
DUNS Number: 612706465				
COR: (b)(6); (b)(7)(C)		@ice.dhs.gov		
This Task Order is issued  The purpose of the modifi $(b)(4)$ and CLIN 0005 i			A in the am	ount of
0001A (b)(4)				
0005				
Continued				
Except as provided herein, all terms and condition	is of the document referenced in item BA or 10	DA as hamilefore changed remains or	nobanood and in full fo	
15A. NAME AND TITLE OF SIGNER (Type or prin	11)	16A NAME AND TITLE OF CON		
		(b)(6); (b)(7)(C)		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	- (-/(-// (-/(-/(-/	L	1100 0
	INC. DATE SIGNED			16C. DATE SIGNED
(Signature of person authorized to sign)	<del></del>		L	_ [4]24]13
NSN 7540-01-152-8070	<del></del>		STAN	DARD FORM 30 (REV. 10-83)
Previous edition unusable			Prescr	ribed by GSA 48 CFR) 53.243

CONTINUATION SUSET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00015	2	4	

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
7	TOTAL: (b)(4)	-	$\vdash$	_	
	[5](4)				
	It is estimated that the funds obligated will			17001	
	cover the noted CLINs for the period through				
	9/15/13.				
	Exempt Action: Y	1			
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action	1		1 11	
	Obligated Amount for this Modification: (b)(4)	-			
	New Total Obligated Amount for this Award: (b)(4)				
	(0)(4)				
	CHANGES FOR LINE ITEM NUMBER: 5			- 6.24	
	Obligated Amount for this modification: (b)(4)				
	Incremental Funded Amount changed from			0.4 457	
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:			0 3 6	
	(b)(7)(E)			Al &	
	Amount:(b)(4)				
	Amount: (ED)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A				
	Obligated Amount for this modification: (b)(4)				
	Incremental Funded Amount changed from				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Amount: (b)(4)				
	Palloune: ((5)(4)				
	Discount Terms:				
	(b)(4)				
	FOB: Destination	1			
	Period of Performance: 09/16/2012 to 09/15/2013			1,7	
	Change Item 0001A to read as follows (amount shown				
	is the obligated amount):			- X	
0001A	Bed Day Rate For Minimum Quantity - The	(b)(4)		1	
	Governments minimum quantity to be ordered via	(*/( ./	П		
	task order is (b)(4)				
	(b)(4)				
	Product/Service Code: (h)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Continued			(4)	
	Continued			-193	
NSN 7540-01-15	2,900	1	$\perp$		
1969-01-10	s-wo-			QP'	TIONAL FORM 336 (4-68)

CONTINUATION SUCC	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00015	3	4	

ITEM NO.	SUPPLIES/SERVICES (B)	GUANTITY UNIT (C) (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info:	<del></del>		
	(b)(7)(E)			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	B1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		7.71	
	Funded: (h)/d)			
	Accounting Info: (b)(7)(E)		0 10 10	
	(5)(7)(2)		4 1	
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	(-/(-/(-/			
	Funded: (h)(4)			
	Accounting Info:	_ 1 11		
	(b)(7)(E)			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	D de d. //b//d)		- · · · · · · · · · · · · · · · · · · ·	
	Funded: (b)(4) Accounting Info:			
	(b)(7)(E)		_ // 1	
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
			- 402	
	Funded: (b)(4)		1361	
	Accounting Info:			
	(b)(7)(E)			
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	(b)(7)(E)			
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	Fundad (/b)/4)			
	Funded: (b)(4) Accounting Info:			
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	(D)(1)(E)			
	Funded: (h)(4)			
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00015	4	4
NAME OF OFFERDS OF CONTRAC.	TOB		

EM NO. (A)	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUNT
A)	(B)	(0)	(D)	(E)	(F)
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
				A 1	
	Change Item 0005 to read as follows(amount shown	1			
	is the obligated amount):	10.41			
005	MEDICAL SERVICES. In accordance with the terms	(b)(	(4)		
,00	and conditions of this contract. Monthly Flat	(2)	· · /		
	Fixed Fee includes all medical staff and in-house				
	supplies.		1	. 1111	
	(b)(4)		1		
	(b)(4)			0 21	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E) Funded: (b)(4)				
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	Accounting Info:				
	(b)(7)(E)	, 11		- 1 A L	
	Funded: (h)(4)				
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	(b)(7)(E)				
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	Accounting Info:				
	(b)(7)(E)				
				6 A 1	
	Funded: (h)/d)		1		
	Accounting Info: (b)(7)(E)				
	(6)(7)(2)				
	Funded: (b)(4)				
	Accounting Info:			67	
	(b)(7)(E)				
	Funded: (b)(4)	1114		- (1)	
	Accounting Info:	1			
	(b)(7)(E)			40.0	
		103	1 1		
	Funded: (b)(4)			. 1939	
		10 °C		50	
				1	

O0016  See Block 16C  ISSUED BY  COPE ICE/DM/DC-LAGUNA  CE/Detent Mngt/Detent Contract-LAG  mmigration and Customs Enforcement  ffice of Acquisition Management  4000 Avila Road, (h)(6):  aguna Niguel CA 92677	4. REQUISITION/PURCHASE REQ. NO. 192114FDN31000002 7. ADMINISTERED BY (Hother than Hem 6) ICE/Detent Mngt/Detent Co	5 PROJECT NO. (If applicable)  CODE ICE/DM/DC-LAGUNA
O0016  See Block 16C  ISSUED BY  COPE ICE/DM/DC-LAGUNA  CE/Detent Mngt/Detent Contract-LAG  mmigration and Customs Enforcement  ffice of Acquisition Management  4000 Avila Road, (h)(6):  aguna Niguel CA 92677	.92114FDN31000002 7. ADMINISTERED BY (# other than flom 6) ICE/Detent Mngt/Detent Co	CODE TOE/DM/DC-LAGUNA
See Block 16C  ISSUED BY  CODE   ICE/DM/DC-LAGUNA  CE/Detent Mngt/Detent Contract-LAG  mmigration and Customs Enforcement  ffice of Acquisition Management  4000 Avila Road, (b)(6):  aguna Niguel CA 92677	7. ADMINISTERED BY (If other than Item 6)  ICE/Detent Mngt/Detent Co	CODE TOE DM/DC-LAGUNA
CE/Detent Mngt/Detent Contract-LAG mmigration and Customs Enforcement ffice of Acquisition Management 4000 Avila Road, (b)(6): aguna Niguel CA 92677	ICE/Detent Mngt/Detent Co	
mmigration and Customs Enforcement  ffice of Acquisition Management  4000 Avila Road, (b)(6):  aguna Niguel CA 92677		
ffice of Acquisition Management 4000 Avila Road, (h)(h): aguna Niguel CA 92677	Immigration and Customs E	
4000 Avila Road, (b)(6): aguna Niguel CA 92677	Office of Acquisition Man	
aguna Niguel CA 92677	24000 Avila Road, (h)(6)	
	Attn: (b)(6): (b)(7)(C)	
MALLE AND ADDRESS OF COLUMN ASSOCIATION AND ASSOCIATIONA ASSOCIATION ASSOCIATI	Laguna Niguel CA 92677	
NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)	X) BA. AMENDMENT OF SOLICITATION NO.	
O GROUP INC THE		
21 NW 53RD ST (h)(6)	9B. DATED (SEE ITEM 11)	
DCA RATON FL 334878242		
	10A MODIFICATION OF CONTRACT/ORDER	R NO.
}	× 10A MODIFICATION OF CONTRACT/ORDER HSCEDM-11-D-00003	
	HSCEDM-12-J-00062	
	108. DATED (SEE ITEM 13)	
ODE 6127064650000 FACILITY CODE	08/24/2012	
11. THIS ITEM ONLY APPLIES TO AS		
The above numbered solicitation is amended as set forth in Item 14. The hour and date specifie		xtended. Die not extended.
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the si fleme 8 and 15, and returning copies of the amendment; (b) By acknowledge	ioliciation or as amended, by one of the following r ging receipt of this amendment on each copy of the	
separate letter or telegram which includes a reference to the solicitation and amendment number	FAILURE OF YOUR ACKNOWLEDGEMENT	TO BE RECEIVED AT
THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DAY virtue of this amendment you desire to change an offer already submitted, such change may be	(TE SPECIFIED MAY RESULT IN REJECTION OF	YOUR OFFER. Mby
to the solicitation and this amendment, and is received prior to the opening hour and date specific	fied	II de l'acces (Carrieda Parista de mod
2. ACCOUNTING AND APPROPRIATION DATA (If required) Net	Increase:	b)(4)
ee Schedule		
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS	S. IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.
CHECK ONE  A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE ORDER NO. IN ITEM 10A.	CHANGES SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT
	THE ADMINISTRATE CHANGE (and as shown	
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT T appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTH	HORITY OF FAR 43.103(b).	jes m paying unios,
C. YHIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AU	ITMOBITY OF	
C. THIS SUPPLEMENTAL PORCESSION IS DIRECTOR WITH TO PROSECULATION OF THE PROPERTY OF THE PROPE		
D. OTHER (Specify type of modification and authority)	<del></del>	
X Unilateral IAW FAR 32.703-1(b) Funding Ad	ction	
		suma effica
IMPORTANT: Contractor sign of a light of this document and		
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including Number: 612706465	THE RESERVED OF THE STORES FRANCE OF THE PERSON OF THE PER	46.54124G. /
OR: (b)(6); (b)(7)(C)	@ice.dhs.gov	
OR: [[D](0), (D)(7)(C)		
This Mark Codes is issued for Base Besied Vocas	2	
his Task Order is issued for Base Period, Year 2	2.	
	ion was funding on CLIM	00012 in the
The purpose of the modification is to provide primount of $(b)(4)$ and CLIN 0005 in the amount of		OOOTA IN LINE
mount of ((b)(4) and CLIN 0005 in the amount of	(6)(4)	
0001 N (/b)(/d)		
0001A (b)(4)		
0005		
Continued		lin full forms and -fff
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A 15A. NAME AND TITLE OF SIGNER (Type or print)	A, as heretofore changed, remains unchanged and 18A, NAME AND TITLE OF CONTRACTING O	
THE STATE THE ST STORES (1) THE ST STATE		
	(b)(6); (b)(7)(C)	
158. CONTRACTOR/OFFEROR 15C. DATE SIGNED		16C, DATE SIGNED
		11/14/15
(Signature of person authorized to sign)		<u>  [[יייי</u> ]
NSN 7540-01-152-8070		SYANDARD FORM 30 (REV. 10-83) Prescribed by GSA

CONTINUATION SUFE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE OF		
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00016	2	2	

NO.	SUPPLIES/SERVICES	QUANTIT	3 2 3 5 5 5	UNIT PRICE	MOUNT
	(B)	(C)	(D)	(E)	(F)
	TOTAL: (b)(4)		++	<del>  </del>	
	It is estimated that the funds obligated will				
	cover the noted CLINs for the period through				
	9/15/13.		$\perp$		
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Obligated Amount for this Modification: (b)(4)				
	New Total Obligated Amount for this Award: (b)(4)				
	Incremental Funded Amount changed: from				
	(b)(4)				
	(6)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A				
	Obligated Amount for this modification: $(b)(4)$				
	Incremental Funded Amount changed from				
	(b)(4)				
- 3	NEW ACCOUNTING CODE ADDED:				
	Account code:	1 A 6			
	(b)(7)(E)				
	(*/(*/(=/				
	Amount:(b)(4)				
	CULVICES FOR LINE THOU WHITE				
	CHANGES FOR LINE ITEM NUMBER: 5 Obligated Amount for this modification: (b)(4)		1 1		
	Incremental Funded Amount changed from				
	(b)(4)				
	(b)(4)		1 1		
	NEW ACCOUNTING CODE ADDED:				
	Account code:	1			
	(b)(7)(E)				
l					
	Amount: (b)(4)				
	150 "				
	Discount Terms:				
	(b)(4)		1 1	V 011 5-	
	FO3: Destination				
	Period of Performance: 09/16/2012 to 09/15/2013		1 1	. 100	
			1 1		
		1			
=1					

		1 CONTRACTIO CCDE	PAGE OF PAGES
AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	* REQUISITED PURCHASE REQ NO	5 PROJECTIO literat care
200017	01/29/2014	142414FE0131000 (3)	
( ISSUED BY	CODE ICE/DM/DC-LACUMA	7 ADVARSTERED By (If other 2 an item 6)	CODE
ICE/Detent Most/Detent C	ontract-LAG		L.,
Inmigration and Customs			
Office of Acquisition Ma 24000 Avila Road, (b)(6):	nagement		
Attn: (h)(6): (h)(7)(C)			
Laguna Niguel CA 92677		A company of the comp	
NAME AND ADDRESS OF CONTRACTOR IN	lo , street, equaty, State and ZIP Gode)	(x) 9A AMERICAL NEOF SOLICITATION NO	
The grade the min		127	
SEO GROUP INC. THE (b)(6);		98 DATED (SEC DEM 11)	
OCA RATON FL 334878342		DO DATED (SEE HERE II)	
and the desired			
		HICEDM-11-0-00003	RNO
		HUUEDN: 12 - J-00062	
		108 DATED (SEE ITEM 13)	
CODE 6127064550300	FACILITY CODE	05/04/0010	
	11. THIS ITEM ONLY APPLIES	TO AVENDUENTS OF SOCIETATIONS	
The above numbered so obtation is amended a	as set forth in item 14. The nour and date so		extended re-not extented
Offers must approximage receipt of this atten-	differed prior to the figur and dute style feet in	the suicitation of as envirted by one of the following	members (a) By completing
tiems 8 and 15 and returning	copies of the amendment, (b) By ackno	awadang recept of this amendment on each copy of th	e offer submitted it (c) By
THE PLACE DESIGNATED FOR THE RECEI	PT OF OFFERS PRIOR TO THE HOUR AN	DOWN FAILURE OF YOUR ACKNOWLEDGEMENT DOATS SPECIFIED MAY RESULT IN REJECTION O	EVONDOTTED 46
critice of this amendment you desire to change to the solicitation and this amendment, and is t	an offer already submitted, such change in:	ay be made by telegram or to ter, provided each telegra	um or letter makes leterative
2 ACCOUNTING AND APPROPRIATION DATA	Litrates		
See Schedule		let Legreng:	-5-(b)(4)
THE THE CHE IN THE	5 TO MODIFICATION OF CONTINUE IS/ON	DERS. IT MODIFIES THE CONTRACTIONDER NO. AS	DESCRIBED IN ITEM 14.
		AUTHORITY OF FAR 43 103 m	ges in paying an ac
B THE ABOVE NUMBERED CO appropriation date, etc.) SEY C THIS SUPPLEMENTAL AGREE	EMENT IS ENTERED INTO PURSUANT TO		
C THIS SUPPLEMENTAL AGRE	EMENT IS ENTERED INTO PURSUANT 1		
C THIS SUPPLEMENTAL AGRE G OTHER (Openity type of moon	EMENT IS ENTERED INTO PURSUANT 1		
C THIS SUPPLEMENTAL AGRE G OTHER (Opening type of moon	EMENT IS ENTERED INTO PURSUANT 1		
C THIS SUPPLEMENTAL AGREE  S OTHER (Sproytyte chace)  X Stinteral - TAR  E.IMPORTANT: Contactor is	TEMENT IS ENTERED INTO PURSUANT 1  **Cation and author())  32. **C3-1(b) Funding  not A is required to a jains document	t and note m	kung off ce
C THIS SUPPLEMENTAL AGREE  2 OTHER (Spacy), sectors  X STATE and FRAME  E. IMPORTANT: Convector is 14 OESCRIPTION OF AMELIAVENT MODE CO.	TEMENT IS ENTERED INTO PURSUANT 1  **Cation and author())  32. **C3-1(b) Funding  not A is required to a jains document	O AUTHORITY OF	kung off ce
C IMPSSUMMENTAL AGNE  S OTHER (Sproyy): estrace  X Stituteral - TAR  E.IMPORTANT: Contactor is  N OSSCRIPTION OF AMELIAVENTMODE 2:  WHIS Stumber: 612736465	TEMENT IS ENTERED INTO PURSUANT 1  **Cation and author())  32. **C3-1(b) Funding  not A is required to a jains document	t and note m	kung off ce
C THIS SUPPLEMENTAL AGREE  2 OTHER (Spacy), sectors  X STATE and FRAME  E. IMPORTANT: Convector is 14 OESCRIPTION OF AMELIAVENT MODE CO.	TEMENT IS ENTERED INTO PURSUANT 1  **Cation and author())  32. **C3-1(b) Funding  not A is required to a jains document	t and note m	kung off ce
C INSSUMPLEMENTAL AGREE  X DITALETAL - TAKE  EIMPORTANT: CONVECTOR AS  14 DESCRIPTION OF AMELIAVENTA MODE CO.  (INC. Stumber: 612756465  (b)(6); (b)(7)(C)	TEMENT IS ENTERED INTO PURSUANT 1  ACADEM and authority)  32. 703-1(b) Funding  not a is required to a journe occurrent  ATION (Organ Led by UCA section headings)	t and return	kung off ce
E IMPORTANT: CONDICTO (D)(C)  E (b)(6); (b)(7)(C)	TEMENT IS ENTERED INTO PURSUANT 1  ACADEM and authority)  32. 703-1(b) Funding  not a is required to a journe occurrent  ATION (Organ Led by UCA section headings)	t and return	kung off ce
E IMPORTANT: Converte is 18 0ESCRIPTION OF AMELOVERIMODE 2. (b)(6); (b)(7)(C)  This Task Order is issued	TEMENT IS ENTERED INTO PURSUANT 1  ASSECT AND AUTHORITY  DEL A INTEQUIPED DE JOURS COLUMN  ANICO (Organ read by UCF section readings)  I for Base Period, Year	t and return Copyes to the standard return Copyes to the standard return Copyes to the standard return where he	king office Massie)
E INTERPROPRIEMENTAL ACHE  S OTHER REPROPRIEMENTAL ACHE  E IMPORTANT: Convector is  14 DESCRIPTION OF AMELIAVE INVOICE  CONSTRUCTION OF AMELIA	Tement is entered into punsuant to reason and aumonopy  32.703-1(b) Funding  not a intequestion prime document action (Organ ready UCF section readings)  I for Base Period, Year fication is to de-rail.	t and return	king office Massie)
C IMPSEMPLEMENTAL AGREE  S OTHER REPORTANCE  X SITUATOR 1 - TABLE  EMPORTANT: COMMENTED  S OBSCRIPTION OF AMERICANOPS CO  UNS Sumber: 61275(465)  OR: (b)(6); (b)(7)(C)  LIS Task Order is issued  the purpose of this modification of the order is do	Tement is entered into punsuant to reason and aumonopy  32.703-1(b) Funding  not a intequestion prime document action (Organ ready UCF section readings)  I for Base Period, Year fication is to de-rail.	t and return Copyes to the standard return Copyes to the standard return Copyes to the standard return where he	king office Massie)
C INSSUMPLEMENTAL AGNE  S OTHER (Sprony) (sechacio  X SITALETAT - FAB  MPORTANT: Convactor is  4 DESCRIPTION OF AMERICANDA DI  UNO Sumber: 61275(465  OR: (b)(6); (b)(7)(C)  LIS TASK Order is issued  the purpose of this modification of the order is do  kempt Action: Y	Tement is entered into punsuant to reason and aumonopy  32.703-1(b) Funding  not a intequestion prime document action (Organ ready UCF section readings)  I for Base Period, Year fication is to de-rail.	t and return Copyes to the standard return Copyes to the standard return Copyes to the standard return where he	king office Massie)
C IMPSEMPLEMENTAL AGREE  S OTHER REPORTANTS CONTROL OF A SELECTION	REMENT IS ENTERED INTO PURSUANT 1  Proston and surmore;  Siz. 103-1(b) Funding  not a is required to 1 pains document  ATIC: (Organized by UCA secret readings)  I for Base Period, Year  Fication is to do-off;  Posensed by (b)(4)	t and return Copyes to the standard return Copyes to the standard return Copyes to the standard return where he	king office Massie)
C IMPSEMPLEMENTAL AGREE  X SITUATER 1 - FAB.  MPORTANT: Convector is  4 DESCRIPTION OF AMERICANDA D.  UNS Sumber: 61275(465)  OR: (b)(6); (b)(7)(C)  Lis Task Order is issued  the purpose of this modification: Y  IST OF CHANGES:  CASON for Modification:	Testion and surrors;  Siz. 103-1(b) Funding  not a steeping to spins document  And: (Ongon red by UCA section resumps  i for Base Period, Year  fication is to do-of  Funding Only Action	t and return Copyes to the standard return Copyes to the standard return Copyes to the standard return where he	king office Massie)
C INSSUMPLEMENTAL AGNE  2 CINESSUMPLEMENTAL AGNE  3 CINESSUMPLEMENTAL AGNE  4 CESCRIPTION OF AMELIAVADAY 2)  UNC Sumber: 612736455  CR: (b)(6); (b)(7)(C)  Lis Task Order is issued  the purpose of this modification: Y  IST OF CHANGES:  Gason for Modification: OLAI Amount for this Mod	Testion and surrors;  Siz. 103-1(b) Funding  not a steeping to spins document  And: (Ongon red by UCA section resumps  i for Base Period, Year  fication is to do-of  Funding Only Action	t and return Copyes to the standard return Copyes to the standard return Copyes to the standard return where he	king office Massie)
C INSSUMMENTAL AGNE  S OTHER (Sproyy); extracts  E INFORMANT: Convector is  NOSSCRIPTION OF AMERICANDS 20  (D)(6); (b)(7)(C)  This Task Order is issued  The purpose of this modification: Y  IST OF CHANGES:  (cason for Modification: Otal Amount for this Modification: M	i for Base Period, Year ication is to de-ph  Funding Only Action (b)(4)	tandretum	king office Massie)
C IMPSEMPLEMENTAL AGNE  S OTHER (Sproy) prechases  E HATERAL - TAB  S OTHER (Sproy) prechases  IN OSSCRIPTION OF AMELIAVE IN MODELLA STANK (b) (6); (b) (7) (C)  This Task Order is issued  The purpose of this modification of the order is do  Except Action: Y  IST OF CHANGES:  Reason for Modification:  Outlined  Except as provided horsen, unterms and (b) (6)	i for Base Period, Year ication is to de-ph  Funding Only Action (b)(4)	tandretum	The childate:
EMPORIANT CONDUCTOR IS CONTINUED OF THE DISCONDING SUPPLY OF AMERICAN STATE OF STATE OF THE DESCRIPTION OF AMERICAN STATE OF CONTINUED OF THE DISCONDING SUPPLY OF THE DISC	in for Base Period, Year fraction is to de-place or reading (b) (b)(4)  Funding Only Action (b)(7)(C)	tandretum	The childate:
EMPORIANT Covered as 14 DESCRIPTION OF AMELINATION OF THE INSTRUCTION OF AMELINATION OF THE INSTRUCTION OF T	in for Base Period, Year increased by (b)(4)  Funding Only Action (b)(7)(C)  Sident, Contracts Administration	tand return ccples to me is:  1 and return	The childate:
E UPORTANT CONTRETE DE LA CONTRETE D	is for Base Period, Years of the deciding (b)(4)  Funding Only Action (b)(7)(C)  Funding Contracts Administration (b)(7)(C)  Fident, Contracts Administration (b)(C) (C)  Funding Contracts Administration (b)(C) (C)  Fident, Contracts Administration (b)(C) (C)  Fident, Contracts Administration (b)(C) (C)  Fident, Contracts Administration (C)  FIG. 10 (C) (C)  Fident, Contracts Administration (C)  FIG. 20 (C) (C)  Fig. 20 (C)  Fident, Contracts Administration (C)  FIG. 20	tand return ccc as to me as to	The childate:
C INSSUMPLEMENTAL ACRE  2 OTHER (Sproty); sectorize  X SITATERAL - FAR  EMPORIANT: Covertor is  10 OSSCRIPTION OF AMELIOVENTMODE SI  WHICH Sumber: 612736455  COR: (b)(6); (b)(7)(C)  This Task Order is issued  The purpose of this modification of the order is do  Exempt Action: Y  IST OF CHANGES:  GOASON for Modification of the order of the orecent of the order of the order of the order of the order of the	if or Base Period, Year including only Action (b)(4)  Funding Only Action (b)(7)(C)  Sident, Contracts Administration (C)(C)(C)  Funding Only Including (b)(4)	tand return ccples to me is:  1 and return	The chilidate:  A full force and effect  FFICER (Type or pint)
C INSSUMPLEMENTAL AGREE  X SITATERAL - FARE  E-IMPORTANT: CONVERTOR AS  NO DESCRIPTION OF AMELIAVENTA ODER CO.  (D)(6); (b)(7)(C)  Chis Task Order is issued  The purpose of this modification of the order is de  Exempt Action: Y  UST OF CHANGES:  Reason for Modification of the order this Mod  Continued  Except as provided hardin, usterms and (b)(6)  (SA MANG AND TITLE OF SIGNER 11)  VICE Pres  TO  159 CONTRACTORNOFFERD (b)(6); (b)	is for Base Period, Years of the deciding (b)(4)  Funding Only Action (b)(7)(C)  Funding Contracts Administration (b)(7)(C)  Fident, Contracts Administration (b)(C) (C)  Funding Contracts Administration (b)(C) (C)  Fident, Contracts Administration (b)(C) (C)  Fident, Contracts Administration (b)(C) (C)  Fident, Contracts Administration (C)  FIG. 10 (C) (C)  Fident, Contracts Administration (C)  FIG. 20 (C) (C)  Fig. 20 (C)  Fident, Contracts Administration (C)  FIG. 20	tand return ccc as to me as to	The chilidate:  A full force and effect  FFICER (Type or pint)
C INSSUMPLEMENTAL ACRE  2 OTHER SPROTYPE CONTROL  X BITALETAL - TAKE  EMPORIANT: CONTROL  10 OSSCRIPTON OF AMELOVENTMODE CONTROL  CONTROL	if or Base Period, Year including only Action (b)(4)  Funding Only Action (b)(7)(C)  Sident, Contracts Administration (C)(C)(C)  Funding Only Including (b)(4)	tand return ccc as to me as to	The chiliquite:  The ch
C INSSUMPLEMENTAL AGREE  A DINEH (Specty), sectored  Ellateral - TAB  IMPORTANT: Convector of  COESCRIPTION OF AMELOWENTA OFF DI  UNE Stumber: 612756465  OR: (b)(6); (b)(7)(C)  LIST TASK Order is issued  the purpose of this modification of the order is do  Mempt Action: Y  IST OF CHANGES:  COASON for Modification of this modification of the order is do  Mempt Action: Y  IST OF CHANGES:  COASON for Modification on this Modiont instead  Mempt as provided baren, in terms and (b)(6)  Wice Press  EST CONTRACTORIOFFERD (b)(6); (b)	if or Base Period, Year including only Action (b)(4)  Funding Only Action (b)(7)(C)  Sident, Contracts Administration (C)(C)(C)  Funding Only Including (b)(4)	tand return ccc as to me as to	The children and effect  FIGER (Type or pint)  Fig. Date Signer)

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRA	CT ID CODE	PAGI	E OF PAGES
		1.05		1	7
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REQUISITION/PU 192114FDN31		5. PROJEC	T NO. (If applicable)
P00017 B. ISSUED BY CODE	01/29/2014 ICE/DM/DC-LAGUNA		BY (If other than Item 6)	CODE	
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road,(b)(6): Attn: (b)(6):(b)(7)(C)	cact-LAG proement				
Laguna Niguel CA 92677		les surrentes			
<ol> <li>NAME AND ADDRESS OF CONTRACTOR (No., stree</li> </ol>	t, county, State and ZIP Code)	(x) 9A. AMENDMEN	T OF SOLICITATION NO.		
SEO GROUP INC THE 521 NW 53RD ST (b)(6): 60CA RATON FL 334878242		9B. DATED (SEE	E ITEM 11)		
		HSCEDM-1	2-J-00062	DER NO.	
CODE 6127064650000	FACILITY CODE				
6127064650000	11. THIS ITEM ONLY APPLIES T	08/24/20			
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off- to the solicitation and this amendment, and is receive 12. ACCOUNTING AND APPROPRIATION DATA (If re-	er already submitted, such change ma d prior to the opening hour and date s	y be made by telegram or			
See Schedule	IONIFICATION OF COLUMN				
13. THIS ITEM ONLY APPLIES TO N	ODIFICATION OF CONTRACTS/ORD	DERS. IT MODIFIES THE	CONTRACT/ORDER NO. /	AS DESCRIBED IN	ITEM 14.
A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) 1	THE CHANGES SET FOR	TH IN ITEM 14 ARE MADI	E IN THE CONTRA	ACT
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORTI			/E CHANGES (such as cha 03(b)	anges in paying off	ice,
D. OTHER (Specify type of modification	and authority)				
X   Bilateral - FAR 32.	703-1(b) Funding				
E. IMPORTANT: Contractor is not.	x is required to sign this document	and return	O copies to the	issuing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings	, including solicitation/cor	tract subject matter where	feasible.)	
DUNS Number: 612706465 COR: (b)(6) (b)(7)(C)		dian dh			
COR: (b)(6); (b)(7)(C)		@ice.dh	s.gov		
This Task Order is issued fo	or Base Period, Year	r 2.			
The purpose of this modifica	tion is to de-obli	tgate excess/	unused funds	. The obl	igated
amount of the order is decre					
Exempt Action: Y					<del></del>
LIST OF CHANGES:					
Reason for Modification : Fu					
Total Amount for this Modifi	cation: (b)(4)				
Continued		(b)(6):	1		
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9A or	(b)(7)(C)	, remains unchanged ar LE OF CONTRACTING		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STA	TES OF AMERICA		16C. DATE SIGNED
(Signature of person authorized to sign)		(Si	gnature of Contracting Officer)	STANDARD	OPM 30 (PEV 40 03)
NSN 7540-01-152-8070 Previous edition unusable				Prescribed by FAR (48 CFR)	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00017	2	7

ITEM NO	SUPPLIES/SERVICES	QUANTITY	LINIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Obligated Amount for this Modification:		+		
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3				
	Quantity changed from (b)(4) Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)  Amount changed from (b)(4)				
	Amount changed from (D)(4)				
	CHANGES FOR ACCOUNTING CODE:	1111			
	(b)(7)(E)				
	Quantity changed from (h)(4)		1 1		
	Amount changed from $(b)(4)$				
_	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
•	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (h)(A)				
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1B				
	Quantity changed from (b)(4) Total Amount changed		+ 1		
	from (b)(4)				
	Cblicated Amount for this modification:				
	(b)(4)				
		4	1 1		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:		11		
	(b)(7)(E)				
	Quantity changed from (b)(4)		1 1		
	Amount changed from (b)(4) Continued				
	Concentrated 111				
NSN 7540-01-15	Z-8067	1			OPTIONAL FORM 338 (4-8e)

ONTIN	WATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00	017			AGE C	)F   7
	FEROR OR CONTRACTOR UP INC THE					
EM NO (A)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUI	
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
L	Quantity changed from (b)(4)					
	Amount changed from (b)(4)					
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
	Quantity changed from (b)(4) Amount changed from (b)(4)					
	CHANGES FOR LINE ITEM NUMBER: 2A  Quantity changed from (b)(4)					
	Unit charged from Each to					
	Unit Price changed from (b)(4) Total Amount changed					
	from (b)(4)					
	Obligated Amount for this modification: (b)(4) Qualifier changed from By Quantity to By Dollars					
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL					
	Quantity changed from (b)(4)  Amount changed from (b)(4)	-				
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
	Quantity changed from (b)(4)					
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
	Quantity changed from (b)(4)					
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
	Quantity changed from (b)(4)  Amount changed from (b)(4)					
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
	Quantity changed from (b)(4)					
	CHANGES FOR ACCOUNTING CODE:					
	(b)(7)(E)					
	Quantity changed from (b)(4) Continued					
				10		
	2.4067	<u>                                     </u>		<u>- 4 `</u>		

CONTINUATION DUCKT	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-C0003/HSCEDM-12-J-00062/P00017	4	7

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	TINU (D)	UNIT PRICE	AMOUNT (F)
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)	1			
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				fii
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from $(b)(4)$ Amount changed from $(b)(4)$	1)			
	CHANGES FOR LINE ITEM NUMBER: 4 Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
,	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from $(b)(4)$ Amount changed from $(b)(4)$				
	CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)			h	
	Unit changed from Each to Unit Price changed from (b)(4)				
	Total Amount changed from (b)(4)				
	Cbligated Amount for this modification: (b)(4) Qualifier changed from By Quantity to By Dollars				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)	1			
	Amount changed from (b)(4) Continued	1			
			ļ	6.9	
				0 7 3	

CONTIN	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P0	0017			PAGE OF
	TEROR OR CONTRACTOR  UP INC THE				
ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	TRUCMA
(A)	(B)	(C)	(D)	(E)	(F)
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			T 4 10	
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E) Quantity changed from (b)(4)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (h)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)	1			
	Quantity changed from (h)(4)				
	CHANGES FOR ACCOUNTING CODE:			41	
	(b)(7)(E)			1	
	Quantity changed from (b)(4)			b	
			11		
	CHANGES FOR ACCOUNTING CODE:  (b)(7)(E)				
	Quantity changed from (b)(4)  Amount changed from (b)(4)	1			
	ζ-//-/				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)  Quantity changed from (b)(4)		1		
	13.77			1 (	
	CHANGES FOR ACCOUNTING CODE:			_ []	
	(b)(7)(E)				
	Quantity changed from (b)(4)  Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (h)(A)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (b)(4) Continued				

OPTIONAL FORM 338 (4-88) Spomored by GSA FAR (48 CFR; 53.110

NSN 7540-01-152-8087

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00017	DESCRIPTION OF PROPERTY SELVE CONTINUES	PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00017	6	7

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
10	CHANGES FOR LINE ITEM NUMBER: 1A				
	CHANGES FOR LINE ITEM NUMBER: 1A Quantity changed from (b)(4)	.4			
	Unit changed from Each to				
	Unit Price changed from (b)(4)				
	Total Amount changed				
	from (b)(4)	1			
	Obligated Amount for this modification: (b)(4)				
	Qualifier changed from By Quantity to By Dollars	• d	1		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			1	
	Quantity changed from (b)(4)		1		
	Amount changed from (b)(4)	9 6	)		
	(b)(4)				
	CHANGES FOR ACCOUNTING CODE:			1.11	
	(b)(7)(E)				
	Quantity changed from (h)(A)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			AUL	
	Quantity changed from (h)(1)				
	CHANGES FOR ACCOUNTING CODE:			117	
	(b)(7)(E)				
	Quantity changed from (b)(4)		H	110	
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (b)(4)	•		10,23	
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			1ha	
				TY &	
	Quantity changed from (b)(4)			15	
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			`	
	Quantity changed from (h)(4)	. 4			
	117821				
	CHANGES FOR ACCOUNTING CODE: Continued	13			
	CONCERNACE III				
				i	
	- 1 - 1				
<u> </u>					

CONTIN	UATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00	017			PAGE OF
	FEROR OR CONTRACTOR UP INC THE				<del></del>
TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	דואט (D)	UNIT PRICE	AMOUNT
	(b)(7)(E)				
	Quantity changed from (h)(4)	-			
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from /h\///\				
-	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from $(b)(4)$ Amount changed from $(b)(4)$	1			
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (h)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Quantity changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 2B Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)	0,2	11		
	Discount Terms:  (b)(4)  FOB: Destination  Period of Performance: 09/16/2012 to C9/15/2013				
	37, 20, 2012				
			1		
				1	

		(	ORDER FO	R SUF	PLIES OR SERV	ICES				-	PAGE	OF PAGES	
IMPORTANT:	Mark all pac	ages and papers w									1	7	
1. DATE OF OR	DER 2.0	ONTRACT NO. (If any CEDM-11-D-00	Kana			6. SHIP TO							
08/21/20	12 HS	CEUM-11-D-00	J003			n NAME	OF CC	DNSIGNEE					
3. ORDER NO.			4. REQUIS	TIONÆ	EFERENCE NO.	$\dashv$							
HSCEDM-1	2-J-000	52			1000051.18	ICE-E	ERO-	FOD-FDN					
ICE/Dete Immigrat Office of	ent Mngt, ion and of Acqui:	Customs Enf	orcement ement				grat	DRESS ion Customs st Caley Av		ent			
24000 Av Laguna N		i, (b)(7)(C) A 92677	;			c CITY Cente	enni	al			d STATE	e. ZIP CODE 80111	
7 TO:			2,			f. SHIP V	1A				1	7,7,8,8	
a. NAME OF CO													
GEO GROU		1E						8	TYPE OF ORDER	1			
b. COMPANY N						[_]a PU				X 1	DELIVERY		
c STREET ADD 621 NW 5		(b)(6);				REFERE	NCE Y	our:		rever	se, this deliv	nstructions on the ery order is subject Itained on this side	
						Olegan h		he following on the len			of this form a	nd is issued enoithneo bris en	
						and cond	ldions s	pecified on both sides	of			bered contract.	
d.CITY BOCA RAT(	ON			STATE FL	1. ZIP CODE 334878242			n the attached sheet, or ry as indicated	eny.				
9. ACCOUNTING	G AND APPRO	PRIATION DATA			1	10. REQL	JISITTO	NING OFFICE		<del></del>			
See Sche		ON (Check appropriat	a Any/anti			ICE E	nfo	rcement & R	emoval	u T			
a. SMA	IEN-OWNED	a. HUSZo	R THAN SMALL		c. DISADVANTAGE	u .	. D	ERVICE- NSABLED PETERAN- DWNED	Destinat				
■ INSPECTION Destinat		b ACCEPTAN Destina			4 GOVERNMENT BAL	NO		on or BEFORE ( Multiple			16 DISCOU	(b)(4)	
		12222			17. SCHEDULE (Se	o rovorse for	r Rejoc	tions)				(-/(-/	
ITEM NO.		SUPPLIE	S OR SERVICE	s		QUANTITY ORDERED (c)		UNIT PRICE (e)	**	SOUNT (f)		QUANTITY ACCEPTED (g)	
   		\(\frac{1}{7}\)(\text{C}\)\cdot \(\beta\)(\frac{1}{6}\)\(\fracc{1}{6}\)\(\frac{1}{6}\)\(\frac{1}{6}\)\(\frac{1}{6}\)\(\frac{1}	303-739 ()(C); (b)(6		7)(C) 20-875(b)(7)(C	3							
	CONCINUE	<b>~</b>											
	18. SHIPPING	POINT			19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.			•	17(h) TOTAL (Cont.	
				Z1	MAIL INVOICE TO.			•	1		, 1	pages)	
	a NAME	DH	S, ICE							(b)	(4)	<b>」</b> │◀	
SEE BILLING INSTRUCTIONS ON REVERSE	b STREET A (or P.O. Box)	Р.	rlington O. Box 1 tn: ICE-	620	ance Center							17(I) GRAN TOTA	
	c CITY	-7. %				B. STA	TE	e ZIP CODE		(b)(4	4)		
	Willi	ston				_   v	Т	05495-1620					
22. UNITED S	STATES OF							23. NAME (Typed)					
AMERICA	A BY (Signatur	"	(b)	(7)(C)	; (b)(6)			(b)(7)(C)	; (b)(6) incordering o	XF1CEF	₹		
ALTINGRIZED FO		DUCTION						7 = 2		0		RM 347 (Rev #2000)	

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

PAGE NO

Presented by GSA FAR (45 DFR) 53 213/h

21/2	012 HSCEDM-11-D-00003			HSCE	DM-12-J-00062	<u> </u>
A NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTI
a)	Contract HSCEDM-11-D-00003	(c)	(d)	(0)	(1)	(g)
	Base Period, Year One was Task Order HSCEDM-11-J-00054					
	This Task Order is issued for Base Period, Year 2.					
	Funding is issued in the amount of $(b)(4)$ to cover the period of $9/16/12$ to $10/31/12$ .					
	Exempt Action: Y Period of Performance: 09/16/2012 to 10/31/2012					
1	Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. Unit of Issue DA is equivalent to bed-day. Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				0.00	
1A	Bed Day Rate For Minimum Quantity - The			(b)(4)		
	Governments minimum quantity to be ordered via task order is (h)(4) per day multiplied by (b)(4) for a total of (b)(4) DA.  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD					
	Delivery: 30 Days After Award Accounting Info:  (b)(7)(E)					
	Funded: (b)(4)					
		i				
B	Bed Day Rate In Excess Of Minimum Quantity  The Government may order an additional quantity estimated to be $(b)(4)$ $(b)(4)$ per day multiplied by 365 days for a total possible of $(b)(4)$ days.  Continued			(b)(4)		
					<u> </u>	

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

PAGE NO

DATE OF OF 08/24/2	RDER CONTRACT NO. 1012 HSCEDM-11-D-00003		ORDER	NO. DM-12-J-00062	
ITEM NO.	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD  Delivery: 30 Days After Award Accounting Info: (b)(7)(E)  Funded: (b)(4)				
0002	TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD			0.00	
0002 <b>A</b>	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  (b)(4) per month  Delivery: 30 Days After Award Accounting Info: (b)(7)(E)		(b)(4)		
0002B	Funded: (b)(4)  Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed  (b)(4) without Contracting Officer's prior approval.  Delivery: 30 Days After Award Accounting Info:  (b)(7)(E)  Funded: (b)(4)		(b)(4		
0003	Remote Custody. These estimated hours are for detainee medical trips/visits and Continued		(b)(4)		
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>		(b)(4)	

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

PAGE NO

Prescribed by GSA PAR (45 CFR) 53 213(f)

	1 1.0	CEDM-11-D-00003	1	1		EDM-12-J-00062	<del>_</del>
(a)		SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUNT (I)	QUANTITY ACCEPTE (g)
	(b)(4)	per hour  ery: 30 Days After Award  hting Info:  (b)(7)(E)					
004	Reimbu actual The co withou Office Delive	and for Detainee Work Program - persement for this line item will a cost of (b)(4) contractor shall not exceed(b)(4) at prior approval by the Contract er. ery: 30 Days After Award ating Info: (b)(7)(E)					
	Funded	i: (b)(4)	_		<u> </u>		
005	terms Monthl staff (b) Delive Account Funded All Te HSCEDM CONTRA CONTRA ADDRES THE GO SERVICE 1. In	AL SERVICES. In accordance with and conditions of this contract. The services all metand in-house supplies.  (4) PER MONTH  PER MONT	rder.		(b)(4		
		RIED FORWARD TO 1ST PAGE (ITEM 17(H))				(b)(4)	

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers.								
DATE OF ORDER	CONTRACT NO.	ORDER NO.						
08/21/2012	HSCEDM-11-D-00003	HSCEDM-12-J-00062						

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	QUANTITY ACCEPTE
a)	(b)	(c)	(d)	(0)	(n	(g)
	the following three methods:					
	no mod la					
	a. By mail:	ŀ				
	DHS, ICE					
	Burlington Finance Center					
	P.O. Box 1620					
	Williston, VT 05495-1620					
	ATTN: ICE-ERO-FOD-FDM			ļ		
	Professional Control of Control o					
	b. By facsimile (fax): (include a cover sheet with point of contact & # of pages)					
	sheet with point of contact & # of pages;					
	802-288-7658					
	c. By e-mail:					
	Invoice.Consolidation@dhs.gov					
	d. The contractor shall submit one (1)					
	invoice per email and the subject line of					
	the e-mail shall reference the invoice					
	number of the attached invoice.					
	e. The contractor shall submit each invoice					
	in PDF format.					
	E The Contractor shall provide their local					
	f. The Contractor shall provide their legal name as identified in the Central					
	Contractor Registration (CCR), on each					
	invoice submitted.					
	Invoices submitted by other than these					
	three methods will be returned. The					
	contractor's Taxpayer Identification Number					
	(TIN) must be registered in the Central					
	Contractor Registration					
	(http://www.ccr.gov) prior to award and shall be notated on every invoice submitted					
	to ensure prompt payment provisions are					
	met. The ICE program office shall also be					
	notated on every invoice.					
	2. In accordance FAR 52.212-4 (g)(1),				1	
	Contract Terms and Conditions - Commercial					
	Items, or FAR 52.232-25 (a)(3), Prompt				1	
	Continued					
					]	
					1	
					1	
			}		1	
					1	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	<u> </u>	<u> </u>		\$0.00	1

PAGE ND

6

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO.

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTIT
(B)	(6)	GRDERED (c)	(d)	PRICE (e)	, n	ACCEPTE
	Payment, as applicable, the information	(0)	(4)	(4)	(0	(g)
	•					
	required with each invoice submission is as follows:					
	10110M3:		i			
	"An invoice must include-					
	An invoice must include-		]			
	(i) Name and address of the Contractor;		ļ			
	(ii) Invoice date and number:					
	(iii) Contract number, contract line item	1				1
	number and, if applicable, the order	1				
	number;	1				
	(iv) Description, quantity, unit of	]				
	measure, unit price and extended price of	1				
	the items delivered;					1
	(v) Shipping number and date of shipment,					
	including the bill of lading number and					
	weight of shipment if shipped on Government					1
	bill of lading;					1
	(vi) Terms of any discount for prompt					
- 1	payment offered;					
	(vii) Name and address of official to whom					
	payment is to be sent;					1
1	(viii) Name, title, and phone number of					
	person to notify in event of defective					
1	invoice; and					
	(ix) Taxpayer Identification Number (TIN).					
	The Contractor shall include its TIN on the					
	invoice only if required elsewhere in this					
1	contract. (See paragraph 1 above.)					
	(x) Electronic funds transfer (EFT) banking information.					1
	information.					
	(A) The Contractor shall include EFT					1
	banking information on the invoice only if					
	required elsewhere in this contract.					
	roderroe organista in mirro concrete.					
- 1	(B) If EFT banking information is not	1				
	required to be on the invoice, in order for					
	the invoice to be a proper invoice, the					
	Contractor shall have submitted correct EFT					
	banking information in accordance with the					
	applicable solicitation provision, contract					
	clause (e.g., 52.232-33, Payment by					
	Electronic Funds Transfer-Central					
	Contractor Registration, or 52.232-34,					
	Payment by Electronic Funds Transfer-Other					1
	Continued					
l						
						1
		I	I '		I	

PAGE NO

7

IMPORTANT:	Mark all packages and papers with contract and/or order numbers.							
DATE OF ORDE					ORDER			
08/21/201	12 HSCEDM-11-D-00003				HSCE	DM-12-J-00062		
ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE		AMOUNT	QUANTITY	
(a)	(b)	(c)	(d)	(e)		n	(B)	
	Than Central Contractor Registration), or applicable agency procedures.  (C) EFT banking information is not required if the Government waived the requirement to pay by EFT.  Invoices without the above information may be returned for resubmission.  3. All other terms and conditions remain the same.  PAYMENT INQUIRIES, CONTACT THE DALLAS FINANCE CENTER AT: (214) 915-6161.  The total amount of award: (b)(4)  The obligation for this award is shown in pox 17(i).	(c)				(f)		

\$0.00

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	TA BEOU	ISITION/PURCHASE REQ. NO.	1 2
			2FDN31000051.18	5. PROJECT NO. (If applicable)
P00001 B ISSUED BY CODE	08/21/2012		NISTEREO BY (if other than Item 6)	CODE TOR/DM/DC-TACTINA
	ICE/DM/DC-LAGUNA	-		TCB/ DN/ DC IAGONA
ICE/Detent Mngt/Detent Cont: Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(7)(C); Laguna Niguel CA 92677	orcement	Immi Offi 2400 Attn	Detent Mngt/Detent Cogration and Customs E ce of Acquisition Man O Avila Road, (h)(7)(6) :(b)(7)(C):(b)(6) 949-36 na Niguel CA 92677	inforcement magement
8 NAME AND ADDRESS OF CONTRACTOR (No., street	at, county, State and ZiP Code)		MENDMENT OF SOLICITATION NO.	
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C): BOCA RATON FL 334878242		× 10A × HS0	MODIFICATION OF CONTRACT/ORDER JEDM-11-D-00003 CEDM-12-J-00062 DATED (SEE ITEM 13)	₹ NO
CODE 6127064650000	TFACILITY CODE		/24/2012	
6127064650000	11. THIS ITEM ONLY APPLIES TO	111		
CHECK ONE A THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A	PURSUANT TO (Specify authority) T CT/ORDER IS MODIFIED TO REFLE H IN ITEM 14, PURSUANT TO THE A	THE CHANGE	S SET FORTH IN ITEM 14 ARE MADE IN INSTRATIVE CHANGES (Such as change FAR 43.103(b).	THE CONTRACT
D. OTHER (Specify type of modification	and authority)			
E IMPORTANT: Contractor (X) is not.	) is required to sign this document	and return _	O copies to the issu	ing office.
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 COR: (b)(7)(C); (b)(6) 303-739- Finance POC: (b)(7)(C); (b)(6)	(Organized by UCF section headings, (b)(7)(C); (b)	(6)	ticilation/contract subject matter where feat (C); (b)(6)	sable.)
Contract MSCEDM-11-D-00003 Base Period, Year One was Ta This Task Order is issued fo			4	
The purpose of the administr	ative mod is to con been changed in any	rrect t y way. '	The total amount fund	led for CLIN 0001A
15B CONTRACTOR/OFFEROR (Signsture of person sutherwed to sign)	15C DATE SIGNED		(b)(7)(C); (b)(6)	8-31-12
NSN 7540-01-152-6070				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  HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00001	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF	
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00001	2		2

ITEM NO	SUPPLIES/SERVICES	QUANTITY UNIT		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	is still (b)(4) except it is spread over		$\vdash$		<u> </u>
	two account codes.				
	•				
	Exempt Action: Y		П		
	LIST OF CHANGES:				
	Reason for Modification : Other Administrative	ldt. – n		l l	
	Action Total Amount for this Modification: \$0.00			1	
	Total Amount for this Wodification. 90.00			0.71	
	CHANGES FOR LINE ITEM NUMBER: 1A			2 VIII	
				1 1	
	CHANGES FOR ACCOUNTING CODE:			\[ \]	
	(b)(7)(E)			V	
	Amount changed from (h)(4)	4			
	railoune distinged \$25m. Initial	7			
	NEW ACCOUNTING CODE ADDED:			0.0	
	Account code:			1	(*),
	(b)(7)(E)		1		
	Amount: (b)(4) Discount Terms:			1	
	Net 30				
	FOB: Destination			2-1	
	Period of Performance: 09/16/2012 to 10/31/2012			6	
	All Terms and conditions of Contract			P ()	
	HSCEDM-11-D-00003 apply to this Task Order.				
				11	
				19	
			1		
				i i	
				7.5	
				5 -	
				17	
				9	
			1	[17 m.]	
			1		
				1	
				1700 100	
			1		

AMENDMENT OF BOLICITATION/MO	DIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	Linco	JISITION/PURCHASE REQ. NO.	1 2
			12FDN31000051.21	5. PROJECT NO. (If applicable)
P00002 6 ISSUED BY	See Block 16C		INISTERED BY (If other than Item 6)	CODE TOF /DM/DC-I ACTIVIT
	TCE/ DN/ DC-LAGONA			TCE/ DM/ DC-LAGUNA
ICE/Detent Mngt/Detent Co Immigration and Customs !			Detent Mngt/Detent C	
Office of Acquisition Mar			gration and Customs	
24000 Avila Road, (b)(7)(			ce of Acquisition Mar 0 Avila Road, (b)(7)(	
Laguna Niguel CA 92677	5),		:(b)(7)(C):(b)(6) 949-3	
			na Niquel CA 92677	ov <u>ithir ita</u>
B NAME AND ADDRESS OF CONTRACTOR (AN	, street, county, State and ZIP Code)	(x) BA	AMENDMENT OF SOLICITATION NO	
SEO GROUP INC THE		H		
521 NW 53RD ST (b)(7)(C):		98	DATED (SEE ITEM 11)	· · · · · · · · · · · · · · · · · · ·
OCA RATON FL 334878242			inca (accinem in)	
33. 16.101. 12 33.10.02.12				
		X HS	MODIFICATION OF CONTRACT/ORDS CEDM-11-D-00003	R NO.
			CEDM-12-J-00062	
			DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE		/24/2012	
	11. THIS ITEM ONLY APPLIES T			
The above numbered solicitation is amended a				extended.   ] is not extended.
Offers must acknowledge receipt of this amend tems 8 and 15, and returning separate letter or telegram which includes a ref. THE PLACE DESIGNATED FOR THE RECEIP writtee of this amendment you desire to change to the solicitation and this amendment, and is re-	copies of the amendment; (b) By acknow elence to the solicitation and amendment ru IT OF OFFERS PRIOR TO THE HOUR AND an offer already submitted, such change ma	wiedging rece umbers FAIL D DATE SPEC ly be made by	ipt of this amendment on each copy of the URE OF YOUR ACKNOWLEDGEMENT CIFIED MAY RESULT IN REJECTION OF	offer submitted, or (c) By TO BE RECEIVED AT FYOUR OFFER If by
2. ACCOUNTING AND APPROPRIATION DATA	//f marriand)	et Inci		(1)/4)
ee Schedule	N	et inci	Lease:	(b)(4)
13. THIS ITEM ONLY APPLIES	TO MODIFICATION OF CONTRACTS/ORG	DERS. IT MO	DIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.
A THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 1DA.	UED PURSUANT TO: (Specify authority) T	THE CHANGE	S SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT
B. THE ABOVE NUMBERED CO	NTRACT/ORDER IS MODIFIED TO REFLE ORTH IN ITEM 14, PURSUANT TO THE A	CT THE ADM	INISTRATIVE CHANGES (such as changes)	es in paying office.
appropriation date, etc.) SET F	ORTH IN ITEM 14, PURSUANT TO THE A	AUTHORITY (	DF FAR 43 103(b).	
C THIS SUPPLEMENTAL AGRE	EMENT IS ENTERED INTO PURSUANT TO	O AUTHORIT	Y OF:	
D OYNER (Specify type of modifi-	cation and authority)			
X Unilateral IAW FA	R 32.703(a) Funding A	ction		
IMPORTANT: Contractor X is a			O copies to the ias	and officer
DESCRIPTION OF AMENDMENTAMODIFICA				1 1 <del>-</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
JNS Number: 612706465	TION (Organized by OCF SECOND INSCHINGS	, according so	astalonocontract subject matter where ha	350/e.)
	-875- (b)(6): (	(b)(7)(C)		
(b)(1)(0), (b)(0)	(b)(6), (	(b)(7)(C)		
nis Task Order is issued	for Base Period, Year	2.		
ne purpose of the modification (b)(4)	cation is to provide f	funding	on CLIN 0001A in the	amount of
kempt Action: Y				
IST OF CHANGES:				
eason for Modification :	Funding Only Action			
otal Amount for this Mod				
ontinued	11100110111 (D)(4)			
	t of the description of selections	104		
copt as provided herein, all terms and conditions  A. NAME AND TITLE OF SIGNER (Type or print		_		
=a ar aranta (1) pre de prin	*	IGAL MA	ME AND TITLE OF CONTRACTING OF	FIGER (1999 of print)
B CONTRACTOR/OFFEROR	15C DATE SIGNED			16C DATE SIGNED
		H	(b)(7)(C); (b)(6)	0.3-
(Signature of person authorized to sign)				1 17-27-12
SN 7540-01-152-8070				ARD FORM 30 (REV. 10-83)
evious edition unusable				Prescribed by GSA FAR (48 CFR) 53 243

CONTIN	NUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED			-		OF 1
VAME OF C	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00	0002		<u> </u>	2	2
	FFERDR OR CONTRACTOR DUP INC THE					
ITEM NO		1 -				
(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)		UNIT PRICE	AMOU	
,,,,		(0)	(D)	(E)	(F	.)
	New Total Amount for this Version: (b)(4)  New Total Amount for this Award: (b)(4)					
	New Total Amount for this Award: (b)(4) Obligated Amount for this Modification:					
	(b)(4)					
	New Total Obligated Amount for this Award:					
	(b)(4)					
	Funded Amount changed: from (b)(4)					
	(b)(4)					
	CULTURE TOP A PAGE TO THE PAGE					
	CHANGES FOR LINE ITEM NUMBER: 0001A Quantity changed from (b)(4)					
				· * * · · · · · · · · · · · · · · · · ·		
	Total Amount changed from (b)(4)					
	Obligated Amount for this modification:			<b>1</b>		
	(b)(4)			115		
	Funded Amount changed from (b)(4)					
	(b)(4)					
	NEW ACCOUNTING CODE ADDED:					
	Account code:					
				7		
	(b)(7)(E)					
	Quantity: (h)(A)					
	Amount: (b)(4)					
	Discount Terms: (b)(4)					
	FOB: Destination		Mills.			
	Period of Performance: 09/16/2012 to 10/31/2012					
				- 1		
	Change Item 0001A to read as follows(amount shown					
	is the obligated amount):	1 7				
01A	Bed Day Rate For Minimum Quantity - The			(1-)(4)		
	Governments minimum quantity to be ordered via			(b)(4)		
	task order is $(b)(4)$ per day multiplied by $(b)(4)$					
	(b)(4) for a total of $(b)(4)$ DA.					
	Product/Service Code: [/h]///					
	Product/Service Description: HOUSEKEEPING- GUARD					
	All Terms and conditions of Contract					
	HSCEDM-11-D-00003 apply to this Task Order.					
	Base Period, Year One was Task Order			1/1/25		
	HSCEDM-11-J-00054					
			81			
				-		
				H		
		1				
	[/ * \/ · ]					

AMENDMENT OF SOLICITATION/MODI	FICATION OF CONTRACT		. CONTRACT ID CODE	PAGE (	F PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQU	SITION/PURCHASE REQ. NO.	S. PROJECT N	O. (if applicable)
P00007	See Block 16C	19211	3FDN31000001.5		
8. ISSUED BY CO		7. ADMI	NISTERED BY (If other than item 6)	CODE ICE	/DM/DC-LAGUN
ICE/Detent Mngt/Detent Con Immigration and Customs Er Office of Acquisition Mana 24000 Avila Road, (b)(7)(C Laguna Niguel CA 92677	stract-LAG sforcement sgement :	Immi Offi 2400 Attn Lagu	Detent Mngt/Detent C gration and Customs ce of Acquisition Ma D Avila Road. (h)(7) (b)(7)(C);(b)(6) 90 on Niguel CA 92677	Contract-LAGEnforcement anagement (C);	; :
B. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP Code)	(x) 9A. A	MENDMENT OF SOLICITATION NO.		
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C): BOCA RATON FL 334878242		x 10A. HSC	MODIFICATION OF CONTRACT/ORD CEDM-11-D-00003 CEDM-12-J-00062 DATED (SEE ITEM 13)	ER NO.	
CODE 6127064650000	FACILITY CODE		/24/2012		
***************************************	11. THIS IYEM ONLY APPLIES				
THE PLACE DESIGNATED FOR THE RECEIPT wifus of this amendment you desire to change an to the solicitation and this amendment, and is recitation and appropriation DATA (6).	offer already submitted, such change ma rived prior to the opening hour and date s	ay be made by	leiugram or letter, provided each tolege	OF YOUR OFFER. III ram or lotter makes re  (b)(4)	by erenco
See Schedule					
13. THIS ITEM ONLY APPLIES T	O MODIFICATION OF CONTRACTS/OR	DERS. IT MOD	IFIES THE CONTRACT/ORDER NO. A	AS DESCRIBED IN ITE	M 14.
C. THIS SUPPLEMENTAL AGREEN  D. OTHER (Specify type of modifical		TIROHTUA OT	Y OF:	ingos in paying office.	
	32.703-1(b) Funding				
E. IMPORTANT: Contractor (E) is no 14. DESCRIPTION OF AMENDMENT/MODIFICATION.		_	O copies to the in		
	for Base Period, Year ation is to provide in the amount of the amount of (b)(4) (b)(4) and CLIN 4)	funding (b)(4) (4) C: 0005 is	on CLIN 0001A in the plan the amount of	e amount of unt of (h)(4)	b)(4)
The district of the state of th		IGA. NA	ME AND THE UP CONTRACTING (	OFFICER (Type of pri	n)
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)  NSN 7540-01-152-8070  Provious action unusable	15C. DATE SIGNED	D	(b)(7)(C); (b)(6)		3C. DATE SIGNED
All the second s		-		FAR (48 CFR) 53.2	42

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE (	DF .
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00007	2	9

ITEM NO		SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)		(B)	(C)	(D)	(E)	(F)
	0001B 0002A 0002B 0003 0004 0005	(b)(4)				
	cover the	mated that the funds obligated will noted CLINs for the period through				
	available	However, any balance remaining is for payment of services rendered se end of this task order.				
	Exempt Act		ļ,			
	Period Of 31-MAR-13	Modification : Funding Only Action Performance End Date changed from to 30-APR-13				
	New Total New Total	Amount for this Award: (b)(4)  Amount for this Award: (b)(4)				
	(b)(4)	Amount for this Modification:  Obligated Amount for this Award:				
	Quantity of Total Amount from Obligated	OR LINE ITEM NUMBER: IA changed from (b)(4) ont changed (b)(4)  Amount for this modification:				
	(h)(4) Incrementa	1 Funded Amount changed from (b)(4)				
	Quantity o	thanged from (b)(4)  inged from (h)(4)				
	NEW ACCOUNT CO	- 100 Colors			2 6	
	Quantity:[ Amount:	(b)(7)(E) (b)(4) (b)(4)				
	CHANGES FO	R LINE ITEM NUMBER: 18				

CONTINUE TON CUETY	REFERENCE NO. OF DOCUMENT BEING CONTINUED		
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00007	3	9

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Quantity changed from (h)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			,]	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)  NEW ACCOUNTING CODE ADDED:				
	Account code: (b)(7)(E)				
	Quantity: /b///\ Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 4 Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this modification: (h)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (h)/// Amount changed from (h)///				
	NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)				
	Quantity: (b)(4) Amount: (h)(4)				
	CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code: Continued				
ISN 7840 01.152					

CONTINUATION OFFICE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00007	4	9

NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E)		111		
	Quantity: /k\//\			1	
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 2A				
	CHANGES FOR LINE ITEM NUMBER: 2A  Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(A)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from /h\///\				
	Amount changed from (b)(4)	]			
	NEW ACCOUNTING CODE ADDED:			9 11	
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)				
	10/147				
	CHANGES FOR LINE ITEM NUMBER: 2B				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)			A 1	
	CUANCES FOR DELIVERY LOCATION. LOCACO (CONTENUES)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)				
	Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	/b)/7)/E)				
	(b)(7)(E)				
	Quantity: 0				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3				
	CHANGES FOR LINE ITEM NUMBER: 3  Quantity changed from (b)(4)			You keep	
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)	1			
	12/1/	1			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)			V	
	Amount changed from (b)(4)		i		
	NEW ACCOUNTING CORP. ADDED.				
	NEW ACCOUNTING CODE ADDED: Account code:				
	Continued				
		1 6			
		1			

CONTIN	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00	007			PAGE OF 5 9
	FEROR OR CONTRACTOR UP INC THE				
ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	<b>инп</b> (D)	UNIT PRICE	AMOUNT (F)
	(b)(7)(E)  Quantity: (h)(A)  Amount: (b)(4)  FOB: Destination Period of Performance: 09/16/2012 to 04/30/2013  Change Item 0001A to read as follows(amount shown is the obligated amount):				
0001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via task order is (b)(4) per day multiplied by (h)/days for a total of (h)(4) DA.  Product/Service Code: (b)(4)  Product/Service Description: HOUSEKEEPING- GUARD  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:				
	Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:				
	(b)(7)(E)  Funded: \$0.00 Accounting Info:				
	(b)(7)(E) Funded: \$0.00 Accounting Info:				
	(b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Continued				

GRO	UP INC THE				
M NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	(h)(7)(F)		1		
	Funded: (h)(4)				
	Change Item 0001B to read as follows(amount shown is the obligated amount):				
18	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4)	
	Government may order an additional quantity				
	estimated to be				
	Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00 Accounting Info: (b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E) Fundea: \$0.00			111	
	Accounting Info:				
	(b)(7)(E)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)	4, 1		0 (2)	
	Change Item 0002A to read as follows(amount shown is the obligated amount):				
2A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			(b)(4	)
	includes all staff, vehicles and vehicle maintenance.				
	(b)(4) per month				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:	h o Y			
	(b)(7)(E)	10			
	concinued				
		l su		4 4	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00007	7	9

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (h)//)				
	Change Item 0002B to read as follows(amount shown is the obligated amount):				
0002B	Direct Fuel Pass-Thru. Bill exact cost paid at				(b)(4)
	the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed $(b)(4)$ without		Ηİ		
	Contracting Officer's prior approval.				
	•				
	Accounting Info:			- 1	
	(b)(7)(F)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	Remote Custody. These estimated hours are for			/b)/4	\
	detainee medical trips/visits and associated			(b)(4	)
	waiting time for detention officers only, not to exceed $(b)(4)$				
	exceed (b)(4)				
	(b)(4) per hour		11		
	Accounting Info:				
	(b)(7)(E); (b)(4)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Continued				
				<b>a</b>	

	OR OR CONTRACTOR INC THE				
	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
Fit Add Fit Ad	(b)(7)(E)  unded: \$0.00  ccounting Info:  (b)(7)(E)  unded: (b)(4)  hange Item 0004 to read as follows(amount shown s the obligated amount):  tipend for Detainee Work Program - Reimbursement or this line item will be at actual cost of (14)  ot exceed (b)(4) without prior approval by the ontracting Officer.  (ccounting Info:  (b)(7)(E)  unded: \$0.00  ccounting Info:  (b)(7)(E)	(b)(4)		(E)	(1)
From Account of the A	unded: \$0.00 ccounting Info:  (b)(7)(E) unded: \$0.00 ccounting Info:  (b)(7)(E) unded: \$0.00 ccounting Info:  (b)(7)(E) unded: (b)(4)  hange Item 0005 to read as follows(amount shown is the obligated amount):  EDICAL SERVICES. In accordance with the terms indicanditions of this contract. Monthly Flat ixed Fee includes all medical staff and in-house upplies.  (b)(4) PER MONTH ccounting Info:  (b)(7)(E) unded: \$0.00 continued			(b)(4)	

NSN 7540-01-152-8067

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00007	9	9

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE QUANTITY UNIT UNIT PRICE SUPPLIES/SERVICES AMOUNT ITEM NO (C) (D) (E) (F) (A) (B) Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)(b)(4)Funded:

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 6
P00003	See Block 16C	192113FDN31000001	S. F. NOOCO F (NO. (N BAPAICEDO))
6 ISSUED BY CODE		7. ADMINISTERED BY (If other than Item 8)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cont Immigration and Customs Enf Office of Acquisition Manag 24000 Avila Road, (b)(7)(C): Laguna Niguel CA 92677	ract-LAG orcement	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, (h)/7 Attn: (h)/6) (h)/7)(C) 949-	Contract-LAG Enforcement lanagement
8 NAME AND ADDRESS OF CONTRACTOR (No., 50%)	ol, county, State and ZIP Code)	Laguna Niguel CA 92677 (x) BA AMENDMENT OF SOLICITATION NO.	
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C); BOCA RATON FL 334878242		SB. DATED (SEE ITEM 11)	
		X HSCEDM-11-D-00003 HSCEDM-12-J-00062	BER NO.
CODE 5127064650000	TFACILITY CODE	10B. DATED (SEE ITEM 13)	
6127064650000		08/24/2012	
writes of this amendment you desire to change an off to the solicitation and this amendment, and is received 12 ACCOUNTING AND APPROPRIATION DATA (# re	fer already submitted, such change mained prior to the opening hour and date specially	DIDATE SPECIFIED MAY RESULT IN REJECTION by be made by talagram or letter, provided each tolor pecified  et Increase:	
See Schedule		PERS. IT MODIFIES THE CONTRACT/ORDER NO.	
B THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CCT/ORDER IS MODIFIED TO REFLE IN IN ITEM 14, PURSUANT TO THE A NT IS ENTERED INTO PURSUANT TO	THE CHANGES SET FORTH IN ITEM 14 ARE MAD  CT THE ADMINISTRATIVE CHANGES (SUCT) as Ch  UTHORITY OF FAR 43 103(b).	
	32.703(a) Funding A		<u> </u>
E. IMPORTANT: Contractor  is not.	j is required to sign this document		issuing office.
14 DESCRIPTION OF AMENDMENTMODIFICATION DUNS Number: 612706465	(Organized by UCF section needings	i, including solicitation/contract subject matter when	i feasible )
COR: $(b)(7)(C); (b)(6)$ 720-8	75 (b)(7)(	C); (b)(6)	
This Task Order is issued for	or Base Period, Year	r 2.	
The purpose of the modificate to extend the Period of Period .			(b)(4)
Exempt Action: Y			
•			
Continued			
Except as provided herein, all terms and conditions of	the document referenced in hem 9A or		
15A NAME AND TITLE OF SIGNER (Type or print)		18A NAME AND TITLE OF CONTRACTING	CFFICER (Type or print)
158. CONTRACTOR/OFFEROR	15C. DATE SIGNED	(b)(7)(C); (b)(6)	16C. DATE SIGNED
(Signature of porson authorized to sign)	<u>+</u>		10-30-12
NSN 7540-01-152-8070 Previous edition urusable		1	STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53:243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	01	F
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00003	2		6

JEO	GROUP	INC	THE	

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	LIST OF CHANGES:	<del>                                     </del>	1 +		<del></del>
	Reason for Modification : Funding Only Action				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Version (b)(4)				
	New Total Amount for this Award: (b)(4) Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(h)(4)				
	Incremental Funded Amount changed: from			17	
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 0001A				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)				
	(b)(4)	1117 0 1	1 1		
	Obligated Amount for this modification:		1		
	(b)(4) Incremental Funded Amount changed from				
	(b)(4)				
	(2)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:	1			
	(b)(7)(E)				
	Quantity: (b)(4) Amount: (b)(4)	1			
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 00018				
	Quantity changed from (b)(4)	h 972			
	Total Amount changed from (b)(4)	7			
	(b)(4) Obligated Amount for this modification:				
	(b)(4)	1			
		14.4			
	NEW ACCOUNTING CODE ADDED:				
	Account code:		1		
	(b)(7)(E)	ll' 1			
	Amount: (b)(4)				
	101121				
	CHANGES FOR LINE ITEM NUMBER: 0002A				
	Quantity changed from (b)(4)				
		J.			
	Obligated Amount for this modification:				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code: (b)(7)(E)				
	Continued				
		1			
	W				
Pt 7540-01-152	, gray				

CONTINUATION SUSET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	P/	AGE (	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00003		3	6

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
()	(B)	(C)	(D)	(E)	(F)
	Quantity: (h)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 0002B				
	Total Amount changed				
	from (b)(4)				
		4			
	Obligated Amount for this modification: (b)(4) Qualifier changed from By Quantity to By Dollars	7			
	quarter changes from by quartery to by borrars	6			
	NEW ACCOUNTING CODE ADDED:		1 1		
	Account code:			7 7 13	
	(b)(7)(E)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 0003			V 0/1	
	Quantity changed from (h)(4)				
	Total Amount changed from (b)(4)				
	(h)(4)		1 1		
	Obligated Amount for this modification: (b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(A)	l A A A	1 1		
	Amount: (b)(4)		i I		
	CHANGES FOR LINE ITEM NUMBER: 0004		1		
	Quantity changed from /h\//\				
	Total Amount changed from (b)(4)		1 1		
	Obligated Amount for this modification: (h)(1)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(4)				
	Amount: (b)(4)				
	TON-TI				
	CHANGES FOR LINE ITEM NUMBER: 0005				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(		1 1		
	Amount: (b)(4)				
		1			
	Continued				
	) to (i				
		1	1 1		

EM NO.					
	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
- 1	FOB: Destination Period of Performance: 09/16/2012 to 12/31/2012 Change Item 0001A to read as follows(amount shown is the obligated amount):				
	Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is $(b)(4)$ per day multiplied by $(b)(4)$ days for a total of $(b)(4)$ Product/Service Code: $(b)(4)$ Product/Service Description: HOUSEKEEPING- GUARD			(b)(4)	
	Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)				
	Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00				
	Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: (b)(4)				
İ	Change Item 0001B to read as follows(amount shown is the obligated amount):				
	Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity estimated to be			(b)(4)	
	Product/Service Description: HOUSEKEEPING- GUARD  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:				
	Continued				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00003	5		6

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(h)(7)(F)				
	Funded: (h)(4) Discount Terms:	10 1			
	(b)(4)			0.43	
	117/147			Λ.	
	Change Item 0002A to read as follows (amount shown				
	is the obligated amount):			A P	
0002A	TRANSPORTATION CURVINGE	_			
JUUZA	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle			(b)(4)	
	maintenance.				
	(b)(4) per month	0.0			
	•				
	Accounting Info:				
		i			
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)			- Mg-	
	Change Item 0002B to read as follows(amount shown			911	
	is the obligated amount):	l o a l		11	
				1117	
0028	Direct Fuel Pass-Thru. Bill exact cost paid at				(b)(4)
	the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) without				77
	Contracting Officer's prior approval.				
	Accounting Info:	1 3			
	(b)(7)(E)	b** "			
	Accounting Info:	1			
	(b)(7)(E)	1 0 11			
	runded: (b)(d)				
	Ch The 2003 4				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
	To the sorigated amount).				
003	Remote Custody. These estimated hours are for			(b)(4)	
	detainee medical trips/visits and associated	-			
	waiting time for detention officers only, not to exceed $(b)(4)$ hours.				
	exceed (D)(4) Bours.				
	(b)(4) per hour				
	Accounting Info:			J.[]]	
	Continued				
				1	
N 7540-01-152	3097				

for this line item will be at actual cost of  (b)(4)  The contractor shall  not exceed (b)(4) without prior approval by the  Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: (b)(A)  Change Item 0005 to read as follows(amount shown is the obligated amount):	6
Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 0004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: (b)(7)(E)  Funded: (b)(7)(E)  Funded: (b)(7)(E)  Funded: services. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	AMOUNT (F)
Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 0004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement (b)(4)  for this line item will be at actual cost of (b)(4)  The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: (b)(7)(E)  Funded: (h)(A)  Change Item 0005 to read as follows(amount shown is the obligated amount):  (D5)  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
Funded: (b)(4)  Change Item 0004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: (b)(7)(E)  Funded: (b)(7)(E)  Change Item 0005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
Change Item 0004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: \( \begin{array}{c} (b)(7)(E) \\ Funded: \( \begin{array}{c} (b)(7)(E) \\ Funded: \( \begin{array}{c} (b)(7)(E) \\ Funded: \( \begin{array}{c} (b)(7)(E) \\ Finded: \( \begin{array}{c} (b)(7)(E) \\ Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \( \begin{array}{c} (b)(7)(E) \\ Funded: \( \begin{array}{c} (c)(1)(E) \	
is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: (b)(7)(E)  Funded: (b)(7)(E)  Funded: (b)(7)(E)  Change Item 0005 to read as follows (amount shown is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  Der Month  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)	
for this line item will be at actual cost of (b)(4)  The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: 50.00  Accounting Info:  (b)(7)(E)  Funded: (b)(7)(E)  Funded: (b)(7)(E)  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  Derivating Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
(b)(4) The contractor shall not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: 1/b)(A)  Change Item 0005 to read as follows (amount shown is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
not exceed (b)(4) without prior approval by the Contracting Officer.  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: /h)(A)  Change Item 0005 to read as follows (amount shown is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)	
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: (b)(7)(E)  Change Item 0005 to read as follows (amount shown is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)	
Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded:	
(b)(7)(E)  Funded:	
Change Item 0005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
is the obligated amount):  MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	
and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4)  PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:	
and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  (b)(4) PER MONTH  Accounting Info:  (b)(7)(E) Funded: \$0.00 Accounting Info:	
supplies.  (b)(4) PER MONTH  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)	
Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)	
Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)	
(b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E)	
Funded: \$0.00 Accounting Info: (b)(7)(E)	
(b)(7)(E)	

AMENDMENT OF SOLIC	CITATION/MODIFICA	TION OF CONTRACT	1.	CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATIO	ON NO.	3. EFFECTIVE DATE	4. REQUIS	SITION/PURCHASE REQ. NO.	5.	PROJECT NO. (If applicable)
P00004		See Block 16C	See So	chedule		
6. ISSUED BY	CODE	ICE/DM/DC-LAGUNA	7. ADMIN	IISTERED BY (If other than Iter	n 6) CC	DDE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/ Immigration and Office of Acquis 24000 Avila Road Laguna Niguel CF	Customs Enfor sition Managem 1, (h)(7)(C):	cement	Immig Offic 24000 Attn:	ration and Custometric of Acquisition Avila Road, Road	oms Enfo n Manage om 3104 49-360 (	rcement ment
B. NAME AND ADDRESS OF C	ONTRACTOR (No., street,	county, State and ZIP Code)		MENDMENT OF SOLICITATION		
GEO GROUP INC TH 521 NW 53RD ST (1) BOCA RATON FL 33	)(7)(C):		9B DA	ATED (SEE ITEM 11)		
			x HSC	MODIFICATION OF CONTRAC EDM-11-D-00003	T/ORDER NO.	
			HSC	EDM-12-J-00062		
			10B. D	DATED (SEE ITEM 13)		
CODE 61270646500	000	FACILITY CODE	08/	/24/2012		
		11. THIS ITEM ONLY APPLIES TO	AMENDMEN	ITS OF SOLICITATIONS		
THE PLACE DESIGNATED F virtue of this amendment you	nich includes a reference to OR THE RECEIPT OF OI desire to change an offer	es of the amendment, (b) By acknowle the solicitation and amendment num FFERS PRIOR TO THE HOUR AND I already submitted, such change may be prior to the opening hour and date spe	nbers. FAILU DATE SPECI be made by t	IRE OF YOUR ACKNOWLEDG	EMENT TO BE	RECEIVED AT OFFER. If by
12. ACCOUNTING AND APPRO	OPRIATION DATA (If requ	ired) Ne	t Incre	ease:		(b)(4)
See Schedule		DIFICATION OF CONTRACTS/ORDE				
		/ORDER IS MODIFIED TO REFLECT N ITEM 14, PURSUANT TO THE AU IS ENTERED INTO PURSUANT TO A			as changes in p	aying office,
	ecify type of modification a		W 40 miles			
X   Unilater	al IAW FAR 32	.703(a) Funding Act	tion			
E. IMPORTANT: Contractor		is required to sign this document ar			to the issuing off	Ce.
	MENT/MODIFICATION (C 2706465	rganized by UCF section headings, in	including solic	citation/contract subject matter	where feasible.)	
COR: (b)(7)(C)·(b		(b)(7)(C	C); (b)(6)			
		Base Period, Year				
The purpose of t		on is to extend the in funding as follo		end date from 12	/31/12 t	0 3/31/2013
0001A 0001B 0002A	(b)(4)					
Continued						
Except as provided herein, all to 15A. NAME AND TITLE OF SIG		document referenced in Item 9A or 10		fore changed, remains unchang ME_AND_TITLE_OF_CONTRAC		
The of the	The se build		I SAL IVA	THE TITLE OF CONTRAC	THIS OFFICER	(1) po or printy
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		(b)(7)(C); (b)(6)		Dec. 3/1
NSN 7540-01-152-8070 Previous edition unusable		•			rescr	DARD FORM 30 (REV. 10-83) bed by GSA 48 CFR) 53.243

CONTINUE TION OFFEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00004	2		6

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE	AMOUNT (F)
	0002B 0003 0004 0005 TOTAL: (b)(4)			
	It is estimated that the funds obligated will cover the noted CLINs for the period through 3/31/13. However, any balance remaining is available for payment of services rendered through the end of this task order.  Exempt Action: Y			
	LIST OF CHANGES: Reason for Modification : Funding Only Action Period Of Performance End Date changed from 31-DEC-12 to 31-MAR-13			
	Total Amount for this Modification New Total Amount for this Version: New Total Amount for this Award: Obligated Amount for this Modification: (b)(4)  New Total Obligated Amount for this Award: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  Funded Amount changed from (b)(4)			
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (h)(4)			
	Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1B  Quantity changed from (b)(4)  Total Amount changed from (b)(4)  (b)(4)  Obligated Amount for this modification:			
	(b)(4)  NEW ACCOUNTING CODE ADDED:  Continued			

CONTINUA	ATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-12-J-00062/P0	0004			PAGE 0	)F
	OR OR CONTRACTOR INC. THE					1
TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUI	
A COT O NA OT O	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E) Quantity: //h\//A\) Amount: //h\//A\) CHANGES FOR LINE ITEM NUMBER: 2A Quantity changed from //h\//A\) COLAL Amount changed from //h\//A\) COLAL Amount changed from //h\//A\) COLAL Amount for this modification: (b)(4) COLAL Amount for this modification: (b)(4) COLAL Amount code: (b)(7)(E) CHANGES FOR LINE ITEM NUMBER: 2B COLAL Amount changed from //h\//A\) CHANGES FOR LINE ITEM NUMBER: 2B COLAL Amount changed from //h\//A\) CHANGES FOR LINE ITEM NUMBER: 3 CHANGES FOR LINE ITEM NUMBER: 3 CHANGES FOR LINE ITEM NUMBER: 3 CHANGES FOR LINE ITEM NUMBER: 3 CHANGES FOR LINE ITEM NUMBER: 3 CHANGES FOR LINE ITEM NUMBER: 3 CHANGES FOR LINE ITEM NUMBER: 4 CHANGES FOR LINE ITEM NUMBER:					

CONTINUATION SUBERT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00004	4	6

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	NEW ACCOUNTING CODE ADDED:	-		(E)	(1)
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(4) Amount: (h)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 5				
	Quantity changed from (b)(4)  Total Amount changed from (b)(4)			14	
	(b)(4)				
	Obligated Amount for this modification: (b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:			00	
	(b)(7)(E)			· A 49	
	Quantity: (L)(A)				
	Amount: (b)(4)			, Ja	
	Discount Terms:				
	(b)(4)  FOB: Destination			100	
	Period of Performance: 09/16/2012 to 03/31/2013				
	Change Item 0001A to read as follows(amount shown			J. 1	
	is the obligated amount):				
)1A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via				
	task order is (b)(4) per day multiplied by (b)(4) days for a total of (b)(4) $pA$ .	4		11	
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING GUARD			4 11	
	(b)(7)(E)				
			M.	- 1	
	Delivery: 09/15/2013				
	Change Item 0001B to read as follows(amount shown				
	is the obligated amount):				
01B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4)	
	Government may order an additional quantity estimated to be (b)(4) per				
	day multiplied by (b)(4) for a total possible				
	of (b)(4) days.				
	Continued				
	1700				
	K ,				
		1			

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE O		
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00004	5	-   6	6

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
-	Product/Service Code: \$206		1		
	Product/Service Description: HOUSEKEEPING- GUARD				
	(b)(7)(E)				
	Delivery: 30 Days After Award				
	Change Item 0002A to read as follows(amount shown	1			
	is the obligated amount):	90			
0002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			(b)(4)	
	includes all staff, vehicles and vehicle maintenance.				
				0 //	
	(b)(4) per month			* 9 1	
	•				
	(b)(7)(E)				
	Delivery: 09/15/2013				
	Change Item 0002B to read as follows(amount shown				
	is the obligated amount):				
00000					
0002B	Direct Fuel Pass-Thru. Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups				(b)(4)
	are allowed. Not to exceed (b)(4) without				
	Contracting Officer's prior approval.			1	
	(b)(7)(E)				
	No. of the Control of				
	Delivery: 09/15/2013				
	Change Item 0003 to read as follows(amount shown				
	is the obligated amount):	1 6		- "	
0003	Donate Control of the control of the	-		(1)(1)	
0003	Remote Custody. These estimated hours are for detainee medical trips/visits and associated			(b)(4)	
	waiting time for detention officers only, not to	45			
	exceed (h)(4) hours.				
	(b)(4) per hour		li		
		1.3		- 11	
	(b)(7)(E)		1		
	Delivery: 09/15/2013	1.0(2)			
	Change Item 0004 to read as follows(amount shown				
	is the obligated amount): Continued				
		h   1			
NSN 7540-01-152				COT	TONAL FORM 338 (4-86)

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00004	6	6

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
04	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
	for this line item will be at actual cost of	(-7(-7			
	(b)(4) The contractor shall				
	not exceed $(b)(4)$ without prior approval by the			1	
	Contracting Officer.				
	(b)(7)(E)				
	(=/(-/(=/	1, 4			
	Delivery: 09/15/2013				
	Change Item 0005 to read as follows (amount shown				
	is the obligated amount):				
05	MEDICAL SERVICES. In accordance with the terms			(b)(4)	
	and conditions of this contract. Monthly Flat	-		(2)(1)	
	Fixed Fee includes all medical staff and in-house supplies.	$\{p^{V}\}$			
	(b)(4) PER MONTH				
	(b)(7)(E)				
				, 1	
	Delivery: 09/15/2013		1		
	Delivery Location Code: ICE/ERO/CENTENNIAL ICE-ERO-FOD-FDN				
	Immigration Customs Enforcement			ľ	
	12445 East Caley Avenue			- 61	
	Centennial CO 80111				
				0.4	
				7 (1)	
				4	
				1117	
				_ 1	
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				1	
		1 2			

AMENDA	ENT OF SOLICITATION/MODIFI	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
		CATION OF CONTRACT		1 4
2 AMENDMI	ENT/MODIFICATION NO	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO	5. PROJECT NO (If applicable)
P00005		See Block 16C	192113FDN31000001.3	
6 ISSUED 8		TCE/ DM/ DC-DAGONA	7 ADMINISTERED BY (If other than Item 6)	ICE/DM/DC-LAGUNA
Immigra Office 24000 A	tent Mngt/Detent Contation and Customs Enf of Acquisition Manag Avila Road, (h)(7)(C) Niguel CA 92677	orcement		Enforcement inagement
8 NAME AN	D ADDRESS OF CONTRACTOR (No., serv	ret, county, State and ZIP Code)	Laguna Niguel CA 92677	
621 NW	SUP INC THE 53RD ST (b)(7)(C) TON FL 334878242		yB. DATED (SEE ITEM 11)  x HOA MODIFICATION OF CONTRACT/ORDI HSCEDM-11-D-00003 HSCEDM-12-J-00062	ER NO.
			10B DATED (SEE ITEM 13)	
CODE 6	127064650000	FACILITY CODE	08/24/2012	
		11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS	
virtue of the	atter or telegrem which includes a reference CE DESIGNATED FOR THE RECEIPT Of is amendment you desire to change an of	se to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND fer already submitted, such change may ed prior to the opening hour and date sponsor.		TTO BE RECEIVED AT SEYOUR OFFER. If by am or letter makes reference
See Sch		Ne	t Increase:	(b)(4)
	13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORDE	RS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14,
CHECK DNE			T THE ADMINISTRATIVE CHANGES (such as char ITHORITY OF FAR 43 103(b).	
	C THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT TO	AUTHORITY OF	<del></del>
	D OTHER (Specify type of modification	n and authority)		
X	Unilateral IAW FAR	32.703(a) Funding Ac	tion	
E. IMPORTAL	NT: Contractor K is not.	is required to sign this document a	and return O copies to the is	Suing office
14 DESCRI	PTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings, i	including solicitation/contract subject matter where it	
DUNS Nu	mber: 612706465			
COR:	(b)(7)(C); (b)(6) 720-8	75 (b)(7)(C)	); (b)(6)	
The pur	pose of the modificat	or Base Period, Year	unding on CLIN 0001A in th	e amount of
(b)(4)	and CLIN 0005 in	the amount of (	(b)(4)	
A1000				
0005	(b)(4)			
Continu				
15A NAME A	WD TITLE OF SIGNER (Type or prof)	Tre document referenced in Item 9A or 10	DA, as heretolore changed, remains unchanged and	
	The state of the s		'6A NAME AND TITLE OF CONTRACTING O	FFICER (Type or pnnl)
158 CONTRA	ACTOR/OFFEROR	15C DATE SIGNED		16C DATE SIGNED
			(b)(7)(C); (b)(6)	71-113
NSN 7540-01	(Separature of porson eathorized to sign)			13/5/15
Provious activ				ORM 30 (REV. 10-83) GSA
				FAR (48 CFR) 53.243

CONTINUATION SHEET REFERENCE NO. C	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00005	2	4

It is estimated that the funds obligated will cover the noted CLINs for the period through 3/31/13. However, any balance remaining is available for payment of services rendered through the ond of this task order.  Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Modification: (b)(4) New Total Amount for this Avard: (b)(4) New Total Amount for this Modification: (b)(4)  New Total Obligated Amount for this Avard: (b)(4)  New Total Obligated Amount for this Avard: (b)(4)  CHANGES FOR LINE ITEN NUMBER: 1A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: ANAVAL Amount: (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEN NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL CONTINUED	ON M	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT
cover the noted CLINs for the period through 3/3/1/3. However, any balance remaining is available for payment of services rendered through the end of this task order.  Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Version: (b)(4) New Total Amount for this Award: (b)(4) Obligated Amount for this Award: (b)(4) Incremental Funded Amount changed: from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1A Quantity changed from (b)(4) Total Amount changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: TANAAL AMOUNT: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL		TOTAL: (b)(4)				
LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Version: (b)(4) Obligated Amount for this Award: (b)(4) (b)(4) New Total Obligated Amount for this Award: (b)(4)  (b)(4) Incremental Funded Amount changed: from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1A Quantity changed from (b)(4) Total Amount changed from (b)(4)  Incremental Funded Amount changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: TANJAL Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Obligated Amount for this modification: (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		cover the noted CLINs for the period through 3/31/13. However, any balance remaining is available for payment of services rendered				
Reason for Modification: Funding Only Action  Total Amount for this Modification: (b)(4)  New Total Amount for this Version:  New Total Amount for this Award: (b)(4)  Obligated Amount for this Modification: (b)(4)  New Total Obligated Amount for this Award: (b)(4)  Incremental Doligated Amount for this Award: (b)(4)  Incremental Funded Amount changed: from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1A  Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED:  Account code: (b)(7)(E)  Quantity: (h)(A)  Amount: (b)(A)  CHANGES FOR LINE ITEM NUMBER: 5  Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5  Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5  Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL					, ( ) , , , , , , , , , , , , , , , , , , ,	
New Total Amount for this Award: (b)(4) Obligated Amount for this Modification: (b)(4) New Total Obligated Amount for this Award: (b)(4) Incremental Funded Amount changed: from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1A Quantity changed from (b)(4)  Obligated Amount for this modification: (b)(4)  Incremental Funded Amount changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  New ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: (h)(A)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		Reason for Modification : Funding Only Action Total Amount for this Modification: (b)(4)				
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CHANGES FOR LINE ITEM NUMBER: 1A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  Incremental Funded Amount changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		New Total Obligated Amount for this Award: (b)(4)				
Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification:  (b)(4)  Incremental Funded Amount changed from  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: //hi/A\]  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL						
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(b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from		from (b)(4) Obligated Amount for this modification:				
Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL						
Account code:  (b)(7)(E)  Quantity: (b)(A)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(A)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		Quantity changed from /h\//\				
Quantity: (b)(4)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL						
CHANGES FOR LINE ITEM NUMBER: 5 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obliqued Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		Quantity: /h///				
Total Amount changed  from (b)(4)  Obliquated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		CHANGES FOR LINE ITEM NUMBER: 5				
CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		Total Amount changed from (b)(4)  Obligated Amount for this modification:				
Continued		CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
		Continued				

NE OF	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00	V03			3 4
	EROR OR CONTRACTOR UP INC THE				
NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
A)	Quantity changed from (h)(4)  Amount changed from (h)(4)  NEW ACCOUNTING CODE ADDED:  Account code:  (b)(7)(E)  Quantity: (h)(A)  Amount: (b)(4)  Discount Terms:  (b)(4)  FOB: Destination  Period of Performance: 09/16/2012 to 03/31/2013  Change Item 0001A to read as follows (amount shown is the obligated amount):  Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (h)(A)  Product/Service Code: (h)(A)  Product/Service Code: (h)(A)  Product/Service Description: HOUSEKEEPING- GUARD  Accounting Info:	(C)	(D)	(E)	(F)
	(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(F)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:				
	Continued				

NSN 7540-01-152-8087

OPTIONAL FORM 336 (4-88) Sponsored by GSA FAR (48 CFR) 53 110

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE (	)F
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ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	LNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0005 to read as follows(amount shown is the obligated amount):				
0005		_			\/A\
0005	MEDICAL SERVICES. In accordance with the terms and conditions of this contract. Monthly Flat			(b	)(4)
	Fixed Fee includes all medical staff and in-house				
	supplies.			~ ~	
	(b)(4) PER MONTH				
	Accounting Info:				
	(b)(7)(E)	107			
	Funded: \$0.00 Accounting Info:		Ш		
	(b)(7)(E)			70	
	Funded: \$C.00				
	Accounting Info:			1(1	
	(b)(7)(E)			- 3	
	Funded: \$0.00		Ш		
	Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)				
			1		
			ΙÌ		
				10	
				871	
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	1 1			1101	
				7.	
	1.0				
	<u> </u>				

AMENDM	ENT OF SOLICITATION/MODIFI	CATION OF CONTRACT		1 CONTRACT ID CODE	PAGE	DF PAGES
7 AMENDA	ENT/MODIFICATION NO	la researce party	1		1	5
	ENTROUPICATION NO	3. EFFECTIVE DATE		JUISITION/PURCHASE REQ. NO L13FDN31000001.4	S. PROJECT N	O (If applicable)
P00006	Y CODE	See Block 16C				
		TCE/ DM/ DC-LAGONA	_	MINISTERED BY (# other than Item 6)		/DM/DC-LAGUNA
Immigra Office 24000 a Laguna	tent Mngt/Detent Cont ation and Customs Enf of Acquisition Manag Avila Road, (b)(7)(C); Niguel CA 92677	orcement ement	Imm Off 240 Att Lag	/Detent Mngt/Detent Cigration and Customs ice of Acquisition Ma 00 Avila Road, (h)/7)/n: (b)(7)(C):(b)(6) 94	Enforcement	-
B NAME AN	D ADDRESS OF CONTRACTOR (No., see	et, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.		
621 NW	OUP INC THE 53RD ST (b)(7)(C): TON FL 334878242		x 10 H	A MODIFICATION OF CONTRACT/ORDI SCEDM-11-D-00003 SCEDM-12-J-00062 B. DATED (SEE ITEM 13)	ER NO	
CODE 6	127064650000	FACILITY CODE	$\dashv$ $\mid$ $_{c}$	08/24/2012		
		11. THIS IYEM ONLY APPLIES 1				
separate is THE PLAC Virtua of the to the sets	d 15, and returning co effer ar telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF	apies of the amendment, (b) By acknow to the solicitation and amendment no OFFERS PRIOR TO THE HOUR ANI for already submissed, such change ma and prior to this opening hour and date s	wiedging re- umbers. FA D DATE SP By be made specified	ion or as amended, by one of the following ceipt of this amendment on each copy of the ALURE OF YOUR ACKNOWLEDGEMENT ECIFIED MAY RESULT IN REJECTION Of by lologram or letter, provided each telegrate the provided of the  ne offer submitted; or I TO BE RECEIVED A PF YOUR OFFER. If I sam or letter makes ret	(c) By AT	
See Scl		N N	et Inc	rease:	(b)(4)	
4	13. THIS ITEM ONLY APPLIES TO !	MODIFICATION OF CONTRACTS/ORE	DERS. IT M	ODIFIES THE CONTRACT/ORDER NO. A	S OESCRIBED IN ITE	M 14.
CHECK ONE	B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT C. THIS SUPPLEMENTAL AGREEMEN	CT/ORDER IS MODIFIED TO REFLE H IN ITEM 14, PURSUANT TO THE A NT IS ENTERED INTO PURSUANT TO	CT THE ALL	GES SET FORTH IN ITEM 14 ARE MADE MINISTRATIVE CHANGES (such as char ( OF FAR 43 103(b). ITY OF:		
v	D OTHER (Specify type of modification					
X	Unilateral IAW FAR	32.703-1(b) Funding	Actio	n	<u></u>	
E IMPORTA		(_ is required to sign this document		O copies to the is		
DUNS Nu	rion of amendment/modification inder: 612706465	(Organized by UCF section headings	i, including :	soliotation/contract subject matter where fi	easible.)	
	(b)(7)(C); (b)(6) 720-87	(b)(7)	(C); (b)	(6)		
	CLIN 0001B in t	ion is to provide i		g on CLIN 0001A in th and CLIN 0004 in th		
0001A 0001B Continu	(b)(4)					
		ha dan annal est				
15A NAME A	NIED TITLE OF SIGNER (Type or pant)	we cocument referenced in Item 9A or		etofore changed, remains unchanged and NAME AND TITLE OF CONTRACTING O		
159. CONTR	ACTOR/OFFEROR	15C. DATE SIGNED	)	(b)(7)(C); (b)(6)	11	BC. DATE SIGNED
	(Signature of person authorized to sign)			(D)(I)(C), (D)(C)	-	1/12/12
NSN 7540-01	-152-8070				RD FORM	30 (REV. 10-83)
Previous odu	on unusable				d by GSA FAR (48 CFR) 53 2	

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NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
.)	(B)	(C)	(D)	(E)	(F)
	0004 \$1.00 X 3,191 DA = \$3,191.00				
	morest . (b)(4)				
	TOTAL: (b)(4)				
	It is estimated that the funds obligated will	1			
	cover the noted CLINs for the period through				
	3/31/13. However, any balance remaining is				
	available for payment of services rendered				
	through the end of this task order.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Total Amount for this Medification				
	New Total Amount for this Version: (b)(4)				
	New Total Amount for this Award: (h)(4)	T			
	Obligated Amount for this Modification:			i	
	(b)(4)				
	New Total Obligated Amount for this Award: (b)(4)				
	(5)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A				
	Quantity changed from (h)(4)			11	
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this modification: (b)(4)				
	Incremental Funded Amount changed from				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 18				
	Quantity changed from (b)(4)  Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	NEW ACCOUNTING CODE ADDED:			1	
- 1	Account code:			0 6	
	(b)(7)(E)			0,1	
1	Quantity: (b)(4)				
	Amount: (b)(4)				
	Continued				
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CONTINUATION SUBET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00006	3		5

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	TINU (D)	UNIT PRICE (E)	AMOUNT (F)
	CHANGES FOR LINE ITEM NUMBER: 4 Quantity changed from 17567 to 20758 Total Amount changed from \$17,567.00 to \$20,758.00 Obligated Amount for this modification: \$3,191.00				
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)  Quantit				
	Amount: (b)(4)  FOB: Destination				
	Period of Performance: 09/16/2012 to 03/31/2013				
	Change Item 0001A to read as follows(amount shown is the obligated amount):				
0001A	Bed Day Rate For Minimum Quantity - The			(b)(4	1)
	Governments minimum quantity to be ordered via			-)(a)	•)
	task order is (h)(4) per day multiplied by 365			2 1	
	days for a total of (h)(4)				
	Product/Service Code: (h)(4) Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E) Funded: \$0.00				
	Accounting Info:			10	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			1	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			1	
	(b)(7)(E)				
	Funded: \$0.00			4	
	Accounting Info:				
	(b)(7)(E)				
	Continued				
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00006	4	5

ITEM NO.	SUPPLIES/SERVICES	DUANTITY	тіми	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(F)				
	Funded: \$0.00				
	Accounting Info:			900	
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 0001B to read as follows (amount shown			0 1	
	is the obligated amount):				
0001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4)	
	Government may order an additional quantity			(8/(4/	
	estimated to be (b)(4) per	9			
	day multiplied by 365 days for a total possible of (b)(4) bed days.	1 0 11			
	. Dec days.				
	Product/Service Code: (b)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info: (b)(7)(E)	4			
	(D)(7)(E) Funded: \$0.00	J. 11			
	Accounting Info:				
	(b)(7)(E)	.18			
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)		1 1		
	Funded: (h)(4)				
	Tanded. Inital				
	Change Item 0004 to read as follows (amount shown				
	is the obligated amount):				
0004	Delical For Data to the Data t				
0004	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of			(b)(4)	
	(b)(4) per day per detainee. The contractor shall				
	not exceed \$38,325 without prior approval by the				
	Contracting Officer.				
	Accounting Info:				
	(b)(7)(E)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: Continued				
	- Sometimes III				
				A .	
	191				
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00006	5		5

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)		AMOUNT (F)
7	(b)(7)(E) Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	1 1			
	Funded: (b)(4)				
	(I) (I)			100	
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AMENDMENT OF SOLICITATION	MODIFICATION OF CONTRACT	1. CONTRACT ID CODE		PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REC	2. NO T	1 8 5 PROJECT NO. (If applicable)
P00008	05/28/2013	192113FDN31000001		, , , , , , , , , , , , , , , , , , , ,
6 IŞŞUED BY	CODE ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other th	an Item 6)	CCDE ICE/DM/DC-LAGUN
ICE/Detent Mngt/Detent Immigration and Custom: Office of Acquisition N 24000 Avila Road, (h) Laguna Niguel CA 92677	Contract-LAG s Enforcement Management	ICE/Detent Mngt/D Immigration and C Office of Acquisi 24000 Avila Road, Attn: (b)(7)(C):(b Laguna Niguel CA	tustoms Enf tion Manag (b)(7)(C): 0(6) 949-3	ract-LAG orcement
NAME AND ADDRESS OF CONTRACTOR	(No , street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICE		
GEO GROUP INC THE 521 NW 53RD ST ((b)(7)(C); 90CA RATON FL 334878242		SB. DATED (SEE ITEM 11)  10A MODIFICATION OF COM HSCEDM-11-D-000 HSCEDM-12-J-000 10B DATED (SEE ITEM 13)	THACT/ORDER NO	
CODE 6127064650000	FACILITY CODE			
6127064650000		08/24/2012		
virtue of this amendment you desire to cha	CEIPT OF OFFERS PRIOR TO THE MOUR AI nge an offer already submitted, such change in Lis received prior to the opening hour and date (ATA (if required)	nay be made by telegram or letter, provide	ad each felegram or i	(b)(4)
	LIES TO MODIFICATION OF CONTRACTS/OF	ROFRS IT MODIFIES THE CONTRACTOR	TROFE NO AS DES	
C THIS SUPPLEMENTAL A	CONTRACT/ORDER IS MODIFIED TO REFL ET FORTH IN ITEM 14, PURSUANT TO THE GREEMENT IS ENTERED INTO PURSUANT		(such as changes in	t paying office.
D. OYHER (Specify type of n				
X Unilateral IAW	FAR 32.703-1(b) Funding	g Action		<u></u>
	x is not. It's required to sign this docume		coips to the issuing	
	FICATION (Organized by UCF section heading	gs, including solicitation/contract subject i	notter where feasible	a.)
DUNS Number: 612706465		(0) (1)(0)		
COR: $(b)(7)(C); (b)(6)$	(b)(7)	(C); (b)(6)		
	fication is to update to tof (b)(4) and			ide funding on
0001A 0005	(b)(4)			
Continued Except as provided herein, all lerms and con-	discas of the document referenced in Itam 9A (	or 10A, as heratofore changed, remains u	nchanged and in full	force and effect.
15A NAME AND TITLE OF SIGNER (Type of		18A NAME AND TITLE OF COM		
158 CONTRACTOR/OFFEROR (Signature of person sufficience to s	15C DATE SIGNE	(b)(7)(C); (	b)(6)	18C DATE SIGNED
NSN 7540-01-152-8070				IRD FORM 30 (REV. 10-83)
Previous odition unusuble				<del>अव्यक्तिको by</del> GSA र (48 CFR) 53 243

• • •	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	DE .
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00008	2	9

ITEM NO	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRIČE	TAUOMA
(A)	(B)	(C; (D)	(E)	(F)
9 5	TOTAL: (b)(4)		- 7/1	
	It is optimated that the funds obligated will	1 11		
	It is estimated that the funds obligated will cover the noted CLINs for the period through			
	5/31/13. However, any balance remaining is			
	available for payment of services rendered			
	through the end of this task order.			
		40,1		
	Exempt Action: Y			
	LIST OF CHANGES:			
	Reason for Modification : Funding Only Action			
	Period Of Performance End Date changed from	1 1		
	3C-APR-13 to 31-MAY-13			
	Total Amount for this Modification:  New Total Amount for this Version:  (b)(4)	1		
	HEW TOTAL AMOUNT TOT THIS VETSTON.	] ] ]	1	
	New Total Amount for this Award: (b)(4)	1 1 1		
	Obligated Amount for this Modification:		- 1	
	(h)(4) New Total Obligated Amount for this Award:			
	(b)(4)			
	(6)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1A			
	Quantity changed from (b)(4)			
	Total Amount changed			
	from (b)(4)			
	Obligated Amount for this modification:			
	(b)(4)	1 1 1		
	Incremental Funded Amount changed from			
	(b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL	16671111	144	
	Quantity changed from (h)(4)			
	Amount changed from (b)(4)	1 1 1		
	(b)(4)	1   1		
	NEW ACCOUNTING CODE ADDED:	1 I		
	Account code:	1		
	(b)(7)(E)			
		\$		
	Quantity: (b)(4) Amount: (b)(4)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 5		1	
	Quantity changed from (b)(4)			
	Total Amount changed			
	from (b)(4)			
	Obligated Amount for this modification:			
	(b)(4)		4110	
	CUANCES FOR BUILDING LOCATION FOR AREA (CRISTIAN			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Continued			
	Concenticu	1 1		
		1 1 1		
		1		

CONTIN	REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00	000				F I
AE DE DE	FEROR OR CONTRACTOR	<u> </u>			3	В
	UP INC THE					
TEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUN	
(A)	(B)	(C)	(D)	(E)	(F	}
	Quantity changed from (h)(4)  Amount changed from (b)(4)	ļ [				
	Amount changed from (b)(4)	1		11.4		
	NEW ACCOUNTING CODE ADDED:			1 11		
	Account code:	1		1		
	(b)(7)(E)					
	Quantity: /h\///\					
	Amount: (b)(4)					
	FOB: Destination					
	Period of Performance: 09/16/2012 to 05/31/2013					
	Change Item 0001A to read as follows(amount shown			9 114		
	is the obligated amount):					
01A	Bed Day Rate For Minimum Quantity - The	نــــا		(5)(4)		
UIM	Governments minimum quantity to be ordered via			(b)(4)		
	task order is $(b)(4)$ per day multiplied by $(b)(4)$					
	days for a total of (b)(4) DA.  Product/Service Code: (b)(4)			14.4		
	Product/Service Description: HOUSEKEEPING- GUARD			7		
	Accounting Info: (b)(7)(E)					
	Funded: \$0.00					
	Accounting Info:					
	(b)(7)(E)					
	Funded: \$0.00			1		
	Accounting Info:			17		
	(b)(7)(E)			11.0		
	Funded: \$0.00 Accounting Info:					
	(b)(7)(E) Funded: \$0.00					
	Accounting Info:					
	(b)(7)(E)					
	Funded: \$0.00 Accounting Info:					
	(b)(7)(E)					
	Funded: \$0.00 Accounting Info:					
	(b)(7)(E)					
	Funded: \$0.00					
	Accounting Info:					
	Continued					

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00008	4	8

EM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	דוא( (C)	UNIT PRICE	AMOUNT (F)
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	(b)(7)(L) Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)				
	Change Item 0005 to read as follows(amount shown is the obligated amount):				_
05	MEDICAL SERVICES. In accordance with the terms				(b)(4)
	and conditions of this contract. Monthly Flat				
	Fixed Fee includes all medical staff and in-hous supplies.	e			
ſ					
l	(b)(4) PER MONTH				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)	111 001			
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)				
	Invoicing Instructions:				
	Service Providers/Contractors shall use these procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00008	5	8

M NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMCUNT
1)	(B)	(C)	(D)	(E)	(F)
	submitted in a .pdf format on a monthly basis via		$\Box$	- "	
	email to:		1		
	Invoice.Consolidation@ice.dhs.gov				
			1	1	
	Each email shall contain only one (1) invoice and				
	the subject line of the email will annotate the invoice number. The emailed invoice shall				
	include the "bill to" address shown below:				
	Include the offi to boards shown below,	i	1		
	DHS, ICE				
	Financial Operations - Burlington		1		
	P.O. Box 1620				
	ATTN: ERO-XXX(Insert the correct ERO extension)				
	Williston, VT 05495-1620	1	1 1		
	Note: the Service Provider's or Contractor's 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		1 1		
	program office identified in the task		1 1	1	
	order/contract shall also be notated on every		1 1		
	invoice.		1		
			1 1		
	2. Content of Invoices: Each invoice submission				
	shall contain the following information:				
	(i) Name and address of the Service	1			
	Provider/Contractor. Note: the name, address and		1		
	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				
	DCNS information of that entity must also be				
	provided which will require Government				
	verification before payment can be processed; (ii) Dunn and Bradstreet (D&B) DUNS Number;				
	(iii) Invoice date and invoice number;	1			
	(iv) Agreement/Contract number, contract line				
	item number and, if applicable, the order number;				
	(v) Description, quantity, unit of measure, unit		[		
	price and extended price of the items delivered;				
	(vi) 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				
	1				
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CONTRACTOR OFFET		PAGE 0	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00008	6	8

M NO	\$UPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMCUNT
<b>L</b> )	(B)	(C)	(D)	(E)	(F)
	(ix) Name, title, and phone number of person to				
	notify in event of defective invoice; and		!		
			1 1		
	3. Invoice Supporting Documentation. In order to				
	ensure payment, the vendor must also submit	Ì	l I		
	supporting documentation to the Contracting		ΙI		
	Officer's Representative (COR) identified in the			ì	
	contract as described below. Supporting		1 1		
	documentation shall be submitted to the COR or				
	contract Point of Contact (POC) identified in the				
	contract or task order with all invoices, as				
	appropriate. See paragraph 4 for details				
	regarding the safeguarding of information.		1	1	
	Invoices without documentation to support				
	invoiced items, containing charges for items				
	outside the scope of the contract, or not based				
	on the most recent contract base or modification				
	rates will be considered improper and returned				
	for resubmission. Supporting documentation				
	requirements include:		H		
	(i). Firm Fixed Price Items (items not subject to				
	any adjustment on the basis of the contractor's	1			
	cost experience, such as pre-established monthly		<b>!</b>		
	guaranteed minimums for detention or		1	j	
	transportation): do not require detailed		1		
	supporting documentation unless specifically				
	requested by the Government.		1 1		
	(ii). Fixed Unit Price Items (items for allowable				
	incurred costs, such as detention and/or				
	transportation services with no defined minimum				
	quantities, 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 submitted	İ			
	in .pdf format.	1			
			1 1		
	(iii). Detention Services (other than firm fixed				
	price):		1 1		
	(1) Bed day rate;	!			
	(2) Resident's/detainee's check-in and check-out				
	dates;				
	(3) Number of bed days multiplied by the bed day				
	rate;				
	(4) Name of each detainee;				
	(5) Resident's/detainee's identification				
	information		1		
	Continued		1		
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	1				
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00008	7	8

EM NO.	SUPPLIES/SERVICES	QUANTITY	דואט	UNIT PRICE	AMOUNT
A)	(8)	(C)	(D)	(E)	(F)
	(iv). Transportation Services (other than firm		i I		
	fixed price):				
	(1) The mileage rate being applied for that	i			
	invoice.			!	
	(2) Monthly billing reports listing		ll		
	transportation services provided; number of				
	miles; transportation routes provided; locations				
	serviced and/or names/numbers of detainees				
	transported; an itemized listing of all other	Į.			
	charges; and, for reimbursable expenses (e.g.		1 1	l.	
	travel expenses, special meals, etc.) copies of		1 1	İ	
	all receipts.				
	(v). Stationary Guard Services (other than firm				
	fixed price):				
	(1) The itemized monthly invoice shall state the				
	number of hours being billed, the duration of the				
	billing (times and dates) and the name of the				
	resident(s)/detainee(s) that was/were guarded.				
	La transfer de Character				
	(vi). Other Direct Charges:				
	The invoice shall include appropriate supporting				
	documentation for any direct charge billed for		i I		
	reimbursement.			ľ	
	4. Safequarding 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	· .	1		
	(PII). Sensitive PII is information that				
	identifies an individual, including an alien, and				
	could result in harm, embarrassment,		! I		
	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 individual's name or				
	other unique identifier and full date of birth,	1			
	citizenship, or immigration status.				
	As part of your obligation to sefermed				
	As part of your obligation to safeguard				
	information, the follow precautions are required:				
	- Email supporting documents containing Sensiti	1			
	PII in an encrypted attachment with password sent separately.				
	- Never leave paper documents containing				
	Sensitive PII unattended and unsecure. When not				
	in use, these documents will be locked in				
	Continued			[	
	1	1			

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	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00008	8		8

NO	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE (E)	AMOUNT (F)
)	(8)	(C)	(C)	(E)	(F)
	drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.				
	- Use shredders when discarding paper documents		1	18"	
	containing Sensitive PII.			(-)	
	- Refer to the DHS Handbook for Safeguarding				
	Sensitive Personally Identifiable Information				
	(March 2012) found at				
	(b)(7)(E)				
	f for more information on and/or examples of	ď			
	Sensitive PII.				
	5. If you have questions regarding payment,	11 11			
	please contact ICE Financial Operations at				
	1-877-491-6521 or by e-mail at				
	OCFO.CustomerService@ice.dhs.gov		11		
			1 1		
	1/2	Į			
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AMENDMENT OF SOLICITATION/N	DETERMINATION OF CONTINUE		1 8
AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO.	5 PROJECT NO. (H applicable)
900009	See Block 16C	See Schedule	
S ISSUED BY	CODE ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than them 6)	CODE ICE/DM/DC-LAGUN
CE/Detent Mngt/Detent Immigration and Customs Office of Acquisition N 24000 Avila Road, /h Laguna Niguel CA 92677	Enforcement Management	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, (b)('Attn: (b)(7)(C): (b)(6) 9 Laguna Niquel CA 92677	Enforcement Management 7)(C):
NAME AND ADDRESS OF CONTRACTOR	(No , short county, State and ZIP Code)	(x) 9A AMENDMENT OF SOLICITATION NO	
EO GROUP INC THE 21 NW 53RD ST (b)(7)(C); OCA RATON FL 334878242		98 DATED (SEE ITEM 11)  x 18A MODIFICATION OF CONTRACTION HSCEDM-11-D-00003 HSCEDM-12-J-00062	
2005	Leady Inv Cone	10B. DATED (SEE ITEM 13)	
COOE 6127064650000	FACILITY CODE	08/24/2012	
	11. THIS ITEM ONLY APPLIES	TO AMEROMENTS OF SOLICITATIONS	
	is received prior to the opening hour and date	nay be made by telegram or letter, provided each teler a specified Net: Increase:	gram or letter makes reference
See Schedule		THE THE COURT	(b)(4)
	CONTRACTIORDER IS MODIFIED TO REF IET FORTH IN ITEM 14, PURSUANT TO THE GREEMENT IS ENTERED INTO PURSUANT	LECT THE ADMINISTRATIVE CHANGES (such as ch E AUTHORITY OF FAR 43 103(b). TO AUTHORITY OF	hàngas in paying office.
D. OTHER (Spealy type of m	nodification and authority) FAR 32.703-1(b) Fundin	g Action	
E. IMPORTANT: Contractor	x (a not,		e sesuing office
14 DESCRIPTION OF AMENDMENT/MODI DUNS Number: 612706465	FICATION (Organized by UCF section heading)	gs, including solicitation/contract subject matter when $T(C)$ ; (b)(6)	p feasbe.)
This Task Order is issu	med for Base Period, Ye	11.5	
	fication is to provide OZA in the amount of	funding on CLIN 0001A in t	the amount of
0001A 0002A	(b)(4)		
		or 10A, as heretolore changed, remains unchanged a	100 - 00 0 mm - 00 0 0 0
15A NAME AND TITLE OF SIGNER (Type o		18A NAME AND TITLE OF CONTRACTING	
15B CONTRACTOR/OFFEROR (Signature of person authorized to	15C. DATE SIGN	(b)(7)(C); (b)(6)	6/11/13
NSN 7540-01-152-8070 Previous edition unusable	1		ORM 30 (REV. 10-83) GSA

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	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00009	2	8	(

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	TOTAL: (b)(4)		1		
	It is estimated that the funds obligated will cover the noted CLINs for the period through 5/31/13. However, any balance remaining is available for payment of services rendered through the end of this task order.  Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Version: (b)(4) Obligated Amount for this Modification: (b)(4) New Total Obligated Amount for this Award: (b)(4) New Total Obligated Amount for this Award:				
	CHANGES FOR LINE ITEM NUMBER: 2A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)				
	Quantity: 1 Amount: (b)(4)	7711			
	CHANGES FOR LINE ITEM NUMBER: 1A  Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  Incremental Funded Amount changed from (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (h)(4)  Amount changed from (h)(4)  (h)(4)  Continued				

CONTINUATION QUEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF	
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	SUPPLIES/SERVICES	QUANTITY	r UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(1)			0.1	
	Amount: (b)(4)				
	FOB: Destination	ļ	1 1		
	Period of Performance: 09/16/2012 to 05/31/2013	1			
	Change Item 0001A to read as follows(amount shown		1 1		
	is the obligated amount):		1 1		
001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
JUIN	Governments minimum quantity to be ordered via		<del></del>	(b)(4)	
	task order is $(b)(4)$ per day multiplied by $(b)(4)$	1			
	days for a total of $h(\Delta)$ DA.	1			
	Product/Service Code: (h)(4)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	(b)(7)(E)				
	(b)(7)(E)				
				111	
				9,1	
	Accounting Info:				
	(b)(7)(E)		1 1	V 1	
	Funded: \$0.00		1 1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			0 0	
	(b)(7)(E)			9 . 7	
	Funded: \$0.00			0 1.1	
	Accounting Info:	1			
	(b)(7)(E)				
	Funded: \$0.00		14.0		
	Accounting Info:	400	1 1		
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Continued				
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CONTINUATION SUFET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00009	4	8

40	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
	(B)	(C)	(D)	(E)	(F)
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	4			
	Funded: \$0.00				
	Accounting Info:				
		4 6			
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			1	
	(b)(7)(E)				
	Funded: (b)(4)				
	gh				
	Change Item 0002A to read as follows(amount shown is the obligated amount):				
	is the obligated amount):				
A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			(b)(4	4)
	includes all staff, vehicles and vehicle		П		
	maintenance.				
	(b)(4) per month				
	(b)(4) per month				
	(b)(7)(E)				
	<b>1</b>	1			
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00	141			
	Accounting Info:				
	(h)(7)(F)				
	Funded: \$0.00 Accounting Info:	1779			
	(b)(7)(E)			0 , 10	
	Funded: \$0.00			V <sub>1</sub>	
	Accounting Info:				
	(b)(7)(E)	10.0		A 11	
	Funded: \$0.00			7.10	
	Accounting Info:		1 1	1	
	(b)(7)(E)				
	Funded: (b)(4)				
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CONTINUESTION CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C	F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00009	5	8

TEM NO	SUPPLIES/SERVICES	DUANTITY		UNIT PRICE	AMOUNT
(A)	(8)	(C)	(D)	(E)	(F)
	Invoicing Instructions:				
	Service Providers/Contractors shall use these				
	procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be	ĺ			
	submitted in a .pdf format on a monthly basis via		1 1		
	email to:			ļ	
	Invoice.Consolidation@ice.dhs.gov				
	Each email shall contain only one (1) invoice and		11		
	the subject line of the email will annotate the				
	invoice number. The emailed invoice shall		1 1		
	include the "bill to" address shown below:				
	DUC TOP			ì	
	DHS, ICE Financial Operations - Burlington				
	P.O. Box 1620				
	ATTN: ICE-ERO/FOD-FDN				
	Williston, VT 05495-1620		1	ļ	
	Note: the Service Provider's or Contractor's Dunn and Bradstreet (D&B) DUNS Number must be		1 1		
	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	}	<b>!</b>	,	
	ensure prompt payment provisions are met. The ICE		}		
	program office identified in the task	1	1		
	order/contract shall also be notated on every	ŀ	1 1	1	
	invoice.				
	2. Content of Invoices: Each invoice submission			l	
	shall contain the following information:		1 1		
	(i) Name and address of the Service	İ		ŀ	
	Provider/Contractor, Note: the name, address and				
	DUNS number on the invoice MUST match the	1			
	information in both the Contract/Agreement and				
	the information in the SAM. If payment is		1 1		
	remitted to another entity, the name, address and		[	1	
	DUNS information of that entity must also be				
	provided which will require Government				
	verification before payment can be processed; (ii) Dunn and Bradstreet (D&B) DUNS Number;				
	(iii) Invoice date and invoice number;				
	(iv) Agreement/Contract number, contract line				
	item number and, if applicable, the order number;				
	(v) Description, quantity, unit of measure, unit				
	price and extended price of the items delivered;	1			
	Continued				
		1			

AAATTINIA TION OHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00009	6	8

(O.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
	(B)	(C)	(D)	(E)	(F)
	(vi) Shipping number and date of shipment,	<del>                                     </del>	<del>                                     </del>	<del></del>	-
	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;		1		
1	(ix) Name, title, and phone number of person to		1 1		
	- · · · · · · · · · · · · · · · · · · ·				
	notify in event of defective invoice; and			1	
	3. Invoice Supporting Documentation. In order to		i		
	ensure payment, the vendor must also submit				
	supporting documentation to the Contracting				
	Officer's Representative (COR) identified in the	1			
1	contract as described below. Supporting	i			
	documentation shall be submitted to the COR or	<u> </u>			
		,			
	contract Point of Contact (POC) identified in the				
	contract or task order with all invoices, as	1			
	appropriate. See paragraph 4 for details				
	regarding the safeguarding of information.	1			
	Invoices without documentation to support	1			
	invoiced items, containing charges for items				
	outside the scope of the contract, or not based				
	on the most recent contract base or modification				
	rates will be considered improper and returned		1 1		
	for resubmission. Supporting documentation				
	requirements include:	1			
	(i). Firm Fixed Price Items (items not subject to				
	any adjustment on the basis of the contractor's				
	cost experience, such as pre-established monthly				
	guaranteed minimums for detention or	1			
	transportation); do not require detailed				
	supporting documentation unless specifically				
	requested by the Government.			ļ	
	(ii). Fixed Unit Price Items (items for allowable				
	incurred costs, such as detention and/or				
	transportation services with no defined minimum				
	quantities, 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 submitted				
	in .pdf format.				
	Itiii) Datastia Camina (attau tha fin C				
	(iii). Detention Services (other than firm fixed	Į.			
	price):				
	(1) Bed day rate;				
	(2) Resident's/detainee's check-in and check-out				
	Continued				
			1 L	ı	

CONTINUATION CUEE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00009	7	8

GEO	GROUP	INC	THE	

NO.	SUPPLIES/SERVICES	QUANTITY	I	UNIT PRICE	AMOUNT
.)	(B)	(C)	(D)	(E)	(F)
	dates;	<u> </u>	┪		
	(3) Number of bed days multiplied by the bed day				
	rate;		i I		
	(4) Name of each detainee;		i I	-	
	(5) Resident's/detainee's identification			<u> </u>	
	information				
	(iv). Transportation Services (other than firm				
	fixed price):		li		
	(1) The mileage rate being applied for that		1 1		
	invoice.	1	1 1		
	(2) Monthly billing reports listing				
	transportation services provided; number of	i			
	miles; transportation routes provided; locations				
	serviced and/or names/numbers of detainees				
	transported; an itemized listing of all other				
	charges; and, for reimbursable expenses (e.g.				
	travel expenses, special meals, etc.) copies of				
	all receipts.	1			
	l.,				
	(v). Stationary Guard Services (other than firm				
	fixed price):				
	(1) The itemized monthly invoice shall state the	1			
	number of hours being billed, the duration of the	1			
	billing (times and dates) and the name of the	i			
	resident(s)/detainee(s) that was/were guarded.				
	(vi). Other Direct Charges:				
	The invoice shall include appropriate supporting				
	documentation for any direct charge billed for				
	reimbursement.				
	4. Safeguarding Information: As a contractor	φr			
	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		i		
	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			1	
	information such as the individual's name or				
	other unique identifier and full date of birth,				
	citizenship, or immigration status.				
	As part of your obligation to safequard				
	information, the follow precautions are required:				
	Continued				
			H		

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE O	F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00009	В	8

EM NO	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	<ul> <li>Email supporting documents containing Sensiti</li> <li>PII in an encrypted attachment with password sent separately.</li> <li>Never leave paper documents containing</li> <li>Sensitive PII unattended and unsecure. When not in use, these documents will be locked in</li> </ul>	ve			
	drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.  Use shredders when discarding paper documents containing Sensitive PII.  Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at				
	(b)(7)(E)				
	f for more information on and/or examples of Sensitive PII.				
	5. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFD.CustomerService@ice.dhs.gov				

AMENDMENT OF SOLICITATION/MODI	FICATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO.	5 PROJECT NO (if applicable)
P00010	See Block 16C	See Schedule	
6 ISSUED BY CO		7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cor Immigration and Customs Er Office of Acquisition Mana 24000 Avila Road, (h)(7)(C Laguna Niguel CA 92677	ntract-LAG nforcement ngement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(7) Attn: (h)(7)(C) (h)(6) 94 Laguna Niguel CA 92677	Contract-LAG Enforcement anagement
B NAME AND ADDRESS OF CONTRACTOR (No. )	street, county, State and ZIP Code)	(x) 8A AMENDMENT OF SOLICITATION NO	
GEO GROUP INC THE 521 NW 53RD ST (h)(7)(C): 30CA RATON FL 334879242		98 DATED (SEE ITEM 11)  × 10A MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003  HSCEDM-12-J-00062  10B DATED (SEE ITEM 13)	ER NO.
CODE 612706465C000	FACILITY CODE	03/24/2012	
	11. THIS ITEM ONLY APPLIES T	TO AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT	OF OFFERS PRIOR TO THE HOUR ANI offer already submitted, such change ma elved prior to the opening hour and date a	umbers FAILURE OF YOUR ACKNOWLEDGEMEN' D DATE SPECIFIED MAY RESULT IN REJECTION ( by be made by letagram or letter, provided each telegrapedified.  The control of the cont	OF YOUR OFFER 11 by
See Schedule	N	et increase:	(D)(4)
13. THIS ITEM ONLY APPLIES 1	O MODIFICATION OF CONTRACTS/CRE	DERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
C. THIS SUPPLEMENTAL AGREE	MENT IS ENTERED INTO PURSUÁNT T	CT THE ADMINISTRATIVE CHANGES (such as cha AUTHORITY OF FAR 43.103(b)	nges in paying office.
D OTHER (Specify type of modifica			
X   Unilateral Funding		t and return 0 coopsis to then it	
E.IMPORTANT: Contractor x is not a description of AMENDMENTMODIFICAT DUNS Number: 612706465  COR: (b)(7)(C)·(b)(6) 720-	ICN (Organized by UCF section headings	t and return	
	eation is to provide	funding on CLIN 0001A in th	
0001A (b)(- 0005 (continued	4)		
	of the document referenced in Item 9A or	r 10A, as heretofore changed, remains unchanged an	id in full force and effect
15A NAME AND TITLE OF SIGNER (Type or print		18A NAME AND TITLE OF CONTRACTING	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	(b)(7)(C); (b)(6)	18C. DATE SIGNED 7-3-13
(Signature of person authorized to sign) NSN 7540-01-152-8070		4	STANDARD FORM 30 (REV. 10-83)
Pravious adultion unusable			Prescribed by GSA FAR (48 CFR) 53 243

CONTINUATION SUCES	REFERENCE NO. OF DOCUMENT BEING CONTINUED			PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00010			2	5
NAME OF OFFEROR OR CONTRAC GEO GROUP INC THE					
/TEM NO	SUPPLIES/SERVICES	DUANTITY	LINIT ODICE	AMO	

ITEM NO	SUPPLIES/SERVICES	QUANTITY	тіми	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
<b>1</b>	TOTAL: (b)(4)				
	It is estimated that the funds obligated will cover the noted CLINs for the period through 6/30/13. However, any balance remaining is available for payment of services rendered through the end of this task order.				
	Exempt Action: Y LIST OF CHANGES: Reason for Modification : Funding Only Action Period Of Performance End Date changed from 31-MAY-13 to 30-JUN-13 Total Amount for this Modification: New Total Amount for this Version: New Total Amount for this Award: Obligated Amount for this Modification: (h)(4) New Total Obligated Amount for this Award: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1A  Quantity changed from (h)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  Incremental Funded Amount changed from (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity:				
	Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 5  Quantity changed from /b\(/A\)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  Continued				

NSN 7540-01-152-6087

	<u></u>		
CONTINUATION CUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00010	3	5

NGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIA!  Intity changed from (b)(4)  ACCOUNTING CODE ADDED:  Ount code:  (b)(7)(E)  Intity: 1  Unt: /b)(A)  : Destination  iod of Performance: 09/16/2012 to 06/30/2013  Inge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /b)(A)  duct/Service Code: S206  duct/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)	1)		(E)	(F)
ntity changed from (b)(4)  accounting code added:  (b)(7)(E)  ntity: 1  unt: /b)(A)  : Destination  iod of Performance: 09/16/2012 to 06/30/2013  ange Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /b)(A)  duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
ACCOUNTING CODE ADDED:  ount code:  (b)(7)(E)  ntity: 1  unt: /b\/A\ : Destination iod of Performance: 09/16/2012 to 06/30/2013  nge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /b\/A\) DA.  duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
ACCOUNTING CODE ADDED:  ount code:  (b)(7)(E)  ntity: 1  unt: /b\/A\ : Destination iod of Performance: 09/16/2012 to 06/30/2013  nge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /b\/A\ duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
(b)(7)(E)  ntity: 1  unt:	1)		(b)(4)	
(b)(7)(E)  ntity: 1  unt:	1)		(b)(4)	
ntity: 1 unt: /h/// : Destination iod of Performance: 09/16/2012 to 06/30/2013  nge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /h///) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
ntity: 1 unt: /h/// : Destination iod of Performance: 09/16/2012 to 06/30/2013  nge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /h///) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
unt: /h/// : Destination iod of Performance: 09/16/2012 to 06/30/2013  nge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of /h//// DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
: Destination iod of Performance: 09/16/2012 to 06/30/2013  nge Item 0001A to read as follows(amount shown the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (h)(4) per day multiplied by (b)(4) s for a total of (h)(4) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
nge Item 0001A to read as follows(amount shows the obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of (ANOMAL) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
The obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of (b)(4) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
The obligated amount):  Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of (b)(4) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	1)		(b)(4)	
Day Rate For Minimum Quantity - The ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of (b)(4) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	-		(b)(4)	
ernments minimum quantity to be ordered via k order is (b)(4) per day multiplied by (b)(4) s for a total of (b)(4) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	-		(b)(4)	
k order is (b)(4) per day multiplied by (b)(2) s for a total of (b)(4) DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	-			
s for a total of Third DA. duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD	-			
duct/Service Code: S206 duct/Service Description: HOUSEKEEPING- GUARD				
		1 1		
(b)(7)(F)				
(b)(7)(F)			- 1	
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ounting Info:	1			
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(b)(7)(E)				
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	(b)(7)(E)  ded: \$0.00  punting Info:  (b)(7)(E)  ded: \$0.00  punting Info: (b)(7)(E)	(b)(7)(E)  ded: \$0.00  punting Info:  (b)(7)(E)  ded: \$0.00  punting Info: (b)(7)(E)	(b)(7)(E)  ded: \$0.00  punting Info:  (b)(7)(E)  ded: \$0.00  punting Info: (b)(7)(E)	(b)(7)(E)  ded: \$0.00  cunting Info:  (b)(7)(E)  ded: \$0.00  cunting Info: (b)(7)(E)

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CONTINUATION CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	_
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00010	4	5	

- 1	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
┪	(b)(7)(E)	<del>                                      </del>	++		
١	Funded: \$0.00				
1	Accounting Info:		11	9 11	
-	(b)(7)(E)				
-	Funded: \$0.00 Accounting Info:		11		
ſ	(b)(7)(E)				
Ī	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)		H	i i	
	Funded: 50.00				
	Accounting Info:			6.4	
ļ	(b)(7)(E)				
١	Funded: \$0.00 Accounting Info:				
ı					
	(b)(7)(E) Funded: \$0.00				
	Accounting Info:		11	31	
	(b)(7)(E)				
	Funded: (b)(4)				
				1	
	Change Item 0005 to read as follows (amount				
		snown			
Ì	is the obligated amount):	snown			
	is the obligated amount):  MEDICAL SERVICES. In accordance with the t	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly E	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the t	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and in supplies.	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and in	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and in supplies.  (b)(4) PER MONTH	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and in supplies.	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and in supplies.  (b)(4) PER MONTH  (b)(7)(E)	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info:	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Existed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: 50.00	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Existed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Existed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Existed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)	erms		(b)(4)	
	is the obligated amount):  MEDICAL SERVICES. In accordance with the tand conditions of this contract. Monthly Fixed Fee includes all medical staff and insupplies.  (b)(4) PER MONTH  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:	erms		(b)(4)	
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TEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			0 0	
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AMENDMENT OF SOLICITATION/I	MODIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO	5 PROJECT NO (If applicable)
P00011	See Block 16C	192113FDN31000001.12	
6. ISSUED BY	CODE ICE/DM/DC-LAGUN	IA 7. ADMINISTERED BY (If other than ther	n s) CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Immigration and Custom Office of Acquisition: 24000 Avila Road, (h) Laguna Niguel CA 92677	Contract-LAG s Enforcement Management (7)(C):	ICE/Detent Mngt/Deter Immigration and Custo Office of Acquisitio 24000 Avila Road, // Attn: //b/////// //b///// Laguna Niguel CA 926	oms Enforcement n Management <u>a\(7\/C\)</u> ] 949-360\(b\(7\)(
B. NAME AND ADDRESS OF CONTRACTO	R (No. serval, county State and ZIP Code;	(x) 9A. AMENDMENT OF SOLICITATIO	
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C): BOCA RATON FL 334878242		98 DATED (SEE ITEM 11)  × 10A MODIFICATION OF CONTRAC HSCEDM-11-D-0003 HSCEDM-12-J-00062  [10B. DATED (SEE ITEM 13)	<del></del>
CODE 6127064650000	FACILITY CODE	08/24/2012	
6127064650000		LIES YO AMENDMENTS OF SCUCIFATIONS	
	id is received prior to the opening hour and	nge may be made by lelegrem or latter, provided each cate specified.  Net Increase:	(b)(4)
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NAME OF OFFEROR OR CONTRAC.				

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	It is estimated that the funds obligated will cover the noted CLINs for the period through 6/30/13. However, any balance remaining is available for payment of services rendered through the end of this task order.  Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (h)/// New Total Amount for this Version: (h)/// New Total Amount for this Award: (b)(4) Obligated Amount for this Modification:	(C)	(D)	(E)	(F)
	(h)(4)  New Total Obligated Amount for this Award:  (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 2A  Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification:  (b)(4)	i			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from /b//// Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (h)(4)  Amount: (h)(4)				
	FOB: Destination Period of Performance: 09/16/2012 to 06/30/2013 Change Item 0002A to read as follows(amount shown is the obligated amount):		i		
0002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  (b)(4) per month . Accounting Info: Continued			(h)(4)	
SN 7540-01-152					IONAL FORM 336 (4-86)

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00011	3		3

NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
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	(b)(7)(E)				
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AMENDMENT OF SOLICITATION/MODIFICATION	TION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES
z AMENDMENT/MODIFICATION NO 3	EFFECTIVE DATE	IA DEC	UISITION/PURCHASE REQ. NO	Ts 00/	1 5
			13FDN31000001.13	5 PAG	DJECT NO (If applicable)
	Gee Block 16C		MINISTERED BY (If other than Item 6)	CODE	TOT / DU / DO T ACTIVIT
	CE/DM/DC-LAGUNA	-			TCE/ DM/ DC - EAGONF
ICE/Detent Mngt/Detent Contraction and Customs Enforce Office of Acquisition Managem 24000 Avila Road, (b)(7)(C): Laguna Niguel CA 92677	cement	Imm Off 240 Att	/Detent Mngt/Detent () igration and Customs ice of Acquisition M. 00 Avila Road, (b)(7) n: (h)(7)(C):(h)(6) 9 una Niguel CA 92677	Enforc arageme (C);	ement nt
B NAME AND ADDRESS OF CONTRACTOR (No., street, or	ounty, State and ZIP Code)	_	AMENDMENT OF SOLICITATION NO		<del></del>
GEO GROUP INC THE 621 NW 53RD ST(b)(7)(C): BOCA RATON FL 334878242		× 10 H:	A MODIFICATION OF CONTRACTORE SCEDM-11-D-00003 SCEDM-12-J-00062 B DATED (SEE ITEM 13)	DER NO.	
CODE 6127064650000 F	ACILITY CODE	-	8/24/2012		
312.001030000	11. THIS ITEM ONLY APPLIES YO				
separate letter or tologram which includes a reference to THE PLACE DESIGNATED FOR THE RECEIPT OF OF thus of this amendment you dosing to change an offer a to the solicitation and this amendment, and is received put 12. ACCOUNTING AND APPROPRIATION DATA iff required.	FERS PRIOR TO THE HOUR AND fready submitted, such change may rior to the opening hour and date sp	DATE SP be made recified.	ECIFIED MAY RESULT IN REJECTION by telegram or letter, provided each teleg	OF YOUR OF ram or letter n	FER If by nakes reference
See Schedule	. N€	et inc	rease:		(b)(4)
A. THIS CHANGE ORDER IS ISSUED PUT ORDER NO. IN ITEM 10A  8 THE ABOVE NUMBERED CONTRACT, appropriation date, etc.) SET FORTH IN C. THIS SUPPLEMENTAL AGREEMENT I	ORDER IS MODIFIED TO REFLEC I ITEM 14, PURSUANT TO THE AL SENTERED INTO PURSUANT TO	T THE ACUTHORITY	MINISTRATIVE CHANGES (such as cha ' OF FAR 43 103(b)		
D OTHER (Specify type of modification an		4			
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E. IMPORTANT: Contractor x is not	is required to sign this document i		O copies to the		
THE TASK Order is issued for	(b)(7)(C	C); (b)(		feas⊧b/e )	
The purpose of the modification (b)(4)			g on CLIN 0001A in t	he amou	nt of
0001A (b)(4)					
TOTAL: (b)(4) Continued					
Except as provided herein, all terms and conditions of the c	focument referenced in Item 9A or 1				
15A NAME AND TITLE OF SIGNER (Type or pnnl)		16A.	NAME AND TITLE OF CONTRACTING	OFFICER (Ty	rpe or print)
15B CONTRACTOR/OFFEROR (Signature of person outherword to sign)	15C. DĂTE SIGNED		(b)(6); (b)(7)(C)		18C DATE SIGNED
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00012	2	5

	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
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	It is estimated that the funds obligated will				
	cover the noted CLINs for the period through				
	9/15/13. However, any balance remaining is	1		7 7	
	available for payment of services rendered				
	through the end of this task order.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Period Of Performance End Date changed from				
	30-JUN-13 to 15-SEP-13	1		11	
	Total Amount for this Mcdification: New Total Amount for this Version: (b)(4)	1		43	
	New Total Amount for this version:	4		- 17 -	
	New Total Amount for this Award: (b)(4)  Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:				
	(b)(4)   Incremental Funded Amount changed: from	1 + 6			
	(b)(4)				
	(5)(4)	1			
	CHANGES FOR LINE ITEM NUMBER: 1A		1		
	Quantity changed from (b)(4)			- 1	
	Unit Price changed from (b)(4)				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)		<b>1</b>		
	Incremental Funded Amount changed from			- '	
	(b)(4)				
			1 1		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)		1 1		
	(b)(4)				
	CHANCES FOR ACCOUNTING CODE.				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			10.	
	Amount changed from (b)(4)	-			
	(0)(4)	1			
	(b)(7)(E)			]	
	(b)(7)(E)	1			
	Amount changed from (b)(4)	14			
	CHANGES FOR ACCOUNTING CODE:		1	. > -	
	(b)(7)(E)				
	Continued				
				7	
			] [		
			1		

REFERENCE NO. OF DOCUMENT BEING CONTINUED	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00012	3		5

<b>)</b> .	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Amount changed from (b)(4)		1		
	CHANGES FOR ACCOUNTING CODE:			,i (1)	
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:			9	
	(b)(7)(E)	5			
	Amount changed from (b)(4)	]			
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)	<u> </u>			
	CHANGES FOR ACCOUNTING CODE:		H		
	(b)(7)(E)				
	Amount changed from (b)(4)				
				17.29	
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)  Quantity: (b)(4)				
	Amount: (b)(4)				
	FOB: Destination				
	Period of Performance: 09/16/2012 to 09/15/2013				
	Change Item 0001A to read as follows(amount shown is the obligated amount):				
	Bed Day Rate For Minimum Quantity - The			(b)(	(4)
	Governments minimum quantity to be ordered via task order is $(b)(4)$ per day multiplied by $(b)(4)$				
	days for a total of (h)(4) DA.				
	Continued			L	I A

CONTINUATION SUCCE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00012	4	5

0	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUN
	(B)	(C)	(D)	(E)	(F)
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)			7/	
	Funded: \$3,00			A-	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			, 2-2	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	Continued				
	M 41			ļ	
		1	1 1	V	

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-12-J-00062/P00012	5	5

ITEM NO		SU	PPLIES/SERVICES (B)		ANTITY UNIT	UNIT PRICE	AMOUNT (F)
		(b)(7)(E)					
	Funded:	(b)(4)		_			

MENDACHT OF BOLLOWATIONS	ICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIF	ICATION OF CONTRACT		1 8
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO	5. PROJECT NO. (If applicable)
P00007	See Block 16C	192114FDN31000020.6	
S. ISSUED BY COD	E ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (if other than item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cont	tract-LAG	ICE/Detent Mngt/Detent C	ontract-LAG
Immigration and Customs En	forcement	Immigration and Customs	Enforcement
Office of Acquisition Manag		Office of Acquisition Ma	
24000 Avila Road, (h)(7)(C)		24000 Avila Road, (h)(7)(	
Laguna Niguel CA 92677		Attn: (b)(7)(C)·(b)(6) 94	9-360- <u>[/h)//)/</u>
NAME AND ADDRESS OF CONTRACTOR (No. 1	west on the State and TIB Code)	Laguna Niguel CA 92677	-
NAME AND ADDRESS OF CONTRACTOR (NO. 4	1001 (DBN), Sale BN 25- (SSE)	(x)	
SEO GROUP INC THE			
521 NW 53RD ST (b)(6)		9B. DATED (SEE ITEM 11)	
OCA RATON FL 334878242			
		X USCEDMAN 1 - D-00003	ER NO
		NSCEDM-11-D-00003	
		HSCEDM-13-J-00036	
	Tradu my 2005	108. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/11/2013	
		O AMENDMENTS OF SOLICITATIONS	
The above numbered solicitation is amended as se	at forth in Item 14. The hour and date so	outsided for receipt of Offers	extended is not extended.
	nt 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 acknown	wledging receipt of this amendment on each copy of thumbers FAILURE DF YOUR ACKNOWLEDGEMENT	T TO BE RECEIVED AT
THE PLACE DESIGNATED FOR THE RECEIPT (	OF OFFERS PRIOR TO THE HOUR AN	D DATE SPECIFIED MAY RESULT IN REJECTION C	OF YOUR OFFER. If by
virtue of this amendment you desire to change an	offer already submitted, such change me	ay be made by telegram or letter, provided each telegr	ram or lotter makes reference
to the solicitation and this amendment, and is rece			(1.)(1)
12. ACCOUNTING AND APPROPRIATION DATA (II See Schedule	raquirao) N	let Increase:	(b)(4)
	O MODIFICATION OF CONTRACTS/OR	DERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
13. INIGITEM ONE I AFFECT	O MODE TO THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER O		
CHECK ONE A. THIS CHANGE ORDER IS ISSUE	ED PURSUANT TO: (Specify authority)	THE CHANGES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT
ORDER NO. IN ITEM 10A.			
9. THE ABOVE NUMBERED CONT	RACT/ORDER IS MODIFIED TO REFLI	ECT THE ADMINISTRATIVE CHANGES (such as cha AUTHORITY OF FAR 43.103(b).	inges in paying office,
appropriation date, etc.) SET FO	RTH IN ITEM 14, PURSUANT TO THE	AUTHORITY OF FAR 43.103(b).	
C. THIS SUPPLEMENTAL AGREE	LENT IS ENTERED INTO PURSUANT	TO AUTHORITY OF	
D. OTHER (Specify type of modifical	Son and authority)		· ·
X Unilateral IAW FAR	32.703-1(b) Funding	Action	
E_IMPORTANT: Contractor X is no		Δ	issuing office
		s, including solicitation/contract subject matter where	feasible)
DUNS Number: 612706465			
	C): (b)(6) 720-875-	(b)(7)(C); (b)(6)	
Billing POC:	720) 875-(h)(7)(	(5)(1)(5), (5)(5)	
		1	
Billing POC: (b)(7)(C); (b)(	-/		
Billing POC:	(720) 875- C);	]	
Billing POC: (b)(7)(C); (b)(6	(720) 875-(h)(7)(		
•			
This Task Order is issued	for Option Period 1,	Year 1.	
		г	7240
		e funding in the amount of	(b)(4) The
period of performance is a	lso extended to 8/15	5/2014	
Continued			
Except as provided herein, all terms and conditions	of the document referenced in Item 9A o	or 10A, as heretofore changed, remains unchanged an	
15A. NAME AND TITLE OF SIGNER (Type or print		18A. NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
SER CONTRACTOR/DESERVE	15C DATE SIGNE	<u></u>	18C. DATE SIGNED
15B CONTRACTOR/OFFEROR	130 DATE SIGNE	(b)(7)(C); (b)(6)	-1.1.
			8 1114
(Signature of person authorized to sign)			STANDARD FORM 30 (REV. 10-83)
NSN 7540-01-152-8070 Previous edition unusable			Prescribed by GSA

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00007	2	8

A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	(F)
	Exempt Action: Y				
	LIST OF CHANGES:			· ·	
	Reason for Modification : Funding Only Action		1 1		
	Period Of Performance End Date changed from				
	2014-07-31 to 2014-08-15				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Version:				
	New Total Amount for this Award: (b)(4)		1 1		
	Obligated Amount for this Modification:		1		
	(b)(4) New Total Obligated Amount for this Award:	1			
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001A		1	0.0	
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (h)//)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			. 0	5)
	Quantity changed from (b)(4)				
	Amount changed from (h)(4)			V /4	
	(b)(4)	¥			
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
			1 1		114
	(b)(7)(E)		1 1		
	Quantity: (h)(4)				
	Amount: (b)(4)		$\perp$		
	CHANGES FOR LINE ITEM NUMBER: 1004				
	Quantity changed from (b)(4)				J-A
	Total Amount changed	1			
	from (b)(4)	_	1 1		
	Obligated Amount for this modification: (b)(4)				6 -
		31- 1			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIA	1			
	Quantity changed from (b)(4)				
	Amount changed from (h)(4)				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: $(b)(4)$				
	CHANGES FOR LINE ITEM NUMBER: 1005			gg T -	
	Continued			Maria di di	
					1
	. 1				11
	191				

HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00007  FOFFEROR OR CONTRACTOR  RROUP INC THE  SUPPLIESSERVICES (B)  Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL Quantity changed from (b)(4)  Delivery Date changed from 07/31/2014 to 08/15/2014	AMOUN (F)
Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification:  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification:  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Delivery Date changed from 07/31/2014 to	(F)
Total Amount changed  from (b)(4)  Obligated Amount for this modification:  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Delivery Date changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
from (b)(4) Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Obligated Amount for this modification:  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED:  Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from //b)(A)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED:  Account code:  (b)(7)(E)  Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from //b)(A)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Account code:  (b)(7)(E)  Quantity Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Amount: (D)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Amount: (D)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
from (b)(4) Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4) Delivery Date changed from 07/31/2014 to	
CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from /b\///\ldots  Amount changed from (b)(4) Delivery Date changed from 07/31/2014 to	
Quantity changed from /h///\ Amount changed from (b)(4) Delivery Date changed from 07/31/2014 to	
Quantity changed from /h///\(\text{/A}\)  Amount changed from (b)(4)  Delivery Date changed from 07/31/2014 to	
Amount changed from (b)(4) Delivery Date changed from 07/31/2014 to	
Delivery Date changed from 07/31/2014 to	
108/15/2014	
35,13,1311	
NEW ACCOUNTING CODE ADDED:	
Account code:	
(b)(7)(E)	
Quantity Amount: (b)(4)	
Amount: (b)(4)	
CURVICES COS VEND	
CHANGES FOR LINE ITEM NUMBER: 1002B Total Amount changed	
from (b)(4)	
Obligated Amount for this modification: (b)(4)	
CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL	
Amount changed from (b)(4)	
Delivery Date changed from 07/31/2014 to	
08/15/2014	
NEW ACCOUNTING CODE ADDED:	
Account code:	
(b)(7)(E)	
Continued	

NSN 7540-01-152-6067

	FEROR OR CONTRACTOR				4 8
O GRO	UP INC THE				
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Amount: (b)(4)				V - 7
	CULTURE DOR A THE TOTAL MANAGEMENT				
	CHANGES FOR LINE ITEM NUMBER: 1003 Quantity changed from (b)(4)				
	Quantity changed from (b)(4)  Total Amount changed				
	from (b)(4)		1 1	41 J.7	
	Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)	10 11			
	Amount changed from (b)(4)			4	
	Delivery Date changed from 01/15/2014 to				
	08/15/2014			1	
				0.5	
	NEW ACCOUNTING CODE ADDED:			A (1)	
	Account code:			V )	
	(b)(7)(E)			Jak	
				710	
	Quantity: (h)/4				
	Amount: (b)(4)				
	Discount Terms:			) All M	
	(b)(4)			- W	
	FOB: Destination				
	Period of Performance: 09/16/2013 to 08/15/2014			7	
	Change Item 1001A to read as follows(amount shown				
	is the obligated amount):			T TO 95	
0012		$\overline{}$			
001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via				
	task order is (b)(4) per day multiplied by (b)(4)	. 1			
	days multiplied $(b)(4)$ for a total of $(b)(4)$ Option Period 1				
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	TOODEREFING GOARD				
	Accounting Info:				
				0.6	
	(b)(7)(E)		**	0 110	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
				1 1	
	Page unting T-5-				
	Accounting Info:		M	V. T.	
1	(b)(7)(E)		- 7	71	
9.1	Funded: \$0.00	h 1		4114	
91	Continued	-			
T)					
				7 Haba	
		45		0 1	
1 (1)					
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HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00007 5 8	CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	- CONTINUATION SALET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00007	5	8

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT
• • •	Accounting Info:	10,	, ,	(E)	(F)
	(b)(7)(E)				
	Funded: \$0.00	100			
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		1111		
	Accounting Info:				
	(b)(7)(E) Funded: \$0.00	N. 1			
	Accounting Info:		.()./		
	(b)(7)(E)				
	Funded: (b)(4)			- 1	
	Change Item 1002A to read as follows (amount shown is the obligated amount):			3.	
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle			(b)(4)	
	maintenance.				
	Product/Service Code: (h)(7)(F) Product/Service Description: HOUSEKEEPING- GUARD				
	Troduces Believe Beachipelon: Housekeeping- GOARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	(D)(7)(L) Funded: \$0.00				
	Accounting Info:			1	
	(b)(7)(E)	11 - 3			
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			1	
	Funded: \$0.00			All ,	
	Accounting Info:				
- 1	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:			0.71%	
	(b)(7)(E)			100	
V <sub>d</sub>	Funded: (b)(A)		Щ	400	
	Continued				
				5/10-	

	FEROR OR CONTRACTOR UP INC THE				
ITEM NO	SUPPLIES/SERVICES	QUANTITY	T	UNIT PRICE	
(A)	(B)		(D)	(E)	AMOUNT (F)
	Change Item 1002B to read as follows(amount shown is the obligated amount):				
10028	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  Product/Service Code: (b)(7)(F)  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				(b)
	Accounting Info:			49,8	
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)			7.7	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			A 1 1	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E) Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1003 to read as follows(amount shown is the obligated amount):				
003	Remote Custody	$\vdash$		/b)/4)	
	These estimated hours are for detainee medical trips/visits and associated waiting time for			(b)(4)	
	detention officers only, not to exceed $(b)(4)$			_1,	
	hours. Option Period 1				
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)			19-	
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)		W.		
	continued				
	1			5	

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00007	7	8

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	/k\/7\/E\ Funded: \$0.00		П		
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1004 to read as follows(amount shown is the obligated amount):	1			
1004	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
	for this line item will be at actual cost of			<u> </u>	
	(b)(4) The contractor shall			- 4 (%)	
	not exceed the quantity shown without prior approval by the Contracting Officer.				
	Option Period 1				
	Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:			1	
	(b)(7)(E)				
	Funded: \$0.00			2	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown			1 _ I h	
	is the obligated amount):				
1005	MEDICAL SERVICES-In accordance with the terms and		Ш	(b)(4)	
	conditions of this contract. Monthly Flat Fixed	L	1	(5)(4)	
	Fee includes all medical staff and in-house Continued				
	CONCINGO				
ISN 7540-01-15	2-5067	1		DP1	TONAL FORM 335 (4-66)

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	CF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00007	8	8

A NO. A.)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
~,		107	, D,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(17
	supplies. Option Period 1				
	Product/Service Code: (h)(7)(				
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)		1		
	Funded: \$0.00	4 4			
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00	1 1			
	Accounting Info:			. A "	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			V 1 14 5	
	Funded: (b)(4)			71	
	(b)(4)			116	
		14			
				2.5	
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			1 1		

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
			1 7
2. AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5 PROJECT NO (If applicable)
P00008	See Block 16C	192114FDN31000020.8  7 ADMINISTERED BY (If other than Item 6)	CODE TOP/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Contribution and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (h)(7)(C): Laguna Niguel CA 92677	orcement	ICE/Detent Mngt/Detent Commigration and Customs Office of Acquisition Ma 24000 Avila Road, (h)/6 Attn: (b)/(7)(C):(b)/(6) 94 Laguna Niguel CA 92677	Contract-LAG Enforcement Inagement
8. NAME AND ADDRESS OF CONTRACTOR (No. street	t, county, State and ZiP Code)	(x) 9A AMENDMENT OF SOLICITATION NO	
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C) BOCA RATON FL 334878242		SB DATED (SEE ITEM 11)  X 10A MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003 HSCEDM-13-J-00036 10B DATED (SEE ITEM 13)	ER NO
CODE 6127064650000	FACILITY CODE	09/11/2013	
	11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SCLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off to the solicitation and this amendment, and is receive 12 ACCOUNTING AND APPROPRIATION DATA (if re	er already submitted, such change may ed phor to the opening hour and date sp	be made by telegram or letter, provided each telegram	
See Schedule		ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	ICT/ORDER IS MODIFIED TO REFLEC IN IN ITEM 14. PURSUANT TO THE AU INT IS ENTERED INTO PURSUANT TO	HE CHANGES SET FORTH IN ITEM 14 ARE MADE  T THE ADMINISTRATIVE CHANGES (such as cha JTHORITY OF FAR 43 103(b)  AUTHORITY OF	
X Unilateral IAW FAR	32.703-1(b) Funding	Action	
E IMPORTANT: Contractor K is not	is required to sign this document a	and returnOcopies to the a	ssuing office
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465	(Organized by UCF section headings,	including solicitation/contract subject matter where	
COR/Billing POC: (b)(6); (b) Billing POC: (b)(7)(C); (b)(6) Billing POC: (b)(7)(C); (b)(6) Billing POC: (b)(7)(C); (b)(6)	720) 875-(b)(7)( (720) 875-(b)(7)( (720) 875- C); ](720) 875-(b)(7)(C	(b)(7)(C); (b)(6)	
This Task Order is issued for			<u> </u>
The purpose of this modification period of performance is also Continued	so extended to 9/15/	2014	(b)(4) The
Except as provided herein, at terms and conditions of	the cocument referenced in Item 9A or 1		-
15A. NAME AND TITLE OF SIGNER (Type or pnnt)		15A NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
15B CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C DATE SIGNED	(b)(4)	16C DATE SIGNED  G/2/14
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV 10-83) Prescribed by GSA FAR (48 CFR) 53 243

	<u> </u>		
	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
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ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	TRUCMA
(A)	(B)	(C)	(D)	(E)	(F)
	Exempt Action: Y	-	1 1		
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Period Of Performance End Date changed from		1 1	164	
	2014-08-15 to 2014-09-15				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Award: (b)(4)		1 1		
	Obligated Amount for this Modification:				
	New Total Obligated Amount for this Award:				
	(b)(4)				
	(0)(4)			11.	
	CHANGES FOR LINE ITEM NUMBER: 1001A			1	
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4)	111.4			
	Obligated Amount for this modification:				
	(b)(4)	The second			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)	1000			
	(b)(4)				
	Delivery Date changed from 08/15/2014 to				
	09/15/2014	4		n n	
	NEW ACCOUNTING CODE ADDED:			· ·	
	Account code:			1	
				1	
	(b)(7)(E)				
	Quantity: (h)///		$\perp$	1	
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001B				
	Quantity changed from (b)(4)			- Y	
	Total Amount changed				
	from (b)(4)	160			
	Obligated Amount for this modification:				
	(b)(4)				
	CUANCES FOR RELIVERY LOSS TON				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)				
	Quantity changed from (b)(4)  Amount changed from (b)(4)				
	Delivery Date changed from 01/31/2014 to				
	09/15/2014				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)			M.	
	Continued				
		1			
		1 0 -			

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008	3	7

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Quantity: (b)(4)	(0)		(2)	,,,
	Amount: (b)(4)	1			
	CHANGES FOR LINE ITEM NUMBER: 1002A				
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4) Obligated Amount for this modification:				
	(b)(4)			7 7 4	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL	- 3			
	Quantity changed from (b)(4)			A 9 11	
	Amount changed from (b)(4)				
	Delivery Date changed from 08/15/2014 to 09/15/2014				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)			- 1	
	Quantity: $(b)(4)$ Amount: $(b)(4)$				
	CHANGES FOR LINE ITEM NUMBER: 1005				
	Quantity changed from (b)(4)  Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)			1	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4) Delivery Date changed from 08/15/2014 to				
	09/15/2014			- 1	
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4) Amount: (b)(4)				
	(b)(4)			1	
	Discount Terms:	6			
	(b)(4)				
	FOB: Destination Period of Performance: 09/16/2013 to 09/15/2014			111	
	retion of refformance, 03/10/2013 to 03/13/2014				
	Change Item 1001A to read as follows (amount shown Continued				
	dont Indea				
				<u> </u>	

CONTINUATION SHEET  REFERENCE NO OF DOCUMENT BEING CONTINUED  HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008	PAGE OF		
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008	4	7
NAME OF OFFEROR OR CONTRAC			
GEO GROUP INC THE			

EM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(0)	(E)	(F)
	is the obligated amount):				
01A	Bed Day Rate For Minimum Quantity - The	1		(b)(4)	
	Governments minimum quantity to be ordered via				
	task order is (b)(4) per day multiplied by (b)(4) days multiplied by (b)(4) for a total of (b)(4)				
	Option Period 1			0 4 6	
	Product/Service Code: (b)(7)(E)			1117	
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:		1	· ·	
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:			11.00 -	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:	l' pil			
	(b)(7)(E)			1	
	Funded: \$0.00		i I		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	10,4			
	Funded: \$0.00	_ =			
	Accounting Info:	1			
	(b)(7)(E)				
				111	
	Funded: (b)(4)				
	Change Item 1001B to read as follows(amount shown				
	is the obligated amount):				
001B	Bed Day Rate In Excess Of Minimum Quantity - The			(5)(4)	
7015	Government may order an additional quantity			(b)(4)	
	estimated to be (b)(4) per				
	day multiplied by 365 days multiplied by (b)(4)				
	Continued				
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CONTINUA	TION	SHEE

REFERENCE NO OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008

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OF 7

ITEM NO	SUPPLIES/SERVICES	DUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	for a total not to exceed (b)(4) Option Period 1 Product/Service Code: (b)(7)(E Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)	1			
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1002A to read as follows(amount shown is the obligated amount):	-  -  -			
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				7
	(b)(7)(E)				
	Continued				
		1			
NSN 7540-01-15					OPTIONAL FORM 336 (LPR)

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF	
	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008	6	7	

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	!		8 2 3 1 1	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	1 ,			
	Funded: (b)(4)	1, 0			
	Change Item 1005 to read as follows(amount shown				
	is the obligated amount):		1		
				7.74	
005	MEDICAL SERVICES-In accordance with the terms and			(b)(4)	
	conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house			7	
	supplies.		1 1		
	Option Period 1				
	Product/Service Code: (b)(7)(				
	Product/Service Description: MEDICAL- GENERAL HEALTH CARE				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		1 1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00			4	
	Accounting Info:	1			
	(b)(7)(E)		1		
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			1373	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00	1			
	Accounting Info:	1		10 10	
	(b)(7)(E)			n V II.	
	Funded: \$0.00		1 1		
	Accounting Info:		1 1		
	(b)(7)(E)		1		
		- 4			
	Funded: \$0.00 Continued				
	Approximation of the second of				
				4 1 2	
		1			

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00008	7	7

M NO	SUPPLIES/SERVICES	(C) (D)	UNIT PRICE	AMOUNT (F)
A)	Accounting Info:	(0)	(2)	(1)
	(b)(7)(E)			
	Funded: (b)(4)			
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AMENDMENT DE COLICITATION	UMODIFICATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
AMERIDMENT OF SOLICITATION			1 10
2 AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4. REQUISITION/PURCHASE RED NO	5 PROJECT NO (# applicable)
P00009	See Block 16C	192115FDN32000035	COSE I
8 ISSUED BY	CODE ICE/DM/DC-LAGUNA	7 ADVINISTERED BY (If other than iten	Teb/ bill be brestur
ICE/Detent Mngt/Deten Immigration and Custo Office of Acquisition 24000 Avila Road,(harmonia Laguna Niguel CA 9267	ms Enforcement Management (7)(C):	ICE/Detent Mngt/Deter Immigration and Custo Office of Acquisitio 24000 Avila Road, (b Attn: (b)(7)(C):(b)(6) Laguna Niguel CA 926	oms Enforcement <u>n Management</u> <u>))(7)(C):</u> ] 949-360-(b)(7)(
8 NAME AND ADDRESS OF CONTRACT	OR (No., street, county, State and ZIP Code)	(x) BA AMENDMENT OF SOLICITATION	
GEO GRCUP INC THE. 62: NW 53RD ST (b)(7)(C) BOCA RATON FL 33487824		DATED (SEE ITEM 11)      TOA MODIFICATION OF CONTRAC HSCEDM-11-D-0003     HSCEDM-13-J-00036     TOB DATED (SEE ITEM 13)	T/ORDER NO.
CODE 6127064650000	FACILITY CODE	09/11/2013	
012/004030000		YO AMERIMENTS OF SOLICITATIONS	
virtue of this amendment you desire to to the solicitation and this amendment, a 12 ACCOUNTING AND APPROPRIATION	RECEIPT OF OFFERS PRIOR TO THE HOUR AL change an offer afready submitted, such change in and is received prior to the opening hour and date in DATA (If required)	nay be made by tolegram or letter, provided each	
See Schedule			(~/( '/
C THIS SUPPLEMENTAL	ED CONTRACT/ORDER IS MODIFIED TO REFL ) SET FORTH IN ITEM 14, PURSUANT TO THE AGREEMENT IS ENTERED INTO PURSUANT If modification and authority)		as changes in paying office.
X Unilateral, F			
E. IMPORTANT: Contractor	x is not. Is required to sign this docume	al and column	to the issuing office
DUNS Number: 612/064 INVOICE POC POC: (b)(7)(C); (b)(6) POC Email: (b POC Phone Number: (72 Alt FOC: (b)(7)(C)-(1 Alt POC Email: Alt POC Phone Number: The purpose of this m	0(6); (b)(7)(C) 0) 375(b)(7)(C); 0(6) (b)(7)(C); (b)(6) (720) 875-(b)(7)(C) odification is to deoblid	gate excess funds in the	e amount of (b)(4)
Continued	HSCEDM-13-J-00036. All sometrions of the document referenced in Item 9A		
15A NAME AND TITLE OF SIGNER (Typ		164 NAME AND TITLE OF CONTRAC	
158 CONTRACTOR/OFFEROR  (Signature of person authorized NSN 7540-01-152-8070	15C. DATE SIGNI	(b)(7)(C); (b)(6)	IBC DATE SIGNED  J 5/15  ANDARD FORM 30 (NEV 10-83)
Previous edition unusable			scribed by GSA FAR (48 CFR) 53 243

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	QF.
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10	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	LNIT PRICE (E)	AMOUNT (F)
	accepted by the Government.				
	In accordance with the closeout procedures of FAR				
1	4.804 this contract is hereby modified as follows:				
	1; Line Item 1001A is decreased by (b)(4) from				
	(b)(4)				
	2) Line Item 1001B is decreased by (b)(4)				
	from (b)(4)				
	3) Line Item 1002A is decreased by (h)(4) from				
			1 1		
	(b)(4)				
	4) Line Item 1002B is decreased by (h)(4)				
	from (b)(4)				
	5) Line Item 1002C is decreased by (b)(4) from				
	(b)(4)		1 1		
	6) Line Item 1003 is decreased by (b)(4)				
	from (b)(4)				
	7) Line Item 1004 is decreased by (b)(4) from		1 1		
	(b)(4)				
	8) Line Item 1005 is decreased by (h)(A) from			' V	
Ļ	(b)(4)		1 1		
	The total obligated amount is decreased by		1		
	(b)(4)				
	With this closeout modification, the contractor				
	hereby releases the Government from any and all				
	liability under this contract.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Close Out				
	Total Amount for this Modification: (b)(4)		1 1		
	New Total Amount for this Version: (b)(4)		1		
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:		1		
	(b)(4)		1 1		
	(8)(4)				
	CHANGES FOR LINE ITEM_NUMBER: 1002C		1		
	Quantity changed from (b)(4)				
			1		
	Total Amount changed				
	from (b)(4)		1		
	Obligated Amount for this modification: $(b)(4)$				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		1		
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
			1 1		
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Continued			**	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00009	3	10

M NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
,	(b)(7)(E)				
	Quantity changed from /h\//\			- 9 - 11	
	Amount changed from (b)(4)		i	)	
	CHANGES FOR LINE ITEM NUMBER: 1003		1		
	Total Amount changed				
	from (h)( <u>A</u> ) Obligated Amount for this modification:			11.	
	(b)(4)	V 1			
		Pool		2111	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)			. 1111	
	Amount changed from (b)(4)		!		
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTY OF CORP				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			' <i>y</i>	
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1004				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)			' • III I	
	Obligated Amount for this modification: (b)(4)	ጎ			
		Γ			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)				
	Amount changed from (b)(4)	10 7 14			
	CHANGES FOR ACCOUNTING CODE:	7		Í	
	(b)(7)(E)				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)	H VIII		11	
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)	11			
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001A				
	Total Amount changed				
	from (b)(4)	ļ			
	Obligated Amount for this modification: (b)(4)				
	Continued	19.			
		!			

GRO	UP INC THE				
NO	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	TAUCMA
)	(B)	(C)	(D)	(E)	(F)
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Amount changed from (b)(4)				
	(5)(4)				
	CHANGES FOR ACCOUNTING CODE:		$\perp$	-(49)	
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1002B			0 919	
	Total Amount changed				
	from $(b)(4)$ Obligated Amount for this modification: $(b)(4)$				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)  Amount changed from (b)(4)				
	(4)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1002A Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)	<u> </u>			
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1005 Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:	100			
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001B Total Amount changed	<b>†</b>			
	Continued				
				[17]	

CONTIN	WATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00	009			<b>PAGE OF</b> 5 10
	FERGR OR CONTRACTOR UP INC THE				
ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	from (b)(A) Obligated Amount for this modification: (b)(4) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Amount changed from (b)(4)  CHANGES FOR ACCOUNTING CODE:  (b)(7)(E)  Amount changed from (b)(4)				
	Discount Terms:  (b)(4)  FOB: Destination Period of Performance: 09/16/2013 to 09/15/2014				
	Change Item 1001A to read as follows(amount shown is the obligated amount):				
1001A	Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) per day multiplied by (b)(4) days multiplied by (b)(4) for a total of (b)(4) Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
	Accounting Info:				
	(b)(7)(E) Funded: \$0.00 Accounting Info:				
	(b)(7)(E) Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:		1		

CPTIONAL FORM 338 (4-86) Sponsored by GSA FAR (48 CFR) 53 110

(b)(7)(E)

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Funded: \$0.00 Accounting Info:

Funded: \$0.00 Accounting Info:

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MSN 7543-01-152-5067

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00009	6	10

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	CNIT PRICE	AMOUNT (F)
	(b)(7)(F) Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Change Item 1001B to read as follows(amount shown is the obligated amount):				
1001B	Bed Day Rate In Excess Of Minimum Quantity - The	12			(b)(4)
	Government may order an additional quantity	1			
	estimated to be (b)(4) per day multiplied by (b)(4)	. 6.1			
	for a total not to exceed (b)(4)				
	Option Period 1				
	Product/Service Code: (b)(7)(	10 (			
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:		1		
	(b)(7)(E)			A	
	Funded: \$0.00		1		
	Accounting Info:	3			
	(b)(7)(E)		1	1	
	Funded: \$0.00 Accounting Info:	9.41			
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1002A to read as follows(amount shown				
	is the obligated amount):				
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee		il		10
	includes all staff, vehicles and vehicle				
	maintenance.				
	Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD	1	]	- 11	
	Accounting Info:				
	Continued				
				- 1	

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00009	7	10

	SUPPLIES/SERVICES (B)	QUANTITY U: (C) (1	O) (E)	AMOUNT (F)
+	(b)(7)(E)			
			11 '	
	unded: \$0.00 ccounting Info:			
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١Ļ	(b)(7)(E)			
	unded: \$0.00 ccounting Info:		11	
L	(b)(7)(E)		1000	l .
	unded: \$0.00 ccounting Info:	1 7 1		
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IL	(b)(7)(E)			
	unded: \$0.00 ccounting Info:			
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L	(b)(7)(E)			
	unded: \$0.00 ccounting Info:			
lĉ				
	(b)(7)(E)			
	unded: \$0.00			
A	ccounting Info:			
	(b)(7)(E)			
F	unded: (b)(4)			
С	hange Item 10028 to read as follows(amou	nt shown		
	s the obligated amount):			
۵	irect Fuel Pass-Thru. Vendor Bill exact	tana		(b)(
	aid at the pump on a monthly basis. No			(8)(
m	ark-ups are allowed. Not to exceed (h)			
	roduct/Service Code: AD55 roduct/Service Description: R&D- DEFENSE	OTUEP.		
	UELS/LUBRICANTS (OPERATIONAL SYSTEMS DEV			
A	ccounting Info:			
	(b)(7)(E)			13
	unded: \$0.00			
A	ccounting Info:			
	(b)(7)(E)			1
	unded: \$0.00			
A	ecounting Infe:		-a   a	
	(b)(7)(E)			
	unded: \$0.00			
l c	ontinued			1/4
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E OF OF	FEROR OR CONTRACTOR	007			_	1 "	
GRO C	UP INC THE						
EM NO (A)	ŞUPPLIES/SERVICES (B)	QUANTIT (C)	Y UNIT (D)	UNIT PRICE (E)		OMA J	UNT F)
	Accounting Info:		11				
	(b)(7)(E)			7			
	Funded: \$0.00						
	Accounting Info:		1 +				
	(b)(7)(E)						
	Funded: (b)(4)						
	Change Item 1002C to read as follows(amount shown						
	is the obligated amount):				, 1		
002C	Pre-approved Overtime. OT must be preapproved as			(b)(4	4)		
	noted in the contract. Not to exceed (b)(4)	6					
	Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD						
				7			
	Accounting Info:						
	(b)(4)						
	Funded: (b)(4)			1			
	Change Item 1003 to read as follows(amount shown is the obligated amount):						
03	Pareta Custody						(1.) (4)
103	Remote Custody These estimated hours are for detainee medical						(b)(4)
	trips/visits and associated waiting time for		11				
	detention officers only, not to exceed $(b)(4)$ hours.	_	11				
	Option Period I						
	Product/Service Code: (b)(7)(E)						
	Product/Service Description: HOUSEKEEPING- GUARD						
	Accounting Info:						
	(b)(7)(E)			0 76			
	Funded: \$0.00		1				
	Accounting Info:						
	(b)(7)(E)						
	Funded: (b)(4)						
	Accounting Info:						
	(b)(7)(E)						
	Funded: (b)(4)						
	Change Item 1004 to read as follows(amount shown is the obligated amount):						
	Continued						
				114			

NSN 7540-01-152-8007

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00009	9	10

ITEM NO	SUPPLIES/SERVICES	QUANTITY	TINU	UNIT PRICE	AMCUNT
(A)	(B)	(C)	(D)	(E)	(F)
1004	Stipend for Detainee Work Program - Reimbursement	(b)(4)	1 1		
	for this line item will be at actual cost of	( / /	Т		
	(b)(4) The contractor shall				
	not exceed the quantity shown without prior approval by the Contracting Officer.				
	Option Period 1				
	Product/Service Code: (b)(7)(E)				
	Product/Service Description: HOUSEKEEPING- GUARD			1 1 1	
	Accounting Info:		1		
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			4	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:	i		!	
	(b)(7)(E)			<b>6</b>	
	Funded: \$0.00				
	Accounting Info:	1		F. 434	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			, •	
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown	1			
	is the obligated amount):	ł			
					(1-1/4)
1005	MEDICAL SERVICES-In accordance with the terms and				(b)(4)
	ree includes all medical staff and in-house				
	supplies.				
	Option Period 1			- h	
	Product/Service Code: (b)(7)(E				
	Product/Service Description: MEDICAL- GENERAL HEALTH CARE	-			
	Accounting Info:		1 1	1	
	(b)(7)(E)			1 7	
	Funded: \$0.00 Continued				
	Continued	2			
				4	
				7 1	
UPN 7145.01.11		<u> </u>			OPTIONAL FORM NA (4.86)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00009	10	10

	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
Acres de Cons	counting Info:				
	(b)(7)(E)			1100	
Ļ	nded: \$0.00			(f) (f)	
	counting Info:				
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Ļ	(b)(7)(E)	13	<b> </b>	4111	
	nded: \$0.00 counting Info:	10			
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Ļ	(b)(7)(E)	182 18			
	nded: \$0.00 counting Info:				
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	nded: \$0.00 counting Info:				
	CONTROL OF THE PROPERTY OF THE				
	(b)(7)(E)				
	nded: \$0.00 counting Info:				
	(b)(7)(E)	- II I			
	nded: (h)( <u>/</u> )				
I AC	counting Info:				
			3 1		
Fu	(b)(7)(E) nded: \$0.00				
Fu					

	_	^	DUED EUD 61	JPPLIES OR SERV	ICES				PAGE	OF PAGES	3
IMPORTANT:	Mark all o	packages and papers with							1		9
1. DATE OF OR	DER	2. CONTRACT NO. (If any)		7				6. SHIP TO:	777		
09/09/20		HSCEDM-11-D-00	003		a. NAME (	OF CO	NSIGNEE	- 7-24			
3. ORDER NO.			4. REQUISITION	REFERENCE NO.	1						
HSCEDM-1	3-J-00	0036	See Sched		ICE-E	RO-I	FOD-FDN				
ICE/Dete Immigrat	nt Mno	sss correspondence by gt/Detent Contr nd Customs Enfo lisition Manage	orcement			rati	RESS ion Customs st Caley Ave		it		
	_	oad, (b)(7)(E)	7								
		CA 92677	_		c CITY Cente	nni	al		d STATE	e ZIP CO	7.7.7
7. TO:					f. SHIP VI	A					
a NAME OF CO								TYPE OF ORDER			
b. COMPANY N	AME				☐a. PU	RCHAS	SF.	I	X b. DELIVER	Υ	
c. STREET ADD					REFERE			,	E DECIVER		
621 NW 5	3RD S	r (b)(7)(E)							Except for billing reverse, this deli		
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d. CITY			e. 8TA1	TE 1. ZIP CODE			pecified on both sides the attached sheet, if	~	of the above-nur	ribered conta	rescal.
BOCA RAT	ON		FL	334878242	including	deliver	y as indicated.				
		PROPRIATION DATA	7			-	NING OFFICE				
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			·	BUSINESS			WNED				
		13. PLACE OF		14. GOVERNMENT B/L	NO.		15. DELIVER TO F.O ON OR BEFORE (		16. DISCO	UNT TERMS	3
a INSPECTION Destinat		b. ACCEPTANO Destinat					ON OR BEFORE (1 10/15/2013				b)(4)
		Joestina		17. SCHEDULE (S	ee reverso for	Rejec	tions)				D)(4)
				•	QUANTITY	1	UNIT		_	QL	JANTITY
ITEM NO.		SUPPLIES	OR SERVICES		ORDERED (c)	UNIT (d)	PRICE (8)	AMO			CEPTED
	DUNS 1	Number: 61270			(6)	1,57	(8)	(f	,		(g)
	COR:	(b)(6); (b)(7)(C) a.m.sanchez@ice	720-875	(b)(7)(C);							
	1, Ye		issued for	Option Period							
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	18, SHIP	PING POINT		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.	<u> </u>	1		17(h) TOTAL
	-			21. MAIL INVOICE TO:		-	1				(Cont pages)
	a. NAME					_			(b)(4)	1	
SEE BILLING			S, ICE						(D)(4)		'
INSTRUCTIONS ON REVERSE	b. STRE (or P.O.	Box) P.	rlington F O. Box 162 tn: ICE-ER								17(i) GRANI TOTAL
									(b)(4)		
	E. CITY	lliston			a \$17	T T	8. ZIP CODE 05495-1620	,	(D)(4)		
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PAGE NO

Prescribed by OSA FAR (48 CFR) 53-213(5)

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 09/09/2013 HSCEDM-11-D-00003 HSCEDM-13-J-00036 SUPPLIES/SERVICES QUANTITY UNIT QUANTITY ITEM NO. UNIT AMOUNT ORDERED PRICE ACCEPTED (a) (b) (c) (di) (e) (1) (g) Funding is issued in the amount of (b)(4)to cover the period of 9/16/2013 to 10/15/2013 Exempt Action: Y Period of Performance: 09/16/2013 to 10/15/2013 OPTION PERIOD 1: 09/16/2013 - 09/15/2015 1001 Contractor Owned Contractor Operated 0.00 Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only. Unit of Issue DA is equivalent to bed-day. Product/Service Code: (b)(7)(日 Product/Service Description: HOUSEKEEPING- GUARD 1001A Bed Day Rate For Minimum Quantity - The (b)(4)Governments minimum quantity to be ordered via task order is (h)(1) per day multiplied by (b)(4)b)(4) for a total of (b)(4) Option Period 1 Product/Service Code: (b)(7)(Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192113FDN31000001.18 Accounting Info: (b)(7)(E)Funded: (b)(4) 1001B Bed Day Rate In Excess Of Minimum Quantity (b)(4) The Government may order an additional quantity estimated to be (b)(4)per day multiplied by (b)(4)(b)(4)for a total not to (b)(4)exceed (b)(4)Option Period 1 Product/Service Code: (b)(7)(E Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) (b)(4)AUTHORIZED FOR LOCAL REPODUCTION OPTIONAL FORM 348 (Rev. 4/202) PREVIOUS EDITION NOT USABLE

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

PAGE NO

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Prescribed by GSA FAR (48 CFR) \$3.213(9)

CONTRACT NO. DATE OF ORDER DRDER NO HSCEDM-13-J-00036 09/09/2013 HSCEDM-11-D-00003 SUPPLIES/SERVICES CUANTITY UNIT UNIT AMOUNT QUANTITY ITEM NO. ORDERED PRICE ACCEPTED (c) (d) (e) **(f)** (a) (a) Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192113FDN31000001.18 Accounting Info: (b)(7)(E)Funded: (b)(4)TRANSPORTATION SERVICES IN ACCORDANCE WITH 0.00 1002 THE TERMS AND CONDITIONS OF THIS CONTRACT. Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD 1002A (b)(4)TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance. Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD Reguisition No: 192113FDN31000001.17 Accounting Info: (b)(7)(E)Funded: (b)(4)1002B Direct Fuel Pass-Thru. Vendor Bill exact (b)(4)cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4) Product/Service Code: (b)(7)(E) Product/Service Description: R&D-DEFENSE OTRER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT) Requisition No: 192113FDN31000001.17 Accounting Info: (b)(7)(E)Funded (b)(4)1002C Pre-approved Overtime. OT must be (b)(4)preapproved as noted in the contract. Not to exceed (b) (hours. Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE OPTIONAL FORM 348 (Nav. 4/2008)

PAGE NO

Prescribed by GSA FAR (48 CFR) 53.213(5)

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO ORDER NO. HSCEDM-13-J-00036 HSCEDM-11-D-00003 09/09/2013 TINU YTTTNAUD ITEM NO. SUPPLIES/SERVICES UNIT DUANTITY AMOUNT ORDERED PRICE ACCEPTED (d) (c) (0) (1) (8) Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD (b)(7)(E)Accounting Info: (b)(7)(E)Funded: (b)(4) 1003 Remote Custody (b)(4)These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) hours. Option Period 1 Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD (b)(7)(E)Accounting Info: (b)(7)(E)Funded: (b)(4)(b)(4)1004 Stipend for Detainee Work Program -Reimbursement for this line item will be at actual cost of (b)(4)The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer. Option Period 1 Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD (b)(7)(E)Accounting Info: (b)(7)(E)Funded: (b)(4)1005 MEDICAL SERVICES-In accordance with the (b)(4)terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) (b)(4)AUTHORIZED FOR LOCAL REPODUCTION OPTIONAL FORM 348 (Nov. 4/20)

PREVIOUS EDITION NOT USABLE

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 09/09/2013 | HSCEDM-11-D-00003 HSCEDM-13-J-00036 DUANTITY UNIT AMOUNT DUANTITY ПЕМ НО. SUPPLIES/SERVICES UNIT ORDERED PRICE ACCEPTED (a) (c) (d) (8) (1) (8) staff and in-house supplies. Option Period 1 Product/Service Code: (b)(7)(E) Product/Service Description: MEDICAL-GENERAL HEALTH CARE (b)(7)(E)Accounting Info: (b)(7)(E)Funded: (b)(1) Invoicing Instructions: Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the bill to address shown below: DHS. ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE-ERO-FOD-FDN Williston, VT 05495-1620 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. Continued ... \$0.00 TOTAL CARRIED FORWARD TO 18T PAGE (ITEM 17(H))

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OPTIONAL FORM 348 Rev 42000

PAGE NO

6

IMPORTANT: Mark all packages and papers with contract and/or order numbers DATE OF ORDER CONTRACT NO. ORDER NO. 09/09/2013 [HSCEDM-11-D-00003 HSCEDM-13-J-00036 ITEM NO. SUPPLIES/SERVICES DUANTITY UNIT UNIT AMOUNT DUANTITY ORDERED PRICE ACCEPTED (a) (c) (f) (e) (g) Content of Invoices: Each invoice submission shall contain the following information: (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; (ii) Dunn and Bradstreet (D&B) DUNS Number; (iii) Invoice date and invoice number; (iv) Agreement/Contract number, contract line item number and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered; (vi) 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 notify in event of defective invoice; and Invoice Supporting Documentation. In order to ensure payment, the vendor must also submit supporting documentation to the Contracting Officers Representative (COR) identified in the contract as described below. Supporting documentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or task order with all invoices, as appropriate. See paragraph 4 for details regarding the safeguarding of information. 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.

09/09/2013 HSCEDM-11-D-00003

ORDER NO.

HSCEDM-13-J-00036

EM NO.	SUPPLIES/SERVICES	QUANTITY	דואט	UNIT	AMOUNT	QUANTITY
(a)	/NS	ORDERED	(A)	PRICE	10	ACCEPTE
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Invoices without documentation to support					
	invoiced items, containing charges for					
	items outside the scope of the contract, or					
	not based on the most recent contract base					
	or modification rates will be considered					1
	improper and returned for resubmission.					1
	Supporting documentation requirements			ļ		
	include:		1	1		
	include:	ļ				
	(1) Plan Plant Paris Them (14)			Į.		
	(i). Firm Fixed Price Items (items not		ì			
	subject to any adjustment on the basis of					
	the contractors cost experience, such as	ļ				
	pre-established monthly guaranteed minimums	l				ļ
	for detention or transportation): do not		1			1
	require detailed supporting documentation					1
	unless specifically requested by the					
	Government.		l			
	OV GZIMIONE,					
	(ii). Fixed Unit Price Items (items for		1		!	
	The state of the s		1	]		
	allowable incurred costs, such as detention		I			
	and/or transportation services with no	]				
	defined minimum quantities, stationary	]	1			
	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	ľ				
	price in the contract and submitted in .pdf					
	format.					
	Tormac.					
	(iii). Detention Services:		i i			
	1					
	(1) Bed day rate;					ļ
	(2) Residents/detainees check-in and					
	check-out dates;					
	(3) Number of bed days multiplied by the					
	bed day rate;			1		
	(4) Name of each detainee;					
	(5) Residents/detainees identification					
	information					
		1				
	(iv). Transportation Services:	1				
			1			
	(1) The mileage rate being applied for that		1		1	
	invoice.		1			
	(2) Monthly billing reports listing		1			1
	transportation services provided; number of		1			
	miles; transportation routes provided;		1			
	Continued		1			
			1			
			1			
		Ì				1
			1			
			1			
			1			
			ĺ			
	<u> </u>	Ļ	1	<u> </u>	\$0.00	<u> </u>

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OPTIONAL FORM 348 (Rev. 42000)

Prescribed by GSA FAR (40 CFR) 33 213(f)

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. 09/09/2013 HSCEDM-11-D-00003 lHSCEDM-13-J-00036

09/09/20	013 HSCEDM-11-D-00003			HSCE	HSCEDM-13-J-00036		
ITEM NO.	8UPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY	
(0)	(b)	ORDERED (c)	(6)	PRICE (e)	(f)	ACCEPTED (8)	
	locations serviced and/or names/numbers of		Т			<del></del>	
	detainees transported; an itemized listing						
	of all other charges; and, for reimbursable		1				
	expenses (e.g. travel expenses, special	<b>!</b>					
	meals, etc.) copies of all receipts.		i				
						i	
	(v). Stationary Guard Services:					1	
	(1) The itemized monthly invoice shall					ŀ	
	state the number of hours being billed, the			]			
	duration of the billing (times and dates)		1	1			
	and the name of the resident(s)/detainee(s)	ļ	l.				
	that was/were guarded.						
		ŀ					
	(vi). Other Direct Charges:					ļ	
	The invoice shall include appropriate						
	supporting documentation for any direct						
	charge billed for reimbursement.						
			1	1			
	4. Safeguarding Information: As a	1		l			
	contractor or vendor conducting business		l	İ			
	with Immigration and Customs Enforcement					1	
	(ICE), you are required to comply with DHS						
	Policy regarding the safeguarding of						
	Sensitive Personally Identifiable					!	
	Information (PII). Sensitive PII is		l				
	information that identifies an individual,		1		1		
	including an alien, and could result in	1					
	harm, embarrassment, inconvenience or	1					
	unfairness. Examples of Sensitive PII						
	include information such as: Social		l l				
	Security Numbers, Alien Registration		ı				
	Numbers (A-Numbers), or combinations of		ı				
	information such as the individual's name		ı				
	or other unique identifier and full date of		1				
	birth, citizenship, or immigration status.	1					
	7-1-1-1, V1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
	As part of your obligation to safeguard						
	information, the follow precautions are		l				
	required:		1				
	Email supporting documents containing			1			
	Sensitive PII in an encrypted attachment				1		
	with password sent separately.						
	Never leave paper documents containing	1					
	Sensitive PII unattended and unsecure.						
	When not in use, these documents will be	1	1				
	locked in drawers, cabinets, desks, etc. so	1					
	Continued	1	1				
		1					
	1						
				1			
	1	1					
		1		1			
		1		1		1	
	1						
					\$0.00		

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OPTIONAL FORM 348 (Ray 4/2001) Prescribed by GSA FAR (48 CFR) 53 212(5)

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

PAGE NO

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ATE OF ORDI		CONTRACT NO. HSCEDM-11-D-00003			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER NO. EDM-13-J-00036	
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)		(b)	ORDERED (c)	( <b>o</b> )	PRICE (e)	m	ACCEPTED (9)
	wit U doc R Sen	information is not accessible to those thout a need to know. se shredders when discarding paper tuments containing Sensitive PII. efer to the DHS Handbook for Safeguarding sitive Personally Identifiable formation (March 2012) found at					
		(b)(7)(E)					
		ch2012.pdf for more information on l/or examples of Sensitive PII.					
-4	ple 1-8	If you have questions regarding payment, ease contact ICE Financial Operations at 177-491-6521 or by e-mail at 170.CustomerService@ice.dhs.gov					
14	The	e total amount of award: (b)(4) e obligation for this award is shown in t 17(i).	1 - 7				
	TOTA	L CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	$\rightarrow$			\$0.00	

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
			1 7
Z. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5 PROJECT NO. (# applicable)
P00001	See Block 16C	192114FDN31000020	
e ISSUED BY CODE	TCE/DI/CC-IAGONA	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cont: Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(7)(E) Laguna Niguel CA 92677  8. NAME AND ADDRESS OF CONTRACTOR (No. 2006)	orcement ement	ICE/Detent Mngt/Detent Commigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(7) Attn: (b)(7)(F) 94 Laguna Niguel CA 92677	Enforcement anagement
b. IDAKE MID ADDITES OF CONTINUE IN (No., 100)	at the state and the coop	(x)	
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(F) BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)  X 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003 HSCEDM-13-J-00036	ER NO.
		10B. DATED (SEE ITEM 13)	
GODE 6127064650000	FACILITY COCE	09/11/2013	
The above numbered acticitation is amended as set		AMENDMENTS OF SOLICITATIONS	
separate letter or talogram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF writes of this amendment you desire to change an off to the solicitation and this amendment, and is receive 12. ACCOUNTING AND APPROPRIATION DATA (If re.	OFFERS PRIOR TO THE HOUR AND for already submitted, such change may ad prior to the opening hour and date spi	DATE SPECIFIED MAY RESULT IN REJECTION ( be made by telegram or letter, provided each telegr section.	OF YOUR OFFER. If by rain or letter makes reference
See Schedule	View, N6	t Increase:	(b)(4)
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORDS	ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
	ACT/ORDER IS MODIFIED TO REFLEC TH IN ITEM 14, PURSUANT TO THE AU NY IS ENTERED INTO PURSUANT TO	T THE ADMINISTRATIVE CHANGES (such as cha THORITY OF FAR 43.103(b).  AUTHORITY OF:	nges in paying office,
D. OTHER (Specify type of modification	n and authority)		
X Unilateral IAW FAR	32.703-1(b) Funding	Action	L + 1 - 4
E IMPORTANT: Contractor I is not.	is required to sign this document a	and return O copies to the it	ssuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION	N (Organized by UCF section headings,	including solicitation/contract subject matter where	feasible.)
DUNS Number: 612706465	_		
COR: $(b)(7)(C); (b)(6)$ 720-8	75- (b)(7)(0	C); (b)(6)	
This Task Order is issued for	ation is to provide	funding in the amount of	(b)(4) and
to extend the period of per	rormance to 01/15/20	14.	
Exempt Action: Y LIST OF CHANGES: Continued			
Except as provided herein, all terms and conditions of	the document referenced in Item 9A or 1	OA, as heretofore changed, remains unchanged an	d in full force and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)		16A NAME AND TITLE OF CONTRACTING	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	(b)(7)(C); (b)(6)	16C. DATE SIGNED
		(5)(1)(5), (5)(6)	1116/13
(Signature of person sufficience to sign)		4	111-(12
NSN 7540-01-152-8070 Previous edition unusable		· .	Prescribed by GSA FAR (48 CFR) 53.243

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C	)F
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NAME OF OFFEROR OR CONTRACTOR

GEO	GROUP	INC	THE
GEO	GRODI	TITO	11111

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	TIMIT	UNIT PRIČE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
(117		,,,,	1,0,1	\27	(*/
	Reason for Modification : Funding Only Action		4+		
	Period Of Performance End Date changed from				
	15-OCT-13 to 15-JAN-14				
	Total Amount for this Modification: (b)(4)		1 1		
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)	6.5			
	New Total Obligated Amount for this Award:				
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001A				
	Quantity changed from (b)(4)			1	
	Total Amount changed				
	from (b)(4)		1 1		
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)	4			
	Delivery Date changed from 10/15/2013 to	+			
	01/15/2014	1	1 1	7	
	NEW ACCOUNTING CODE ADDED:				
	Account code:		1 1	10	
	(b)(7)(E)				
	Quantity: (b)(4) Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001B				
	Quantity changed from (b)(4)				
	Total Amount changed	1			
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	Delivery Date changed from 10/15/2013 to				
	01/15/2014				
1	NEW ACCOUNTING CORP ADDRESS				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)	1	11		
	Amount: (b)(4)	1			
	Continued				
		1	$\perp$		
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DOMESTIC DATE					<del></del>

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00001	3	7	

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	CHANGES FOR LINE ITEM NUMBER: 1004 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/15/2013 to 01/15/2014				
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4)				
	Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from (b)(4)  Total Amount changed from (b)(4)				
	Obligated Amount for this modification:  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
	Delivery Date changed from 10/15/2013 to 01/15/2014  NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)  Quantity: (b)(4)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A			:	
	Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification:  (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/15/2013 to Continued				
NSN 7540-01-18	2.8897		$\perp \downarrow$		OPTIONAL FORM 336 (4.80)

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	01/15/2014	<del>                                     </del>		
	NEW ACCOUNTING CODE ADDED:		- 11	
	Account code:			
	(b)(7)(E)			
	Quantity: (b)(4)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1002B			
	Total Amount changed			
	from (b)(4)			
	Obligated Amount for this modification: (b)(4)	ጎ		
		T		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			
	Amount changed from (b)(4)			
	Delivery Date changed from 10/15/2013 to		1 7	
	01/15/2014			
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)			
	Amount: (b)(4)			
	(8)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1003			
	Quantity changed from (b)(4)			
	Total Amount changed	1 1		
	from (b)(4)	1		
	Obligated Amount for this modification: (b)(4)		1.0	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		0 0	
	Quantity changed from (b)(4)			
	Amount changed from (b)(4)			
	Delivery Date changed from 10/15/2013 to 01/15/2014		911	
	01/13/2014		2 6	
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	(b)(7)(E)		91110	
	Quantity: (b)(4)			
	Amount: (b)(4)			
	Discount Terms:			
	(b)(4)			
	FOB: Destination			
	Period of Performance: 09/16/2013 to 01/15/2014			
	Continued			
	CONCINGED	1   I		
		1   <b>1</b>	Δ.	
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CONTIN	WATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00	001			PAGE OF 5 7
	EROR OR CONTRACTOR UP INC THE				
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Change Item 1001A to read as follows (amount shown is the obligated amount):				
1001A	Bed Day Rate For Minimum Quantity - The Governments minimum quantity to be ordered via task order is (b)(4) per day multiplied by (b)(4) (b)(4) for a total of (b)(4) Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD			(b)(4)	
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 1001B to read as follows (amount shown is the obligated amount):				
1001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4)	
	Government may order an additional quantity estimated to be				
	Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:				
	(b)(7)(E)  Funded: (b)(4)				
	Change Item 1002A to read as follows(amount shown is the obligated amount):			$\triangle$	
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD			(b)(4)	
	Continued				

NSN 7540-01-152-8087

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CONTINUATION SHEE	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00001	6	7

GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Accounting Info:		╁		<del></del>
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1002B to read as follows(amount shown is the obligated amount):				
10028	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  Product/Service Code: (b)(7)(E)  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				(b)(4)
	Accounting Info:			- 18	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:		П		
	(b)(7)(E)				
	Funded: (b)(4)		ļ=#		
	Change Item 1003 to read as follows(amount shown is the obligated amount):				
1003	Remote Custody		ш	(b)	(4)
	These estimated hours are for detainee medical trips/visits and associated waiting time for				
	detention officers only, not to exceed $(b)(4)$	00			
	hours. Option Period 1				
	Product/Service Code: (b)(7)(	0.0			
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)		Ш		
	Funded: (b)(4)				
	Change Item 1004 to read as follows(amount shown Continued				
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00001	7	7

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)		(F)
	is the obligated amount):			
1004	Stipend for Detainee Work Program - Reimbursement		(b)(4	4)
	for this line item will be at actual cost of (b)(4) per day per detainee. The contractor shall			
	not exceed the quantity shown without prior			
	approval by the Contracting Officer. Option Period 1		III Y IS	
	Product/Service Code: (h)(7)(F)			
	Product/Service Description: HOUSEKEEPING- GUARD		1 1	
	Accounting Info:			
	(b)(7)(E)			
	Funded: \$0.00 Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	Change Item 1005 to read as follows(amount shown is the obligated amount):			
1005	MEDICAL SERVICES-In accordance with the terms and		<u> </u> (b	)(4)
	conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house		ì	
	supplies.			
	Option Period 1			
	Product/Service Code: (b)(7)(E		A A	
	Product/Service Description: MEDICAL- GENERAL			
	HEALTH CARE			
	Accounting Info:			
	(b)(7)(E)			
	Funded: \$0.00			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)		-33	
	(5)(4)			
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Mar Stan at 167				

MENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	P	PAGE OF PAGES		
					1 5	
2. AMENDMENT/MODIFICATIO	N NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ 192114FDN31000020.		JECT NO. (If applicable)	
P00002 6. ISSUED BY	CODE	See Block 16C	7. ADMINISTERED BY (If other tha		ICE/DM/DC-LAGUNA	
ICE/Detent Mngt/ Immigration and Office of Acquis 24000 Avila Road Laguna Niguel CA	Detent Control Customs Enfo	orcement	ICE/Detent Mngt/De Immigration and Co Office of Acquisi 24000 Avila Road, Attn: (b)(7)(C):(b) Laguna Niguel CA	etent Contract ustoms Enforce tion Managemen (b)(7)(C): )(6) 949-360-(	t-LAG ement nt	
B. NAME AND ADDRESS OF C	ONTRACTOR (No., stree	et, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICIT			
GEO GROUP INC TH 521 NW 53RD ST ( BOCA RATON FL 33	b)(7)(C);		9B. DATED (SEE ITEM 11)	ITRACT/ORDER NO.		
			X HSCEDM-11-D-0000 HSCEDM-13-J-0003	03		
CODE 61270646500	000	FACILITY CODE	09/11/2013			
		11. THIS ITEM ONLY APPLIES TO	O AMENDMENTS OF SOLICITATIONS			
THE PLACE DESIGNATED I	FOR THE RECEIPT OF desire to change an off endment, and is received.	e to the solicitation and amendment nu OFFERS PRIOR TO THE HOUR AND er already submitted, such change may ad prior to the opening hour and date sp aguired)	DATE SPECIFIED MAY RESULT IN R y be made by telegram or letter, provide pecified	REJECTION OF YOUR OFF ed each telegram or letter m	FER. If by nakes reference	
See Schedule	O. MATION DATA (II Te	Ne	et Increase:	(b)	(4)	
13. THIS ITE	M ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/O	ORDER NO. AS DESCRIBE	D IN ITEM 14.	
B. THE ABOVE appropriation	NUMBERED CONTRA n date, etc.) SET FORT	PURSUANT TO: (Specify authority) TI ACT/ORDER IS MODIFIED TO REFLECT H IN ITEM 14, PURSUANT TO THE AI NOT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES UTHORITY OF FAR 43.103(b).			
D. OTHER (Spi	ecify type of modification	n and authority)				
X Unilater	al IAW FAR	32.703-1(b) Funding	Action			
E. IMPORTANT: Contractor	x is not,	is required to sign this document	and return0 c	copies to the issuing office.		
	MENT/MODIFICATION 2706465	(Organized by UCF section headings.	including solicitation/contract subject n	matter where feasible.)		
COR: (b)(7)(C); (b)	720-87	75- (b)(7)(	C); (b)(6)			
This Task Order	is issued fo	or Option Period 1,	Year 1.			
		ation is to provide mance to 01/31/2014.		int of (b)(4	4) and to	
sweema one bello	d or periorn	mance to 01/31/2014.				
Exempt Action: Y LIST OF CHANGES: Continued						
	erms and conditions of t	the document referenced in Item 9A or	10A as heretofore changed remains up	inchanged and in full force	and effect	
15A. NAME AND TITLE OF SIG		Security of the security of th	16A. NAME AND TITLE OF CON			
15B. CONTRACTOR/OFFERO		15C. DATE SIGNED	(b)(7)(C); (b)(6	3)	16C DATE SIGNED	
	R n authorized to sign)	15C. DATE SIGNED		STANDAR	Jan 22, 2	

	<u> </u>		
	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00002	2	5

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Reason for Modification: Funding Only Action Period Of Performance End Date changed from. 15-JAN-14 to 31-JAN-14 Total Amount for this Modification: (b)(4) New Total Amount for this Version: (b)(4) Obligated Amount for this Award: (b)(4) Obligated Amount for this Modification:  (b)(A) New Total Obligated Amount for this Award: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1001A Quantity changed from (b)(4) Total Amount changed				
	from (b)(4) Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 01/15/2014 to 01/31/2014	<u> </u> 			
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4)  Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001B Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Cbligated Amount for this modification: (b)(4)	]			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 01/15/2014 to 01/31/2014				
	NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: (b)(4) Amount: (b)(4)				
	Continued				

				_
	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00D36/P00002	3	5	

NAME OF OFFEROR OR CONTRACTOR

NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	TIPU (C)	UNIT PRICE (E)	AMQUNT (F)
.,	CHANGES FOR LINE ITEM NUMBER: 1004	, , ,	\ <del></del>		
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4)			s * 1311	
		ጎ			
	Obligated Amount for this modification: $(b)(4)$	ļ		io - 1111	
	CULLIONS CON DRIVING LOCKETON - LCC/DDO/CONTENNER		1 1		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)		1 1		
	Amount changed from (b)(4)			0 7 9	
	Delivery Date changed from 01/15/2014 to		1		
	01/31/2014				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(h)(7)(E)			B	
	(b)(7)(E)		1		
	Quantity: (b)(4)				
	Amount: (b)(4)			11	
	(4)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1005				
	Quantity changed from (b)(4)		1 1		
	Total Amount changed	ľ		120	
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	(5)(4)			11	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (h)///				
	Amount changed from (b)(4)				
	Delivery Date changed from 01/15/2014 to		1 1		
	01/31/2014		1 1	h h	
	01/31/2014				
	NEW ACCOUNTING CODE ADDED:				
			1 1		
	Account code:		1 1		
	(b)(7)(E)		1 1		
		1	1 1		
	Quantity: (b)(4		1 1		
	Amount: (b)(4)				
	L. 10.0040 (20.000 - "" - " - " - " - " - " - " - " - "				
	Discount Terms:				
	(b)(4)				
	FOB: Destination				
	Period of Performance: 09/16/2013 to 01/31/2014		1		
	Change Item 1001A to read as follows(amount shown				
	is the obligated amount):			9 0 7	
1A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via				
	Continued				
			1		
				14.	
				- 11/5	
			1 1		

NITHOS	UATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00	002			PAGE OF
	FEROR OR CONTRACTOR UP INC THE	· ·			
TEM NQ.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	task order is $(b)(4)$ per day multiplied by $(b)(4)$				• • •
	(b)(4) for a total of (b)(4)	]			
	Option Period 1				
	Product/Service Code: (b)(7)(		1 1	(2)	
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:		1	1	
	(b)(7)(E)			0.00	
	Funded: \$0.00				
	Accounting Info:			98.11	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:		1		
	(b)(7)(E)	T A			
	Funded: (b)(4)				
	Change Item 1001B to read as follows(amount shown				
	is the obligated amount):	h '	11		
			10.5		
001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4	)
	Government may order an additional quantity estimated to be (b)(4) per			1	
	estimated to be (b)(4) per day multiplied by (b)(4)				
	for a total not to exceed (b)(4)				
	Option Period 1				
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Resourting Info.				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			1	
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1004 to read as follows(amount shown				
	is the obligated amount):				
		(h)/4	$\perp$	1	
	Stipend for Detainee Work Program - Reimbursement	(b)(4	)		
004					
304	for this line item will be at actual cost of				
304	(b)(4) The contractor shall				
004	for this line item will be at actual cost of $(b)(4)$ The contractor shall Continued				

NSN 7540-01-152-6087

CONTRACTOR OFFEE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00C02	5	5

SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT
(B)	(C)	(n)	(E)	(F)
not exceed the quantity shown without prior				
approval by the Contracting Officer.	1			
Option Period 1				
Product/Service Code: (b)(7)(E		1 1		
Product/Service Description: HOUSEKEEPING- GUARD				
Accounting Info:				
(b)(7)(E)		1 1		
		1 1		
Funded: \$0.00				]] 7
Accounting Info:		1		
(b)(7)(E)				
Funded: \$0.00				
				m I
Accounting Info:				
(b)(7)(E)				
Funded: (b)(4)				
Change The 100E to mad 5-11				
Change Item 1005 to read as follows(amount shown		1 1		
is the obligated amount):		1 1		5
   MEDICAL SERVICES-In accordance with the terms and			/1	0)(4)
conditions of this contract. Monthly Flat Fixed		1 1	(L	J)( <del>4</del> )
Fee includes all medical staff and in-house				
supplies.		1		
Option Period 1		1 1		
Product/Service Code: (b)(7)(E)				
Product/Service Description: MEDICAL- GENERAL				
HEALTH CARE				
THE STATE OF THE				
Accounting Info:				
(b)(7)(E)				
(b)(7)(E)				
(b)(7)(E) Funded: \$0.00 Accounting Info:				
(b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)				
(b)(7)(E) Funded: \$0.00 Accounting Info:				
(b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				

AMENDMENT OF SOLICITATION/M	ODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
	3 EFFECTIVE DATE	A DE	QUISITION/PURCHASE REQ. NO.	Is pa	1 O JECT NO	2 (If applicable)
2. AMENDMENT/MODIFICATION NO.			114FDN31000020.2	0.77	. 50201 110	· · · · · · · · · · · · · · · · · · ·
P00003 6. ISSUED BY	See Block 16C CODE ICE/DM/DC-LAGUNA		OMINISTERED BY (If other than Item 6)	COD	E ICE/	DM/DC-LAGUNA
ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, (b)(7 Laguna Niguel CA 92677	Contract-LAG Enforcement anagement	Imr Of: 240 At:	E/Detent Mngt/Detent Comigration and Customs Fice of Acquisition Mar 000 Avila Road, Room 33 tn: (b)(7)(C):(b)(6) 945 guna Niguel CA 92677	informagement	cement ent	]
8. NAME AND ADDRESS OF CONTRACTOR	(No., street, county, State and ZIP Code)		A. AMENDMENT OF SOLICITATION NO.			
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C); BOCA RATON FL 334878242	]	× 11	B. DATED (SEE ITEM 11)  DA MODIFICATION OF CONTRACT/ORDE ISCEDM-11-D-00003  ISCEDM-13-J-00036  DB. DATED (SEE ITEM 13)	R NO.		
CODE 6127064650000	FACILITY CODE		09/11/2013			
01270070300	11. THIS ITEM ONLY APPLIES					
to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DARKDOUT 000 BA 32-23-00	ge an offer already submitted, such change m is received prior to the opening hour and date ATA (If required)  -000 18-63-0100-00-00-0  LIES TO MODIFICATION OF CONTRACTS/OF	Net In	crease: GE-21-31-00	(	b)(4)	
B. THE ABOVE NUMBERED appropriation date, etc.) St	ISSUED PURSUANT TO: (Specify authority)  CONTRACT/ORDER IS MODIFIED TO REFLET FORTH IN ITEM 14, PURSUANT TO THE  GREEMENT IS ENTERED INTO PURSUANT	ECT THE AUTHORI	ADMINISTRATIVE CHANGES (such as chan TY OF FAR 43.103(b)			
D. OTHER (Specify type of me	odification and authority)				-	
X Unilateral IAW	FAR 32.703-1(b) Funding	g Acti	on			
E. IMPORTANT: Contractor	is not. is required to sign this documen	nt and retu	m 0 copies to the iss	suing offic	е.	
	FICATION (Organized by UCF section heading	gs, includin	g solicitation/contract subject matter where fe	easible.)		
DUNS Number: 612706465 COR: (b)(7)(C); (b)(6) 7		(C); (b	\(6)			
This Task Order is issu	ed for Option Period 1,	Year	1.	(h	)(4)	٦
Exempt Action: Y LIST OF CHANGES: Reason for Modification Continued						
15A NAME AND TITLE OF SIGNER (Type of			A NAME AND TITLE OF CONTRACTING O			
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to si NSN 7540-01-152-8070	15C. DATE SIGNE	ĒD □	(b)(7)(C); (b)(6)		ARD FORM	FLB. 5 80 30 (REV. 10-83)
Previous edition unusable					bed by GSA 8 CFR) 53.2	43

CONTINU	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00	003			2 2
	EROR OR CONTRACTOR  IP INC THE				
ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Total Amount for this Modification: (b)(4)  New Total Amount for this Version: (b)(4)  New Total Amount for this Award: (b)(4)  Obligated Amount for this Modification: (b)(4)  New Total Obligated Amount for this Award: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A  Quantity changed from (b)(4)  Total Amount changed				
	from (b)(4) Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4)  Amount: (b)(4)				
	Discount Terms: (b)(4)  FOB: Destination Period of Performance: 09/16/2013 to 01/31/2014  Change Item 1002A to read as follows(amount shown				
1002A	is the obligated amount):  TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD				(b)(4)
PK 7540-01-15	12-3087	<u>L</u> .			OPTIONAL FORM 336 (4-88) Sponsored by GSA FAR (48 CFR) 53.110

AMENDMENT OF DOLLOITATIONS OF THE	TATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIFIC	A HOR OF CORTRACT		1 6
2. AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO	5 PROJECT NO. (If applicable)
P00004	See Block 16C	192114FDN31000020.3	
S ISSUED BY CODE	ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Cont Immigration and Customs Enf Office of Acquisition Manage 24000 Avila Road, (ANTYCO) Laguna Niguel CA 92677	orcement ement	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, Rocm Attn: (b)(7)(C);(b)(6) 9 Laguna Niguel CA 92677	Enforcement anagement
B NAME AND ADDRESS OF CONTRACTOR (No. 800	et, county, State and ZIP Code)	(x) 9A AMENDMENT OF SOLICITATION NO	· ·
GEO GROUP INC THE 621 NW 53RD ST (H)(7)(C): BOCA RATON FL 334878242		SB DATED (SEE ITEM 11)  * 10A MODIFICATION OF CONTRACT/ORI ESCEDM-11-D-00003  HSCEDM-13-J-00036  10B DATED (SEE ITEM 13)	DER NO
CODE 6127064650000	FACILITY CODE	09/11/2013	
	11. TRIS TYEM ONLY APPLIES T	O AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an of to the solicitation and this amendment, and is receiv	OFFERS PRIOR TO THE HOUR AND fer already submitted, such change ma ed prior to the opening hour and date s	ry be made by telegram or tetter, provided each tele- specified	OF YOUR OFFER If by gram or letter makes reference
12 ACCOUNTING AND APPROPRIATION DATA (If n See Schedule	N N	et Increase:	(b)(4)
	MODIFICATION OF CONTRACTS/ORI	DERS. IT MODIFIES THE CONTRACT/ORDER NO.	AS DESCRIBED IN ITEM 14.
	NT IS ENYERED INYO PURSUANT T	CT THE ADMINISTRATIVE CHANGES (such as ch AUTHORITY OF FAR 43 103(b)	langes in paying difice.
	32.703-1(b) Funding	Action	
E IMPORTANT: Contractor × is not	is required to sign this document		a issuing office
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465	N (Organized by UCF section heading:	s, including solicitation/contract subject matter when	
COR/Billing POC: (b)(7)(C): Billing POC: (b)(7)(C); (b)(6) Billing POC: (b)(7)(C); (b)(6)  Billing POC: (b)(7)(C); (b)(6)  This Task Order is issued f  The purpose of this modific	720) 875-(b)(7)(C) (720) 875-(b)(7)(C) (720) 875-(b)(7)(C) (720) 875-(b)(7)(C) or Option Period 1,		(b)(4) The
period of performance is al Continued			(5)(4)
Except as provided herein, all terms and conditions of	the document referenced in Item 9A or		
15A. NAME AND TITLE OF SIGNER (Type or prim)		16A NAME AND TITLE OF CONTRACTING	3 GEFIGER (Type or print)
15B CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNE	(b)(4)	18C DATE SIGNED 3/18/14
NSN 7540-01-152-8070 Previous edition unusable			ORM 30 (REV 10-83) Prescribed by GSA FAR (48 CFR) 53.243

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00004	2	6

EM NO	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE	AMOUNT (F)
	Exempt Action: Y LIST OF CHANGES: Reason for Modification : Funding Only Action Period Of Performance End Date changed from			
	31-JAN-14 to 30-APR-14 Total Amount for this Modification: New Total Amount for this Version: (b)(4)			
	New Total Amount for this Award: (b)(4)  Obligated Amount for this Modification: (b)(4)  New Total Obligated Amount for this Award: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1001A  Quantity changed from (b)(4)  Total Amount changed  from (b)(4)			
	Obligated Amount for this modification: (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)			
	Delivery Date changed from C1/31/2014 to 04/30/2014			
	NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)			
	Quantity: (b)(4) Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1004 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 01/31/2014 to 04/30/2014			
	NEW ACCOUNTING CODE ADDED: Continued			

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00004	3	6_

NAME OF OFFEROR OR CONTRACTOR

A)	(B)	(C)	(D)	(E)	
	Percust codes			,-,	(F)
	Account code:	- 6. 41			
	(b)(7)(E)				
	Quantity: (b)(4)	!			
1	Amount: (b)(4)	L _ 1111			
	CHANGES FOR LINE ITEM NUMBER: 1005				
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			Y 11	
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)			A 11	
	Delivery Date changed from 01/31/2014 to 04/30/2014				
	04/30/2014				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1002A				
	Quantity changed from (b)(4) Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		1		
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)		1 1	9 2 2	
	Delivery Date changed from 01/31/2014 to	1	11		
	04/30/2014				
	NEW ACCOUNTING CODE ADDED:				
	Account code:		1		
	(b)(7)(E)			7	
			11		
	Quantity: (b)(4) Amount: (b)(4)		1		
		44			
	CHANGES FOR LINE ITEM NUMBER: 1002B	1	11		
	Total Amount changed				
	from $(b)(4)$ Obligated Amount for this modification: $(b)(4)$			3 24	
	Continued	- 4			
		1			

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE ΩE **CONTINUATION SHEET** HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00004 4 6

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE TINU YTITHAUD UNIT PRICE ITEM NO SUPPLIES/SERVICES AMOUNT (A) (B) (C) (D) (E) (F) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)Delivery Date changed from 01/15/2014 to 04/30/2014 NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)Amount: (b)(4)FOB: Destination Period of Performance: 09/16/2013 to 04/30/2014 Change Item 1001A to read as follows (amount shown is the obligated amount): Bed Day Rate For Minimum Quantity - The 1001A (b)(4)Governments minimum quantity to be ordered via task order is (b)(4) per day multiplied (b)(4)(b)(4)for a total of Option Period 1 Product/Service Code: (b)(4) Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: (b)(4)Change Item 1002A to read as follows (amount shown is the obligated amount): 1002A TRANSPORTATION SERVICES - Monthly Flat Fixed Fee (b)(4)includes all staff, vehicles and vehicle maintenance. Continued ... NSN 7540-01-152-8067

CONTINUATION	SHEET

REFERENCE NO OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00004

PAGE 5

OF 6

NAME OF OFFEROR OR CONTRACTOR

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Prcduct/Service Code: S206		1		
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:	1			
	(b)(7)(E)	1			
	Funded: (b)(4)				
	Change Item 1002B to read as follows(amount shown	l' •			
	is the obligated amount):				
1002B	Direct Fuel Pass-Thru, Vendor Bill exact cost	- 1			(b)(4)
10022	paid at the pump on a monthly basis. No fees or		-1		(8)(1)
	mark-ups are allowed. Not to exceed (b)(4)				
	Product/Service Code: (b)(7)(E)				
	Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)		1 1		
	, , , , , , , , , , , , , , , , , , , ,	. 40			
	Accounting Info:		1		
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Character 1004 has an early as fallows				p •
	Change Item 1004 to read as follows(amount shown is the obligated amount):				
		(b)(4)	Ш		
1004	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of	(b)(4)			
	(b)(4) The contractor shall				
	not exceed the quantity shown without prior		П		
	Continued				
			]		
NSN 7540-01-15	2-6067				OPTIONAL FORM 336 (4-66)

		PAGE C	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00004	6	6

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	approval by the Contracting Officer. Option Period 1 Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD Accounting Info:				
	(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Change Item 1005 to read as follows(amount shown is the obligated amount):				
1005	To the obligated amount,	l			)(4)
	conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies. Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: MEDICAL- GENERAL HEALTH CARE  Accounting Info: (b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Funded: \$0.00 Accounting Info:				
NSSN 7540-81.152					OUT/ONAL FORM 334 (4 84)

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
			1 1 7
AMENDMENT/MOD FICATION NO	3 EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO	5 PROJECT NO (If applicable)
200005	See Block 16C	192114FDN31000020.4	
ISSUED BY CODE	ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (if other than Item 6)	CODE ICE/DM/DC-LAGUN
CE/Detent Mngt/Detent Contribution and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (h)(7)(0): Laguna Niguel CA 92677	ercement ement	ICE/Detent Mngt/Detent Commigration and Customs Office of Acquisition Ma 24000 Avila Road, Room Attn: (b)(7)(C); (b)(6)	Enforcement anagement
		Laguna Niguel CA 92677	
EO GROUP INC THE  21 NW 53RD ST (h)(7)(C)	t, county, State and ZIP Code)	98 DATED (SEE ITEM 11)	
OCA RATON FL 334878242			
		2 104 MODIFICATION OF CONTRACT/ORD	ER NO
		MSCEDM-11-D-00003	
		HSCEDM-13-J-00036 109. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE		
6127064650000		09/11/2013	
The above numbered solicitation is amended as set for		D AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an office to the soluntation and this amendment, and is received 2. ACCOUNTING AND APPROPRIATION DATA (If re-	ir a'ready submitted, such change may diphor to the opening hour and date ap	y be made by letegram or letter, provided each talego bedfied	ram or latter makes reference
See Schedule	(dunino) Ne	et Increase:	(b)(4)
	ODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	AS DESCRIBED IN ITEM 14
CHECK ONE A THIS CHANGE ORDER IS ISSUED	PURSUANT TO (Specify authority) Ti	HE CHANGES SET FORTH IN ITEM 14 ARE MADE	E IN THE CONTRACT
ORDER NO IN ITEM 10A		HE CHANGES SET FORTH IN ITEM 14 ARE MADE	. III THE BOILT OF
B THE ABOVE NUMBERED CONTRAL appropriation date, etc.) SET FORTI	CT/ORDER IS MODIFIED TO REFLEC IN ITEM 14, PURSUANT TO THE A	OT THE ADMINISTRATIVE CHANGES (Such as cha UTHORITY OF FAR 43 (03(b)	inges in paying office.
C THIS SUPPLEMENTAL AGREEMEN	T IN ENTERED WITH BURGINARY	THE CONTRACTOR OF THE CONTRACT	
C INIS SUFFEEMENTAL AGREEMEN	II IS ENTERED INTO PORSONAL (C	JACINORITY OF	
D OYHER (Specify type of modification	and authority)		· · · · · · · · · · · · · · · · · · ·
E. IMPORTANT: Contractor × is rot.	is required to sign this document		
14 DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings.	moduling solicitation/confract subject matter where	feasible)
OUNS Number: 612706465	L)(0) ]-+ [		
COR/Billing POC: (b)(7)(C); (		(b)(7)(C); (b)(6)	
Billing POC:	720) 875-( <u>h)(7)(d</u>		
Billing POC: (b)(7)(C); (b)(6)	(720) 875-(b)(7)(		
Billing POC:	(720) 875- <u>C);</u>		
Billing POC: $(b)(7)(C)$ ; $(b)(6)$	(720) 875-(b)(7)(		
his Task Order is issued fo	r Option Period 1,	Year 1.	
he purpose of this modifica	tion is to provide	funding in the amount of	(b)(4) The
eriod of performance is als	o extended to 7/31/	2014.	
ontinued			
Except as provided herein, all terms and conditions of tr	a document referenced in Item 9A or	OA, as heretofere changed, remains unchanged and	d in full force and effect
5A NAME AND TITLE OF SIGNER (Type or pont)		18A. NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	-	Lies size sizes
	ISO. DATE GIGNED	(b)(7)(C); (b)(6)	16C DATE SIGNED
(Signature of portion a phoraged to sign)			4/22/14
NSN 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53 243

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/F00005	2	7

NAME OF OFFEROR OR CONTRACTOR

TEM NO	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
				<u> </u>
	Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Period Of Performance End Date changed from 2014-04-30 00:00:00 to 2014-07-31 00:00:00 Total Amount for this Modification New Total Amount for this Version: (b)(4) New Total Amount for this Award: (b)(4) Obligated Amount for this Modification: (b)(4) New Total Obligated Amount for this Award:			
	(b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1001A  Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification:  (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  (b)(4)  Delivery Date changed from 04/30/2014 to 08/15/2014			
	NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)			
	Quantity: (b)(4) Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1004 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 04/30/2014 to 08/15/2014			
	NEW ACCOUNTING CODE ADDED: Account code: Continued			

DEFORENCE FOR LINE ITEM NUMBER: 1005 Quantity: [h](A)  CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from [b](4) Dbligated Amount for this modification: (b)(7)(E) Quantity: (b)(7)(E) Quantity: (b)(4) Dbligated Amount changed from (b)(4) Amount changed from (b)(4) Dblivery Date changed from 04/30/2014 to 08/15/2014  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: [h](A) CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4) Delivery Date changed from 04/30/2014 to 08/15/2014  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: [h](A) CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4) Dblivery Date changed from (b)(4) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL QUANTING CODE ADDED: Account changed from (b)(4) Dblivery Date changed from 04/30/2014 to 07/31/2014  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: [h](A) Amount: [b](A) Amount: [b](A) CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B CHANGES FOR LINE ITEM NUMBER: 1002B	NTINUATION SHE	REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-13-J-	00036/P000C5	PAGE OF
(B) (C) (D) (E) (F)  (b)(7)(E)  Quantity: (h)(A)  Amount: (b)(A)  CHANGES FOR LINE ITEN NUMBER: 1005  Quantity changed from (b)(A)  Obligated Amount for this modification: (b)(A)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(A)  Delivery Date changed from 04/30/2014 to  08/15/2014  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: (h)(A)  CHANGES FOR LINE ITEN NUMBER: 1002A  Quantity changed from (b)(A)  Total Amount changed  from (b)(A)  Obligated Amount for this modification: (b)(A)  Obligated Amount for this modification: (b)(A)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(A)  Delivery Date changed from 04/30/2014 to  07/31/2014  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)  Quantity: (b)(A)  Amount: (b)(A)  CHANGES FOR LINE ITEN NUMBER: 1002B  Total Amount changed  from (b)(A)  CHANGES FOR LINE ITEN NUMBER: 1002B  Total Amount: (b)(A)  CHANGES FOR LINE ITEN NUMBER: 1002B  Total Amount changed  from (b)(A)				
Quantity 4 (h)(4) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from (b)(4) Total Amount changed from (b)(4) Dbligated Amount for this modification: (b)(4) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4) Delivery Date changed from 04/30/2014 to 08/15/2014  NEW ACCOUNTING CODE ADDED: ACCOUNT CODE ADDED: ACCOUNT CODE ADDED: ACCOUNT CODE ADDED: CHANGES FOR LINE ITEM NUMBER: 1002A Quantity: (h)(4) CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4) Obligated Amount for this modification: (b)(4) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4) Delivery Date changed from (b)(4) Delivery Date changed from (b)(4) Delivery Date changed from 04/30/2014 to 07/31/2014  NEW ACCOUNTING CODE ADDED: ACCOUNT CODE ADDED: ACCOUNT CODE (b)(7)(E) Quantity: (b)(4) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 1002B TOTAL Amount changed from (b)(4) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 1002B TOTAL Amount changed from (h)(4) CHANGES FOR LINE ITEM NUMBER: 1002B TOTAL Amount: (b)(4)				AMOUNT (F)
Quantity changed from (b)(4)  Total Amount changed  from (b)(4)  Obligated Amount for this modification:  (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 04/30/2014 to 07/31/2014  NEW ACCOUNTING CODE ADDED:  Account code:  (b)(7)(E)  Quantity: (b)(4)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002B  Total Amount changed from (b)(4)	Amount:  CHANGES: Quantity Total Am from Obligate (b)(4  CHANGES: Quantity Amount cl Delivery 08/15/20  NEW ACCO Account	(b)(4)  FOR LINE ITEM NUMBER: 1005 changed from (b)(4) bunt changed  (b)(4) d Amount for this modification: )  FOR DELIVERY LOCATION: ICE/ERO/CI changed from (b)(4) hanged from (b)(4) Date changed from 04/30/2014 to  14  UNTING CODE ADDED: ccde: (b)(7)(E)	ENTENNIAL	
	Quantity Total Am from Obligate (b)(4) CHANGES Quantity Amount c Delivery 07/31/20 NEW ACCO Account Quantity Amount: CHANGES Total Am from	changed from (b)(4)  ount changed  (b)(4)  d Amount for this modification:  FOR DELIVERY LOCATION: ICE/ERO/Cl  changed from (b)(4)  hanged from (b)(4)  Date changed from 04/30/2014 to  14  UNTING CODE ADDED:  code:  (b)(7)(E)  (b)(4)  FOR LINE ITEM NUMBER: 1002B  ount changed  (b)(4)		

	DR OR CONTRACTOR INC THE				
EM NO	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUNT (F)
(A) CADO NA D FP Ci BGt OPP A FA FA C	(B)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL mount changed from (b)(4)  Delivery Date changed from 04/30/2014 to 17/31/2014  EW ACCOUNTING CODE ADDED: Mount code: (b)(7)(E)  Mount: (b)(4)  Discount Terms: (b)(4)  Change Item 1001A to read as follows(amount shown continued solvernments minimum quantity - The mount is the obligated amount):  Deed Day Rate For Minimum Quantity - The mount is deed Day Rate for Minimum quantity to be ordered via mask order is (b)(4) per day multiplied by (b)(4)  Deption Period 1  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD decounting Info: (b)(7)(E)  Funded: \$0.00  Recounting Info: (b)(7)(E)	(C)	(D)	(E)	(F)

OPTIONAL FORM 338 (4-86) Sponsored by GSA FAR (46 CFR) 53 110

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	_
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P000C5	5	17	7

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
,	is the obligated amount):	, 0,	,~,	(5)	
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD			(b)(4	)
	Accounting Info:			A 1	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:			10	
	(b)(7)(E)			l has	
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)		H		
	Change Item 1002B to read as follows(amount shown is the obligated amount):				
002В	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed /h///\ Product/Service Code: /h////\ Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				(b)(4)
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			0.01	
	(b)(7)(E)			1	
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)		H		
	Continued			• 1	
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CONTINUATION SHEET	HSCEDM-11-D-00C03/HSCEDM-13-J-00036/P00005	6	1	7

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)				
	Change Item 1004 to read as follows(amount shown				
	is the obligated amount):				
1004	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
	for this line item will be at actual cost of				
	(b)(4) The contractor shall not exceed the quantity shown without prior				
	approval by the Contracting Officer.				
	Option Period 1				
	Product/Service Code: (h)/7//=			i	
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:		1		
	(b)(7)(E)		i I		
	Funded: \$0.00		]		
	Accounting Info:		1	<b>A</b>	
	(b)(7)(E)		1	V.	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			7-1	
	Funded: \$0.00			4	
	Accounting Info:				
	(b)(7)(E)	(2-1			
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown				
	is the obligated amount):	: :1		_ 1	
1005	MEDICAL SERVICES-In accordance with the terms and	I —		(5)/	4)
.005	conditions of this contract. Monthly Flat Fixed	1		(b)(	4)
	Fee includes all medical staff and in-house	-			
	supplies. Option Period 1				
	Product/Service Code: (b)(7)(E		1 1		
	Product/Service Description: MEDICAL- GENERAL	l Al		19	
	HEALTH CARE Continued				
	CONCAINGED				
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IN 7540-01-15	), A667		1L		OPTIONAL FORM 338 (4-88)

CONTINUATION CHECT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00005	7	7

F	(B) Accounting Info:	(C) (D)	(E)	(F)
F	Accounting Info			
F				
	(b)(7)(E)	(1)		
- 12	Funded: \$0.00 Accounting Info:			
- 11		411 111		
	(b)(7)(E)			
	Funded: \$0.00	7,677		
۱ĉ	Accounting Info:			
- IL	(b)(7)(E)			
	Funded: \$0.00			
l <sup>A</sup>	Accounting Info:			
	(b)(7)(E)			
	Funded: \$0.00			
I A	Accounting Info:			
	(b)(7)(E)			
F	Funded: (b)(4)			
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AMENDMENT OF SOLICITATION	VMODIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
Z AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO.	1 4 5 PROJECT NO (if applicable)
P00006	See Block 16C	192114FDN31000020.5	
B IŞŞUED BY	CODE ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than them 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Deten Immigration and Custo Office of Acquisition 24000 Avila Road, (b Laguna Niguel CA 9267	ms Enforcement  Management  (7)(C):	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition 1 24000 Avila Road, (h) Attn: (h)(7)(C): (h)(6) Laguna Niquel CA 92677	Enforcement Management
NAME AND ADDRESS OF CONTRACT	(OR this street county State and ZIP Code)	(x) 9A AMENDMENT OF SOLICITATION NO	<del></del>
GEO GROUP INC THE  521 NW 53RD ST (b)(7)(C)  BOCA RATON FL 33487824	<u>):</u>	98 DATED (SEE ITEM 11)  2 10A MODIFICATION OF CONTRACT/OF HSCEDM-11-D-00003  HSCEDM-13-J-00036  10B DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/11/2013	
	11. THIS ITEM ONLY APPLIE	ES YO AMENDMENTS OF SOLICITATIONS	<del></del>
virtue of this amendment you desire to to the solicitation and this amendment, a ACCOUNTING AND APPROPRIATION	change an offer already submitted, such change and is received prior to the opening hour and da	AND DATE SPECIFIED MAY RESULT IN REJECTIOn may be made by telegram or latter, provided each telegram or latt	egram or letter makes raference (b)(4)
See Schedule		ORDERS. IT MODIFIES THE CONTRACT/ORDER NO	
C THIS SUPPLEMENTAL	IED CONTRACT/ORDER IS MODIFIED TO REI ) SET FORTH IN ITEM 14, PURSUANT TO TH LAGREEMENT IS ENTERED INTO PURSUAN of modification and authority)	EFLECT THE ADMINISTRATIVE CHANGES (such as one AUTHORITY OF FAR 43 103(b)	changes in paying office.
X Unilateral IA	W FAR 32.703-1(b) Fundi	ng Action	
E. IMPORTANT: Contractor	R is not is required to sign this docum		e issuing office.
DUNS Number: 6127064  COR/Billing POC: (b)  Billing POC: (b)(7)(0)  Billing POC: (b)(7)(C)  Billing POC: (b)(7)(C)  This Task Order is is  The purpose of this mode)(4) and CLIN 10  Continued	65 (7)(C): (b)(6) 72C-875- 20) 875 (b)(7)( C); (b)(6) (720) 875 (b)(7)(C) (720) 875 (b)(7)(C) (720) 875 (b)(7)(C) sued for Option Period 3 conditions of the document referenced in Item 8	);^_ <u> </u>	the amount of and in full force and effoct
IN NAME AND THE OF STORER [79]	ng ser getting	The trade was title of contractin	
15B CONTRACTOR/OFFEROR  (Segnature of person authorities	15C DATE SIG	(b)(7)(C); (b)(6)	16C DATE SIGNED
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53 243

CONTINUE TO HOUSE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00006	3	1	4

EM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	инп (D)	UNIT PRICE	AMOUNT (F)
(23)	FOB: Destination	107	, D,	,127	111
	Period of Performance: 09/16/2013 to 07/31/2014				
	Change Item 1001A to read as follows; amount shown				
	is the obligated amount):				
01A	Bed Day Rate For Minimum Quantity - The	_			(1) (4)
UIA	Governments minimum quantity to be ordered via	L			(b)(4)
	task order is (b)(4) per day multiplied by (b)(4)				14-1-
	(b)(4) for a total of (b)(4)				
	Option Period 1				
	Product/Service Code: (b)(7)(				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				.   10
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00	1			
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown	1			
	is the obligated amount):	4			
005	MEDICAL SERVICES-In accordance with the terms and	_			(b)(4)
703	conditions of this contract. Monthly Flat Fixed	L			(b)(4)
	Fee includes all medical staff and in-house				
	supplies.	17			
	Option Period 1				
	Product/Service Code: (b)(7)(E)		1		
	Product/Service Description: MEDICAL- GENERAL HEALTH CARE				
	Continued				
	A # 10 Prof				
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	HSCEDM-11-D-00003/HSCEDM-13-J-00036/P00006	4	4

M NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
<b>A</b> )	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				
	(b)(7)(E)			- A(1)	
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00			A 10	
	Accounting Info:				
	(b)(7)(E)			-	
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00			• 4	
	Accounting Info:			- 17	
	(b)(7)(E)				
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	Funded: (h)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
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AMENDME	NT OF SOLICITATION/MODIFI	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
	NT/MODIFICATION NO	3 EFFECTIVE DATE	14. REQUISITION/PURCHASE REQ. NO	1 6
	ATMODIFICATION NO		192115FDN31000004.3	5 PROJECT NO (II applicable)
P00004 B ISSUED BY	CODE	See Block 16C ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than ite	m 6) CODE ICE/DM/CC-LAGUNA
ICE/Dete Immigrat Office ( 24000 A	ent Mngt/Detent Cont tion and Customs Enf of Acquisition Manag vila Road, (b)(7)(C): Niguel CA 92677	ract-LAG orcement ement	ICE/Detent Mngt/Dete Immigration and Cust Office of Acquisitio 24000 Avila Road, Ro Attn: (b)(7)(C):(b)(6) Laguna Niguel CA 926	ent Contract-LAG coms Enforcement on Management oom 3104  949-360-(b)(7)(
B NAME AND	ADDRESS OF CONTRACTOR (No., after	oct, county, State and ZIP Code)	(x) 9A AMENDMENT OF SOLICITATIO	
621 NW 5	P INC THE 33RD ST (b)(7)(C): ON FL 334878242		9B. DATED (SEE ITEM 11)  × 10A. MODIFICATION OF CONTRAC HSCEDM-11-D-00003 HSCEDM-14-J-00031 **OB DATED (SEE ITEM 13)	Tronder no.
CODE 61	27064650000	FACILITY CODE	09/11/2014	
		11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS	
THE PLACE virtue of this to the soliciti 12 ACCOUNT	E DESIGNATED FOR THE RECEIPT OF amendment you desire to change an of ation and this amendment, and is receive TING AND APPROPRIATION DATA (If or	F OFFERS PRIOR TO THE HOUR AND D for already submitted, such change may be ad prior to the opening hour and date spar	bers FAILURE OF YOUR ACKNOWLEDO ATE SPECIFIED MAY RESULT IN REJEC to made by telegram or latter, provided eac dified.  Increase:	CTION OF YOUR OFFER If by
See Sche			RS. IT MODIFIES THE CONTRACT/ORDE	
CHECK ONE			E CHANGES SET FORTH IN ITEM 14 ARE THE ADMINISTRATIVE CHANGES (such THORITY OF FAR 43 103(b)	
	D OTHER (Specify type of modification			
X	Unilateral IAW FAR	32.703-1(b) Funding F	^	
DUNS Num INVOICE COR: (b) COR Emai COR Phon	nber: 612706465 CCR D(7)(C): (b)(6) 11: (b)(7)(C): ne Number: (720) 875	(b)(6)	ncluding soliolation/contract subject matter	
This Tas Continue Except as prov	Emeil: (b)(7 Phone Number: (720) sk Order is issued for	or Option Period 1, Y	A, as heretofore changed, remains urchan 16A NAME AND TITLE OF CONTRAC  (b)(7)(C); (b)	CTING OFFICER (Type or pnot)  16C DATE SIGNED
Alt COR Alt COR This Tas Continue Except as prov 15A NAME AN	Smeil: (b)(7 Phone Number: (720) sk Order is issued for the conditions of the condit	875-(b)(7)() or Option Period 1, Y the document referenced in Hern 9A or 10	A, as heretofore changed, remains urchan	CTING OFFICER (Type or pnot)  16C DATE SIGNED

CONTRACTOR CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00004	2	6

Ю.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
	(B)	(C)	(D)	(E)	(f)
	The purpose of this modification is to increase				
	the obligated amount by $(h)(\Delta)$ It also				
	extends the period of performance end date to				
	2/27/2015.				
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Period Of Performance End Date changed from				
	2014-12-31 to 2015-02-27	,			
	Total Amount for this Modification: (b)(4)	4	1 1		
	New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:		li	0 671	
	(b)(4)				
	CUANCIC POD LINE IMPREM NUMBER . 10015				
	CHANGES FOR LINE ITEM NUMBER: 1001A				
. 1	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANCES FOR DELIVERY LOCATION. ICE/FRO/CENTENNIAL				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)				
	Quantity changed from (b)(4)  Amount changed from (b)(4)				
	Delivery Date changed from 12/31/2014 to	1		1	
	02/27/2015				
4	02/2//2013				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(A)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1002A				
	Quantity changed from (b)(4)		1		
	Total Amount changed		i I		
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			1 1	
	Quantity changed from (h)(4)				
	Amount changed from (b)(4)				
	Delivery Date changed from 12/31/2014 to				
	02/27/2015				
	NEW ACCOUNTING CODE ADDED:				
	Continued				
Ì	(1 / · / 1) M/C ( )				
		i			
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	FEROR OR CONTRACTOR UP INC THE				
NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUN'
1)	(8)	(C)	(D)	(E)	(F)
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1004	-			
	Quantity changed from (b)(4) Total Amount changed				
	from: (b)(4)				
	Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	Delivery Date changed from 12/31/2014 to 02/27/2015				
	02/21/2013		1		
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4) Amount: (b)(4)				
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1005				
	Quantity changed from (b)(4)				
	Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification: (b)(4)				
	(5)(4)	h 1			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (h)(4)				
	Amount changed from (b)(4)				
	Delivery Date changed from 12/31/2014 to 02/27/2015	11 1			
	02/21/2013				
	NEW ACCOUNTING CODE ADDED:				
	Account code:	1	1		
	(b)(7)(E)			0.59	
			1 1	A 1/2	Λ
	Quantity:(b)(4)				
	Amount: (b)(4) Discount Terms:			. 4	
	(b)(4)				
	FOB: Destination			- 47 - 19	
	Period of Performance: 09/16/2014 to 02/27/2015			- 1	
	Change Item 1001A to read as follows(amount shown			_	
	Continued				
					A
				"	
					1 - 2 mar 2
	1-8667				OPTIONAL FORM 338 (4-86)

CONTIN	JATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P	00004			PAGE OF
	EROR OR CONTRACTOR JP INC THE				
ITEM NO	SUPPLIES/SERVICES	QUANTIT	UNIT	UNIT PRICE	AMOUNT
(A)	(8)	(C)	(D)	(E)	(F)
	is the obligated amount):		11		
1001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via				
	task order is $(b)(4)$ per day multiplied by $(b)(4)$ for a total of $(b)(4)$		1	- 01	
	Option Period 1			9.11	
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:			'	
	(b)(7)(E)			- 3	
	Funded: \$0.00			`	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$3.00			V 1	
	Accounting Info:		1 1		
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00			11	
	Accounting Info:			1 11	
	(b)(7)(E)			- 0 '-	
	Funded: (b)(4)				
	Change Item 1002A to read as follows(amount show	n		(1)	
	is the obligated amount):			19	
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee	L		(b)	(4)
	includes all staff, vehicles and vehicle maintenance.	1			
	Product/Service Code: (b)(7)(F		1		
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			9 11	
	Funded: \$0.00				
	Accounting Info:			0.8	
	Continued				
		H		1 9 1 6	
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NSN 7540-01-15	2-4067				PTIONAL FORM 336 (4-66) ponsered by GSA

ONTIN	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00	004			PAGE OF 5 6
	FEROR OR CONTRACTOR UP INC THE				
EM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	דואט' (D)	UNIT PRICE	AMOUNT (F)
	(b)(7)(E) Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E) Funded: (b)(4)				
	Change Item 1004 to read as follows(amount shown is the obligated amount):				
4	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of	(b)(4)			
	(b)(4) The contractor shall not exceed the quantity shown without prior				
	approval by the Contracting Officer. Option Period 1				
	Product/Service Code: (b)(7)() Product/Service Description: HOUSEKEEPING- GUARD	10			
	Accounting Info:				
	(b)(7)(E)		11		
	Funded: \$0.00 Accounting Info:		11		
	(b)(7)(E)			A 011	
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown is the obligated amount):				
0.5	MEDICAL SERVICES-In accordance with the terms and			(b)(	4)
	conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  Option Period 1				
	Product/Service Code: (b)(7)(E) Product/Service Description: MEDICAL- GENERAL HEALTH CARE				
	Accounting Info: Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00004	6	6

ON	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
<b>4</b> )	(B)	(0)	( 1)	(12)	
	(b)(7)(E)				
	Funded: \$0.00			u e il	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			V h	
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	Funded: (b)(4)				
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO	5 PROJECT NO (If applicable)
		See Schedule	3 PROJECT NO (Nappicable)
P00006 8 ISSUED BY CODE	See Block 16C ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(7)(C): Laguna Niguel CA 92677	act-LAG proement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(7)	Contract-LAG Enforcement
8 NAME AND ADDRESS OF CONTRACTOR (No., abree)	t county. State and Z(P Code)	MA SA AMENOMENT OF SOLICITATION NO	<del></del>
GEO GROUP INC THE 621 NW 53RD ST (b)(7)(C): BCCA RATON FL 334878242		y 10A MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003 HSCEDM-14-J-00031 10B DATED (SEE ITEM 13)	ER NO
CODE 6127064650000	FACILITY CODE	09/11/2014	
<u> </u>		AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received a ACCOUNTING AND APPROPRIATION DATA (If received See Schedule	er already submitted, such change may diprior to the opening hour and date sp	be made by telegram or letter, provided each telegr	
	IONEICATION DE CONTRACTRICER	ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	é necesités in stél 44
B THE ABOVE NUMBERED CONTRA- appropriation date, etc.) SET FORTI C THIS SUPPLEMENTAL AGREEMEN D OTHER (Specify type of modification	IT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as cha UTHORITY OF FAR 43.103(b)	nges in paying office.
X Unilateral IAW FAR		Action	
E. IMPORTANT: Contractor × is not.	is required to sign this document of		ssund office
	b)(6) (b)(7)(C) (C); (b)(6) 975(b)(7)(C) or Option Period 1,	Year 2.  10A, as heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING	nd in full force and effect
(Supplem of owene a Abovious to sum)			13/17/15
(Signature of person authorized to sign) NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV 10-83) Prescribed by GSA FAR (48 CFR) 53 243

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	2	8

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	The purpose of this modification is to increase the obligated amount by (b)(4) It also extends the period of performance end date to 3/31/2015.  Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Period Of Performance End Date changed from 2015-02-28 to 2015-03-31 Total Amount for this Modification: (b)(4) New Total Amount for this Version: (b)(4) Obligated Amount for this Modification: (b)(4) New Total Obligated Amount for this Award: (b)(4) New Total Obligated Amount for this Award: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001A  Quantity changed from				
	NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4) Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 02/28/2015 to 03/31/2015  Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006		PAGE (	OF
	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	3	8

	T	INC	GROUP	GEO
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	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1005			1 V	
	Quantity changed from (h)(4)  Total Amount changed				
	from (b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)				
	Delivery Date changed from 02/28/2015 to				
	03/31/2015				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Amount: (b)(4)				
	NEW ACCOUNTING CODE ADDED:			6 a	
	Account code:				
	(b)(7)(E)		i I		
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001B	1 m			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Delivery Date changed from 02/28/2015 to				
	03/31/2015				
	CHANGES FOR LINE ITEM NUMBER: 1002B		11		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 02/28/2015 to				
	03/31/2015				
	CHANGES FOR LINE ITEM NUMBER: 1003				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 02/28/2015 to				
	03/31/2015				
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CONTINUATION SUEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	4	8

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ITEM NO	SUPPLIES/SERVICES	QUANTITY	דואט	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	CHANGES FOR LINE ITEM NUMBER: 1004		+ +		
	TON DING TON DING THE HOUSEN, 144,		11		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		1 1		
	Delivery Date changed from 02/28/2015 to				
	03/31/2015				
			! !		
	Discount Terms:				
	(b)(4)			A (1)	
	FOB: Destination				
	Period of Performance: 09/16/2014 to 03/31/2015				
		0.1		V	
	Change Item 1001A to read as follows(amount shown				
	is the obligated amount):				
	13 the obligated amount;	0.0			
10018	Red Boo Bee En William Constitution Mr.				
1001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via				
	task order is (b)(4) per day multiplied by (b)(	Ц			
1 64	(b)(4) for a total of $(b)(4)$			6.9	
	Option Period 1	F .	1 1		
	Product/Service Code: (h)(7)(F)				
	Product/Service Description: HOUSEKEEPING- GUARD				
			1		
	/h\/7\/F\			4.	
	(b)(7)(E)				
				3.471	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		1 1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	Accounting into:				
	(b)(7)(E)			A 11.	
			1 1	VAII '	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	•			
	Funded: \$0.00				
	Accounting Info:				
	necouncing into.				
	(b)(7)(E)				
	Funded: \$0.00			4 '4	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)			316.	
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				A 11 1	
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USN 7540.01.152	9027			0.0	TIONAL FORM 338 (A.RE)

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	5	В

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (£)	AMOUNT (F)
,	\	'-'	`-'	,,	(-,
	Change Item 1001B to read as follows (amount shown				
	is the obligated amount):			<u></u>	
.001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(	4)
	Government may order an additional quantity	-		(2)	*/
	estimated to be (b)(4) per				
	day (b)(4)				
	for a total not to exceed (b)(4)			16	
	Option Period 1 Product/Service Code: (b)(7)(E)			77	
	Product/Service Description: HOUSEKEEPING- GUARD				
	(b)(7)(E)				
	Accounting Info:				
		la la			
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:	11			
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			1	
	Funded: \$0.00				
		l A			
	Change Item 1002A to read as follows(amount shown				
	is the obligated amount):	1 - 4			
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			(	b)(4)
	includes all staff, vehicles and vehicle				-/\.'/
	maintenance.	1 2 1			
	Product/Service Code: (b)(7)(E	lin ti			
	Product/Service Description: HOUSEKEEPING- GUARD				
	(b)(7)(E)				
				<b>4</b> 711	
	Accounting Info:				
	(b)(7)(E)	- 6		A. c.	
	Funded: \$0.00				
	Accounting Info:			44	
	(b)(7)(E)				
	Funded: \$0.00			_0	
	Accounting Info:				
	(b)(7)(E)			· [4]	
	Continued				
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	6	8

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)			11	
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1902B to read as follows(amount shown is the obligated amount):				
10028	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  Product/Service Code: (b)(7)(E)  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				0.00
	(b)(7)(E)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:	#- 6			
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Change Item 1003 to read as follows(amount shown is the obligated amount):				
1003	Remote Custody		(b	)(4)	0.00
	These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) hours.  Option Period 1				
	Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD (b)(7)(E)				
	Accounting Info:				
	(b)(7)(E)			l l	
NEM 2 RAIS DA 1 &	1				OTIONAL FORM THE (4.88)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	7	8

for this line item will be at actual cost of (b)(A)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows (amount shown is the obligated amount):	TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	<b>инт</b> (D)	UNIT PRICE (E)	AMOUNT (F)
Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Charge item 1004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of [b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer. Option Period :  Product/Service Code: [b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Change item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.					-	
(b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00  Change Item 1004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1 Product/Service Description: MOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and concitions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00  Change Item 1004 to read as follows(amount shown is the obligated amount):  Of Stipend for Detainee Work Program Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer. Option Period 1  Product/Service Code: (b)(7)(F)  Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)						
Accounting Info:  (b)(7)(E)  Funded: 50.00  Charge Item 10C4 to read as followstamount shown is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: 50.00  Accounting Info:  (b)(7)(E)		(b)(7)(E)				
(b)(7)(E)  Funded: \$0.00  Change item 10C4 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program Reimbursement for this line item will be at actual cost of [b](4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1  Product/Service Code: [b](7)()  Product/Service Description: HOUSEKSEPING- GUARD  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)						
Funded: 50.00  Change item 1064 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program Reimbursement for this line item will be at actual cost of [b](4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1  Product/Service Code: [b](7/X)  Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Contained: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)		Accounting Info:				
Change Item 1004 to read as follows(amount shown is the obligated amount):  Stipend for Detainee Work Program Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)		(b)(7)(E)				
is the obligated amount):  Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of (b)(4)  The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer. Option Period 1  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)		Funded: \$0.00				
for this line item will be at actual cost of						
for this line item will be at actual cost of	04	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
not exceed the quantity shown without prior approval by the Contracting Officer.  Option Period 1 Product/Service Code: ((b)(7)() Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.				<u> </u>		
approval by the Contracting Officer. Option Period 1 Product/Service Code: [b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E) Funded: \$0.00 Accounting Info: (b)(7)(E) Funded: \$0.00 Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.					i	
Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  05  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
Product/Service Code: [b)(7)( Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)  Funded: \$0.00  Accounting Info: (b)(7)(E)  Funded: \$0.00  Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
Product/Service Description: HOUSEKEEPING- GUARD  (b)(7)(E)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		(b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		Accounting Info:				
Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		Funded: \$0.00				
Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		Accounting Info:				
Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		(b)(7)(E)				
(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		Funded: \$0.00				
Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 1005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		Accounting Info:				
Accounting Info:  (b)(7)(E)  Funded: \$0.00  Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		(b)(7)(E)				
(b)(7)(E)  Funded: \$0.00  Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
Funded: \$0.00  Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
Change Item 10C5 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		(b)(7)(E)				
is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.		Funded: \$0.00				
conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.						
conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.	05	MEDICAL SERVICES-In accordance with the terms and			(b)(4	4)
supplies.			_		T	
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00006	8	8

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NO	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	Option Period 1				
	Product/Service Code: /L\/7\/		1 1		
	Product/Service Description: MEDICAL- GENERAL				
	HEALTE CARE				
	(b)(7)(E)		1 1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)		1 1		
	Funded: \$0.00				
	Accounting Info:			110	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
11					
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)		1 1		
43	Funded: (b)(4)				
	(D)(T)				
		4			
			1 1		
				I	

AMENDMENT OF SOLICITATION/MODI	FICATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO	1 8 5 PROJECT NO. (If applicable)
		192115FDN31C00004.7	
P00007 8 ISSUED BY CO	See Block 16C DDE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
	TCE/ DAY DC-DAGONA		
ICE/Detent Mngt/Detent Cor Immigration and Customs Er Office of Acquisition Mana 24000 Avila Road, (h)(7)(C Laguna Niguel CA 92677	nforcement agement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(7) Attn: (b)(7)(C); (b)(6) 94 Laguna Niguel CA 92677	Enforcement anagement (C);
8 NAME AND ADDRESS OF CONTRACTOR (No.	Ernet county State and ZIP Code)	( ) BA AMENDMENT OF SOLICITATION NO	
GEO GROUP INC THE 621 NW 53RD ST (h)(7)(C): BOCA RATON FL 334878242		DB. DATED (SEE ITEM 11)  X 10A MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003  HSCEDM-14-J-00031  10B. DATED (SEE ITEM 13)	ER ND
CODE 6127064650000	FACILITY CODE	09/11/2014	
	( TRIE ITEM ONI A TEM IES AV	AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT	rance to the solicitation and amendment num OF OFFERS PRIOR TO THE HOUR AND noffer ofready submitted, such change may	ledging receipt of this amendment on each copy of t inbers: FAILURE OF YOUR ACKNOWLEDGEMEN DATE SPECIFIED MAY RESULT IN REJECTION ( be made by telegram or letter, provided each telegi earfield.	T TO BE RECEIVED AT OF YOUR OFFER, If by
12 ACCOUNTING AND APPROPRIATION DATA (	(frequired) Ne	t Increase:	(b)(4)
See Schedule		TOO OF HARVEYS WIT ASSESSMENT OF THE PARTY O	, , , ,
13. THIS ITEM ONLY APPLIES 1	TO MODIFICATION OF CONTRACTS/ORDS	ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	.5 DESCRIBED IN ITEM 14.
C. THIS SUPPLEMENTAL AGREE	MENT IS ENYERED INTO PURSUANY YO	T THE ADMINISTRATIVE CHANGES (SUCCI) 85 CHB ITHORITY OF FAR 43.103(b).	inges in paying office.
D. OTHER (Specify type of modifical		2010	
X   Unilateral IAW FAR	R 32.703-1(b) Funding		
E. IMPORTANT: Contractor (x) is no	pt.     la required to sign this document a	and returnO copies to the i	sauing office
DUNS Number: 612706465  INVOICE COR  COR: (b)(7)(C):(b)(6)  COR Email: (h)(7)(C)  COR Phone Number: (720) 87  Alt COR: (b)(7)(C);(b)(6)  Alt COR Email: (b)  Alt COR Phone Number: (720)  This Task Order is issued  Continued	(7)(C)·(b)(6) (7)(C)	Year 2.  10A as heretofore changed, remains unchanged and the AMME AND TITLE OF CONTRACTING	d in full force and effect
The second secon		The same same same same same same same sam	The strain
15B CONTRACTOR/OFFEROR (Signature of person sufficition to sign)	15C. DATE SIGNED	(b)(7)(C); (b)(6)	18C. DATE SIGNED
NSN 7540-01-152-8070	•		TANDARD FORM 30 (REV 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53:243

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	TINULY	UNIT PRICE	AMDUNT
			1000		
IYEM NO. (A)	The purpose of this modification is to increase the obligated amount by (b)(4) It also extends the period of performance end date to 8/31/2015.  Exempt Action: Y LIST OF CHANGES: Reason for Modification: Funding Only Action Period Of Performance End Date changed from 2015-03-31 to 2015-08-31 Total Amount for this Modification (b)(4) New Total Amount for this Version: (b)(4) Obligated Amount for this Award: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1001A Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A  Quantity: (h)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A  Quantity changed from (h)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A  Quantity changed from (h)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A  Quantity changed from (h)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A  Quantity changed from (h)(4)	QUANTITY (C)	Y UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Quantity changed from (h)(4) Total Amount changed				

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00007	3	8

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(F)		+		
	Quantity: (h)(4)				
	Amount: (b)(4)		1		
	CHANGES FOR LINE ITEM NUMBER: 1005				
	Quantity changed from (b)(4)	9 9 1 1			
	Total Amount changed				
	from (b)(4) Obligated Amount for this modification:				
	(b)(4)				
	(*/(*/				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)	4			
	Amount changed from (b)(4)	ł			
	NEW ACCOUNTING CODE ADDED:			6.00	
	Account code:	8.0	<b>!</b>		
	(b)(7)(E)				
	Quantity: (b)(4) Amount: (b)(4)				
	(5)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1004			100	
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)	1			
	Obligated Amount for this modification: (b)(4)	ጎ			
		T			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (b)(4)  Amount changed from (b)(4)				
	Amount changed from			0.63	
	NEW ACCOUNTING CODE ADDED:		1 1		
	Account code:				
	(b)(7)(E)				
	Quantity: (h)(A)			1	
	Amount: (b)(4)				
	Discount Terms:			1.	
	(b)(4)			6 67"	
	FOB: Destination	lla 4			
	Period of Performance: 09/16/2014 to 08/31/2015			1- A-5	
	Change Item 1001A to read as follows(amount shown				
	is the obligated amount):				
001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via Continued	100			
	Concernation				
				- 4	
				_ <b> </b>	

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00007					
ME OF OFFEROR OR CONTRA	ACTOR		Ī		
TEM NO.	SUPPLIES/SERVICES (B)	QUANTII (C)		UNIT PRICE	AMOUNT (F)
Product/S Accountin  Funded: \$ Accountin  Funded: \$ Accountin  Funded: \$ Accountin  Funded: \$ Accountin  Funded: \$ Accountin  Funded: \$ Accountin  Funded: \$ Accountin	for a total of (b)(4) riod 1 ervice Code: (b)(7)( ervice Description: HOUSEKEEPING- GUARD  g Info:     (b)(7)(E)  0.00 g Info:     (b)(7)(E)  0.00 g Info:     (b)(7)(E)  0.00 g Info:     (b)(7)(E)  0.00 g Info:     (b)(7)(E)  0.00 g Info:     (b)(7)(E)  0.00 g Info:     (b)(7)(E)		(D)	(E)	(F)
Government estimated day (b)(4) for a tot Option Peroduct/S	al not to exceed (b)(4)  riod 1  ervice Code: (b)(7)(E)  ervice Description: HOUSEKEEPING- GUARD  og Info: (b)(7)(F)			(b)	)(4)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF .
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00007	5	В

TEM NO.	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	(B)	(C)	(0)	(E)	(1)
	(b)(7)(E) Funded: \$0.00	bo estil			
	Accounting Info:				
	(b)(7)(E)	1000			
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00	H Y			
	Change Item 1002A to read as follows(amount shown is the obligated amount):	<b>P</b> = 1			
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			(b)(4)	
	includes all staff, vehicles and vehicle				
	maintenance. Product/Service Code: (b)(7)(				
	Product/Service Description: HOUSEKEEPING- GUARD	1			
	Accounting Info:				
	(b)(7)(E)		11		
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	P			
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)		1 1		
	Funded: \$0.00				
	Accounting Info:			0.00	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:			1907	
	(b)(7)(E)			A G	
	Funded: \$0.00 Accounting Info:		П		
	(b)(7)(E)				
	Funded: (b)(4)				
	Van i				
	Change Item 1002B to read as follows(amount shown is the obligated amount):				
002В	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or Continued			1. N	0.0
				1	
			11		
			1		

CONTINUATION OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	0F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00007	6	9

NO }	SUPPLIES/SERVICES (B)	QUANTITY (	JNIT (D)	UNIT PRICE	AMOUNT (F)
,	mark-ups are allowed. Not to exceed (h)(4)	, , ,	-/	(-)	117
	Product/Service Code: (b)(7)(E)				
	Product/Service Description: R&D- DEFENSE OTHER:				
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	to I			
	Funded: \$0.00				
	Change Item 1003 to wood an follow-				
	Change Item 1003 to read as follows(amount shown is the obligated amount):	9			
3	Parata Curtadu			(1-)(4)	0.0
3	Remote Custody These estimated hours are for detainee medical			(b)(4)	
	trips/visits and associated waiting time for				
	detention officers only, not to exceed (h)(1)		ı		
	hours.				
	Option Period 1				
	Product/Service Code: (h)/7)/F)				
	Product/Service Description: HOUSEKEEPING- GUARD		1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Change Item 1004 to read as follows(amount shown				
	is the obligated amount):				
		(b)(4)			
4	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of	(-/(-/			
	(h)(4) per day per detainee. The contractor shall				
	not exceed the quantity shown without prior				
	Continued				
		1			1
			1		

REFERENCE NO. OF DOCUMENT BEING CONTINUED	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00007	7		8

ITEM NO	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	approval by the Contracting Officer.				
	Option Period 1				
	Product/Service Code: (b)(7)(   Product/Service Description: HOUSEKEEPING- GUARD				7 0 000
	Producty Service Description, ModSEMBERING GOMES				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00		4		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				1
	Funded: \$0.00 Accounting Info:		# H		
	(b)(7)(E)		1		
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: (h)(4)	-	1 1		
1005	is the obligated amount):  MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.				(b)(4)
	Option Period 1		1		
	Product/Service Code: (b)(7)(		1		A
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
					2
	Funded: \$0.00 Continued				
	77.7				
					OPTIONAL FORM 338 (4-86)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF .
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00007	9	8

A NO	SUPPLIES/SERVICES	T NU YTITMAUD	UNIT PRICE	AMOUNT
<b>A</b> )	(B)	(C) (D)	(E)	(F)
	Accounting Info:			
	(b)(7)(E)			
	Funded: \$0.00			
	Accounting Info:		0.1	
	(b)(7)(E)			
	Funded: \$0.00 Accounting Info:			
			54	
	(b)(7)(E)			
	Funded: \$0.00			
	Accounting Info:		-/ l	
	(b)(7)(E)		1	
	Funded: (b)(4)	41 (3, g , p (2)		
		76 1		
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
		TA BEOLINIZIONE	1 3
2 AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ NO 192115FDN31000004.8	5 PROJECT NO (If applicable)
P00008 6 ISSUED BY CODE	See Block 16C	7 ADM NISTERED BY (if other than item 6)	CODE TORYDMANC-I ACIINA
ICE/Detent Mngt/Detent Contribution and Customs Enfo Office of Acquisition Manage 24000 Avila Road, (b)(7)(C); Laguna Niguel CA 92677	rcement	ICE/Detent Mngt/Detent Immigration and Custom Office of Acquisition 24000 Avila Road, (b)( Attn: (b)(7)(C):(b)(6) Laguna Niguel CA 92677	Contract-LAG s Enforcement Management 7)(C); 949-360-(b)(7)(
8 NAME AND ADDRESS OF CONTRACTOR (No., strue	(, county, State and ZIP Code)	(x) BA AMENDMENT OF SOLICITATION N	ō ·
GEO GROUP INC THE 621 NW 53RD ST ( <u>(b)(7)(C)</u> BOCA RATON FL 334878242		98 DATED (SEE ITEM 11)  * 10A MODIFICATION OF CONTRACT/O HSCEDM-11-D-00003 HSCEDM-14-J-00031 10B DATED (SEE ITEM 13)	RDER NO
CODE 6127064650000	FACILITY CODE	09/11/2014	
V.Z 00100000	11. THIS IYEM ONLY APPLIES YO	O AMERIDMENTS OF SOLICITATIONS	
CHECK ONE A THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A	DODFICATION OF CONTRACTS/ORD PURSUANT TO (Specify authority) TO CT/ORDER IS MODIFIED TO REFLECT HIN IYEM 14, PURSUANT TO THE A	ERS. IT MODIFIES THE CONTRACT/ORDER NO HE CHANGES SET FORTH IN ITEM 14 ARE MA CT THE ADMINISTRATIVE CHANGES (such as of UTHORITY OF FAR 43 103(b)	ADE IN THE CONTRACT
D OYHER (Specify type of modification X Unilateral, FAR 32.		ction	
E. IMPORTANT: Contractor × is not.	is required to sign this document	and return 0 copies to th	ne issuing office.
Alt COR: $(b)(7)(C)$ ; $(b)(6)$ Alt COF Email: $(b)(7)$	b)(6) (b)(7)(C); (C); (b)(6) e75(b)(7)(C); er Option Period 1,	Year 2.  10A as heretofore changed, remains unchanged  18A NAME AND TITLE OF CONTRACTIN	and in full force and effect
(Signature of person authorized to sign)		(b)(7)(C); (b)(6)	6/23/15
NSN 7540-01-152-8070 Pravious adton unusable			STANDARD FORM 30 (REV 10-83) Prescribed by GSA FAR (48 CFR) 53 243

DANSELLIA TION DUEST	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-C-00003/HSCEDM-14-J-00031/P00008	2	] 3	3

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	The purpose of this modification is to increase	(0)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(5)	
	the obligated amount by (b)(4)				
	It is estimated that the funds obligated will				
	cover the period through August 31, 2015.				
	Exempt Action: Y				
	LIST OF CHANGES: Reason for Modification : Funding Only Action				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Award: (b)(4) Obligated Amount for this Modification:				
	(b)(4)				
	New Total Obligated Amount for this Award:			1 -	
	(b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001B				
	Quantity changed from (b)(4)  Total Amount changed			0.77	
	from (b)(4)				
	Cbligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERG/CENTENNIAL				
	Quantity changed from (b)(4)				
	Amount changed from (b)(4)			1	
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	(b)(7)(E)				
	Quantity: (b)(4)			1	
	Amount: (b)(4)				
	2.0				
	Discount Terms: (b)(4)				
	FOB: Destination			30	
	Period of Performance: 09/16/2014 to 08/31/2015				
	Change Item 1001B to read as follows:amount shown			3	
	is the obligated amount):	h = 1		- "	
1001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4	4)
	Government may order an additional quantity		П	(2)(	.,
	estimated to be (b)(4) per day(b)(4)				
	for a total not to exceed (b)(4)			WV 0.1	
	Option Period 1 Product/Service Code: (b)(7)(日			1	
	Product/Service Code: (D)(7)(U) Product/Service Description: HOUSEKEEPING- GUARD			11	
	Continued			13	
				0.0	
		1			
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	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00008	3	3

M NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C) (D)	(E)	(F)
	Accounting Info:			
	(b)(7)(E)			
	Funded: \$0.00			
	Accounting Info:		0.1	
	(b)(7)(E)			
	Funded: \$0.00		1 1	
	Accounting Info:			
	(b)(7)(E)			
	Funded: \$0.00			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	(b)(4)		0.4	
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AMENDMENT OF SOLICITATION/MO	DISICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT		1 6
2 AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO	5 PROJECT NO (If applicable)
200005	See Block 16C	PRO-15-L023	
ISSUED BY	CODE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
CE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (b)(7) Laguna Niguel CA 92677	Enforcement nagement	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, (b)(7 Attn: (b)(6) (b)(7)(C) 9 Laguna Niguel CA 92677	Enforcement anagement NC):
NAME AND ADDRESS OF CONTRACTOR (A	ig , street, county, State and ZIP Code)	(x) PA AMENDMENT OF SOLICITATION NO	
EO GROUP INC THE 121 NW 53RD ST (h)(7)(C) 100A RATON FL 334878242		9B DATEO (SEE ITEM 11)  10A MODIFICATION OF CONTRACT/OR HSCEDM-11-D-00003 HSCEDM-14-J-00031	
	In. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20	10B. DATED (SEE ITEM 13)	
GDE 6127064650000	FACILITY CODE	09/11/2014	
The above numbered solicitation is amended		TO AMENDMENTS OF SOLICITATIONS	is extended. Is not extended
CHECK ONE A THIS CHANGE ORDER IS IS ORDER NO IN ITEM 10A	SUED PURSUANT TO (Specify authority)	DERS. IT MODIFIES THE CONTRACTIONDER NO. THE CHANGES SET FORTH IN ITEM 14 ARE MADE ECT THE ADMINISTRATIVE CHANGES (such as changes)	DE IN THE CONTRACT
C THIS SUPPLEMENTAL AGR	EEMENT IS ENTERED INTO PURSUANT T	TÓ AUTHÓRITY OF:	
	3.103 (b) (1) Change Pe	riod of Performance	
	a not is required to sign this documen		i issuring office
DUNS Number: 612706465 INVOICE COR COR: (b)(7)(C): (b)(6) COR Email: (b)(7) COR Phone Number: (720) Alt COR: (b)(7)(C): (b)(6) Alt COR Email: Alt COR Phone Number: (7	(C); (b)(6) 875-(b)(7)(C): (b)(7)(C): (b)(6) 20) 875-(b)(7)(C) d for Option Period 1,	Year 2.	
THE OF BIOMER PART THE OF BIOMER IT WAS OF P			e at leading
15B CONTRACTOR/OFFEROR	15C DATE SIGNE	(b)(7)(C); (b)(6)	3/13/15
(Signature of person authorized to sign NSN 7540-01-152-8070	1	-	D FORM 30 (REV 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53 243

CONTRACTOR OFFEE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00005	2	6

NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
.)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to extend the				
	period of performance end date to 2/28/2015.			- 231	
	Exempt Action: Y				
	LIST OF CHANGES:				
	Reason for Modification : Other Administrative				
	Action				
	Period Of Performance End Date changed from				
	2015-02-27 to 2015-02-28				
	Total Amount for this Modification: \$0.00		1 1		
	New Total Amount for this Version: (b)(4)	ጎ	1		
	New Total Amount for this Award: (b)(4)	T			
			1		
	CHANGES FOR LINE ITEM NUMBER: 1001A				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 02/27/2015 to		1 1		
	02/28/2015				
	32, 23, 232				
	CHANGES FOR LINE ITEM NUMBER: 1001B				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 12/31/2014 to	1			
	02/28/2015				
	VE, EV. EV.				
	CHANGES FOR LINE ITEM NUMBER: 1002A				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 02/27/2015 to				
	02/28/2015				
	02/20/2013				
	CHANGES FOR LINE ITEM NUMBER: 1002B				
				691	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 12/31/2014 to				
	02/28/2015				
	02, 20, 2010				
	CHANGES FOR LINE ITEM NUMBER: 1003				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL		1		
	Delivery Date changed from 12/31/2014 to		+ 1		
	02/28/2015				
	02/20/2013				
	CHANGES FOR LINE ITEM NUMBER: 1004			1	
	Christia for Bind Tibi Nonburi 1991		1		
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Delivery Date changed from 02/27/2015 to				
	02/28/2015				
	02/20/2013				
	CHANGES FOR LINE ITEM NUMBER: 1005	1			
	Simulated Total Profit Hottpart 1000				
	Continued				
	Solicanuou III			1 11	
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CONTIN	WATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00	005			PAGE OF
	FEROR OR CONTRACTOR UP INC THE				
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTIT'	Υ υκίτ ( D)	UNIT PRICE (E)	AMOUNT (F)
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Delivery Date changed from 02/27/2015 to 02/28/2015  Discount Terms:  (b)(4)  FOB: Destination Period of Performance: 09/16/2014 to 02/28/2015  Change Item 1001A to read as follows(amount shown				
1001A	is the obligated amount): Bed Day Rate For Minimum Quantity - The			(b)(4)	0.00
	Governments minimum quantity to be ordered via task order is (b)(4) per day (b)(4)  (b)(4) for a total of (b)(4)  Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Change Item 1001B to read as follows(amount shown is the obligated amount):				
1001B	Bed Day Rate In Excess Of Minimum Quantity – The Government may order an additional quantity estimated to be			(b)(4)	0.00

OPTIONAL FORM 136 (4-88) Sponsored by GSA FAR (48 CFR) 53 110

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	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE (	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00005	4	6

ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Option Period 1				
	Product/Service Code: (b)(7)(H Product/Service Description: HOUSEKEEPING- GUARD	7	1	10	
	Troduct, service secons person necessarias				
	Accounting Info:		li		
	(b)(7)(E)		Ιİ		
	Funded: \$0.00				
	Accounting Info:			h la	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00			1	
	Change Item 1002A to read as follows(amount shown				
	is the obligated amount):				
.002A	TRANSPORTATION CERTIFICATION CONTRACTOR CONT	i		-215.07	
.002M	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle			(b)(4)	0.
	maintenance.				
	Product/Service Code: (b)(7)(E)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:		19	, t	
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:	1	1		
	(b)(7)(E)				
	Funded: \$0.00			V 11	
	Accounting Info:				
	(b)(7)(E)			1 1	
	Funded: \$0.00			- 4	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Change Item 1002B to read as follows(amount shown is the obligated amount):				
	to the observation and and a			1	
002B	Direct Fuel Pass-Thru. Vendor Bill exact cost				0.0
	paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)				
	mark-ups are allowed. Not to exceed $(b)(4)$ Product/Service Code: $(b)(7)(E)$				
	Continued				
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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00005	5		6

M NO.	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Product/Service Description: R&D- DEFENSE OTHER:				
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:		i I		
	(b)(7)(E)				
	Funded: \$0.00				f 2
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Change Item 1003 to read as follows(amount shown				
	is the obligated amount):				17_3
_					Ц
3	Remote Custody These estimated hours are for detainee medical			(b)(4)	0.
	trips/visits and associated waiting time for				
	detention officers only, not to exceed $(b)(4)$	1 - 0 - 1			
	hours.				
	Option Period 1				
	Product/Service Code: (b)(7)(日				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	P 14 - 7 7 1 130,807(82:00 1				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
			1		
	Change Item 1004 to read as follows(amount shown				
	is the obligated amount):				
		(1.)(4)			
4	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
	for this line item will be at actual cost of (b)(4) per day per detainee. The contractor shall				
	not exceed the quantity shown without prior		il		
	approval by the Contracting Officer.	No V			
	Option Period 1				
	Continued				
		N.			

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00005	6	6

	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT (F)
]	(B)	(C)	(D)	(E)	(1)
	Product/Service Code: (b)(7)(E Product/Service Description: HOUSEKEEPING- GUARD	1			
	Product/Service Description: HOUSEREEFING GOARD			7 °	
	Accounting Info:			, 1	
	(b)(7)(E)			1	
	Funded: \$0.00				
	Accounting Info:				
				97	
	(b)(7)(E)				
	Accounting Info:				
			1	A of	
	(b)(7)(E)			9	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)			7	
	Funded: \$0.00				
	Change Item 1005 to read as follows (amount shown				
	is the obligated amount):				
5	MEDICAL SERVICES-In accordance with the terms and			(b)(4)	<b></b> 5.
	conditions of this contract. Monthly Flat Fixed			(-/(-/	
	Fee includes all medical staff and in-house				
	supplies.				
	Option Period 1 Product/Service Code: (b)(7)(				
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE				
			1		
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	(b)(7)(E)  Funded: \$0.00  Accounting Info:		!		
	(b)(7)(E)  Funded: \$0.00 Accounting Info: (b)(7)(E)				
	(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00				
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	(b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)				

	MODIFICATION OF CONTRACT	1. CC		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4. REQUISITIO	ON/PURCHASE REQ. NO.	5 PROJECT NO (Il applicable
P00010 6. ISSUED BY	See Block 16C	192116FD	N31000029	D. PROJECT NO. (II applicable
	CODE ICE/DCR		RED BY (If other than Item 6)	CODE TOP /DCD
ICE/Detention Compliand	ce & Removals			ITCE/DCK
inmigration and Customs	S Enforcement	Imm: and	ention Compliance	e & Removals
Office of Acquisition N	Management	Office	ion and Customs	Enforcement
BUI I Street, NW   (b)(7	/)(C);	801 T CH	of Acquisition Marreet NW, (b)(7)(	C).
WASHINGTON DC 20536		Washingt	on DC 20536	<u>U),</u>
NAME AND ADDRESS OF COLUMN				
B. NAME AND ADDRESS OF CONTRACTOR	(No., street, county, State and ZIP Code)	(x) 9A AMEND	MENT OF SOLICITATION NO.	
EO GROUP INC THE				
21 NW 53RD ST (b)(7)(C);		OR DATED	0.55 1.75 1	
OCA RATON FL 334878242		Ja. UATED!	SEE ITEM 11)	The state of the s
		X 10A MODIFI	CATION OF CONTRACT/ORDE	R NO.
		MSCEDM-	11-0-00003	
			14-J-00031 (SEE ITEM 13)	
DDE 6127064650000	FACILITY CODE			
		09/11/2	2014	
The above numbered solicitation is amended	as set forth in Item 14. The hour and date spe			
Offers must acknowledge receipt of this amen	as set form in Item 14. The hour and date spe idment prior to the hour and date specified in the copies of the amendment; (b) By acknowle	cified for receipt of Of	fers is e	xtended. Is not extended.
tems 8 and 15, and returning	copies of the amendment; (b) By acknowle	tedging receipt of the	lended , by one of the following	methods: (a) By completing
and old relief of telegram which includes a se	t	a B annibit on mile	anner unient on each cook of the	offer a should be a single
more of this amenoment you desire to change	an all and a second	THE OF FOURTED MA	Y RESULT IN REJECTION OF	YOUR OFFER WAY
and the solicitation and this amendmen	at and it a	be made by telegram	or letter, provided each telegran	n or letter makes
ACCOUNTING AND APPROPRIATION DATA  e Schedule	(III required)	t Decrease:		
				(b)(4)
49 71115				
13. THIS ITEM ONLY APPLIES	S TO MODIFICATION OF CONTRACTS/ORDER	RS. IT MODIFIES THE	CONTRACTORDERUG	ESCAPIOS
13. THIS ITEM ONLY APPLIES	S TO MODIFICATION OF CONTRACTS/ORDER	RS. IT MODIFIES THE	CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.
13. THIS ITEM ONLY APPLIES  ECK ONE  A. THIS CHANGE ORDER IS ISS  ORDER NO. IN ITEM 10A	S TO MODIFICATION OF CONTRACTS/ORDER	RS. IT MODIFIES THE	CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.
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A. THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 10A.	SUED PURSUANT TO: (Specify authority) THE	CHANGES SET FOR	RTH IN ITEM 14 ARE MADE IN	THE CONTRACT
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O GRO	FFEROR OR CONTRACTO	DR .					2	16
EM NO.	T	SUPPLIES/SERVICES		QUANTI	TYLUNIT	UNIT PRICE T		
(A)	Email:	(B)	_	(C)	(D)	(E)	AMO (	UNT F')
		(b)(7)(C); (b)(6)			11			
	The purpose	of this modification i	s to:					
	1) Deobligate	excess funds in the a	mount of					
	(b)(4)							
	Fro	7						
	By: (k	0)(4)						
	2101							
	contractor de	nis contractual instrum des remise, release, an	ment. The					
	the Governmen	it, its officers, agent	s and					
	obligations,	and from all liabilit claims, and demands wh	ies,					
	or arrand in	om the said contract f	or the num of					
	ractich tho MI	llion Nine Hundred Fou	r Thousand					
	(D)(4)	Therefore, this con	tractual					
		hereby closed and ret						
1	The parties h	ereby certify that all	contract					
	fully and sat	n actions identified at isfactorily accomplished	bove have been					
- 1	exempt Action	: Y						
1	Discount Terms	(b)(4)						
	FOB: Destinati	on						
1	Period of Peri	formance: 09/16/2014 to	09/15/2015	1				
0	Change Item 10	01A to read as follows	(amount shown					
1	is the obligat	ed amount):						
A P	P00010 - Deobl	igate (b)(4)					(-	\/4\
В	Bed Day Rate F	or Minimum Quantity	1	1			(0)	)(4)
P	roduct/Servic	e Code: (b)(7)(F)						
1	roduct/servic	e Description: HOUSEKER	EPING- GUARD					
A	ccounting Inf	):						
		(b)(7)(E)						
	ccounting Info							
		b)(7)(E)						
131	unaea: \$0.00	5)(1)(L)						
1	ccounting Info							
Co	(b)(7	)(E)		1				
152-8067								

NAME OF OF	HSCEDM-11-D-00003/HSCEDM-14-J	-00031/P00010		PAGE OF
SEO GRO	UP INC THE			
(A)	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
	(b)(7)(E)	(C) (D)	(E)	(E)
	Funded: \$0.00			
	Accounting Info		1	
	(b)(7)(E)			
	Durden as			
	Funded: \$0.00 Accounting Info:			
	(b)(7)(E)			
Į.	runaea: \$0.00		- 1	
	Accounting Info:			
1	(b)(7)(E)			
	Funded: (b)(4)			
16	Accounting Info:			
	(b)(7)(E)			
	counting Info			
1				
L	(b)(7)(E)			
1 5	unded: \$0.00			
C	hange Item 1001B to read as follows (amount			
is	s the obligated amount):	Shown	1	
1B PC	00010: Deobligate (b)(4)			
1	(-/(-/			(b)(4)
Pr	ed Day Rate In Excess Of Minimum Quantity coduct/Service Code: (b)(7)(E			
Pr	coduct/Service Description: HOUSEKEEPING-	GUARO		
	counting Info:			
	(b)(7)(E)		1	
E U1	naed: \$0.00		1	
	counting Info:		1	
	(b)(7)(E)			
Lo	1004. 50.00			
Acc	counting Info.			
	(b)(7)(E)			
	ded: \$0.00			
ACC	ounting Info:			
	(b)(7)(E)		1	
	ded: (h)(4) ounting Info:			
Cont	tinued		1	
-152-8067				
157.8003		1 1 1	1	

O GRO	FFEROR OR CONTRACTOR DUP INC THE				4 6
EM NO.	SUPPLIES/SERVICES (B)	QUANTIT (C)	Y UNIT	UNIT PRICE	AMOUNT
	(b)(7)(E)	1		147	(£)
	Funded: (b)(4)				
	Change Item 1002B to read as follows(amount shown is the obligated amount):				
)2B	P00010: Deobligate (b)(4)				(b)(4
	Direct Fuel Pass-Thru.  Product/Service Code: (b)(7)(  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Accounting Info:				
	(b)(7)(E)				
	Accounting Info:				
	(b)(7)(E)				
	Accounting Info:				
	(b)(7)(E)				
- 1	runded: \$0.00 Accounting Info:				
	(b)(7)(E)				
ľ	Funded: (h)(//)				
	Change Item 1003 to read as follows(amount shown is the obligated amount):				
	P00010: Deobligate (b)(4)				(b)(4)
1	Remote Custody  Product/Service Code: (b)(7)(E)  Product/Service Description: HOUSEKEEPING- GUARD		,		
	Accounting Info:				
	(b)(7)(E)				
1	'unded: \$0.00				
	(b)(7)(F)				
L	(b)(7)(E)				
A	ccounting Info:				
	(b)(7)(E)				

	NUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/PC	00010			PAGE OF
SEO GR	FFEROR OR CONTRACTOR OUP INC THE	The Section of the Control of the Co			
ITEMNO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT
	(b)(7)(E)				(F)
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E); (b)(6)  Funded: (b)(4)				
	(5)(4)				
	Change Item 1004 to read as follows (amount shown is the obligated amount):				
004	P00010: Deobligate (b)(4)				(b)(4)
					(5)(4)
	Stipend for Detainee Work Program Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info-				
	(b)(7)(E)				
	runded: 50.00				
i	Accounting Info:				
1	(b)(7)(E)				
- 1	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
ſ	(b)(7)(E)				
ļ,	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
1	unded: (b)(4)				
C	hange Item 1005 to read as follows(amount shown s the obligated amount):				
	00010: Deobligate (b)(4)				(b)(4)
M	EDICAL SERVICES roduct/Service Code: (b)(7)(E)				
P	roduct/Service Description: MEDICAL- GENERAL				
l n	EALTH CARE				

TEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (C)		HSCEDM-11-D-00003/HSCEDM-14-J-	00031/P00010		PAGE 0
Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: [(h)(A)] Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)	EO GRO	FEROR OR CONTRACTOR UP INC THE			
Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: [(h)(A)) Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)					AMOUN
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(b)(7)(E)  Funded: (h)(A)  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)  Funded: \$0.00  Accounting Info:  (b)(7)(E)					
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Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)					
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Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)					
Accounting Info:  (b)(7)(E)					
Accounting Info: (b)(7)(E)		(b)(7)(E)			
(b)(7)(E)					
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1	L				

		ORDER	FOR SUP	PLIES OR SERV	ICES		1 = -			PAGE	OF PAGES	
IMPORTANT:	Mark all packages	and papers with contro				•	- V 10 8			1	9	
1 DATE OF OR	DER 2. CONTR	ACT NO. ((Fany) 4-11-0-00003						6 SHIP T	<b>O</b> .		7-,	
08/28/20		M-11-D-00003			B NAME (	OF CO	NSIGNEE					
3 ORDER NO	1	4 RE	QUISITION/RI	FERENCE NO	-							
	4-J-00031			1000097	ICE-E	RO-I	FOD-FDN					
ICE/Dete		ent Contract- toms Enforcem				rat:	RESS ion Customs st Caley Av		ent			
		on Management										
	ila Road,											
Laguna N	iguel CA 92	1677			c CITY d STATE 0 ZIP CODE CO E0111							
7 10					f. SHIP VI	A						
MAME OF CO	NTRACTOR P INC THE				<u> </u>			TYPE OF ORDE	R			
b. COMPANY N	AME				a. PUI	RCHA!	SE		X.	b. DELIVER	f	
c STREET ADD 621 NW 5	RESS 3RD ST STE	700			REFERE				Exce	cept for billing instructions on the		
									loin	verse, this delivery order is subject instructions contained on this side		
					Pipase fur	nish Ih	ue following on the ten	ms			and is issued me and conditions	
	d CITY				and conditions specified on both sides of					mun-evods e	bered comract	
BOCA RATO			e. STATE FL	1. ZIP CODE 334878242	this order and on the attached sheet, if any, including delivery as indicated.							
9 ACCOUNTING	G AND APPROPRIAT	ION DATA					NINGOFFICE rcement & R	orous'				
		Check appropriate box(es)	)	-	1100 0		recinette & P	12 F O B PO	INT			
a SMA	LL	X & OTHER THAN S	MALL	c DISADVANTAGE	D		ERVICE- ISABLED	Destina	tion			
, d WOM	EN-OWNED	e. HUBZone		I. EMERGING SMA BUSINESS	LL	٧	ETERAN-					
	13 PLA	ACE OF		14. GOVERNMENT B/L	NO.		15 DELIVER TO F	O B POINT		16 DISCOL	INT TERMS	
a INSPECTION Destinat		b. ACCEPTANCE Destination					ON OR BEFORE Multiple				(b)(4)	
Descrine	.1011	Descrinacion		17. SCHEDULE (S	oe roversa for	Reioc	tions)				(D)(4)	
					IOUANTITY	_	Unit			· · · · · · · · · · · · · · · · · · ·	QUANTITY	
ITEM NO		SUPPLIES OR SE	RVICES		ORDERED	UNIT	PRICE	A	MOUNT		ACCEPTED	
(a)	DUNS Number	(b) : 612706465		<del></del>	(c)	(5)	(e)		(1)		(3)	
15 ° 6, 6	COR/Billing	POC: (h)(	7)(C)·(h)(6									
	Billing POC Billing POC 875 (b)(7)( Continued .	(b)(7)(C); (k	7	20) 875- (b)(7 (720)	7)(							
	18 SHIPPING POIN	77	- 1	19 GROSS SHIPPING	WEIGHT		20 INVOICE NO	$\perp$			1(3(0)	
	, , , , , , , , , , , , , , , , , , , ,										TOTA	
		T	2	1. MAIL INVOICE TO							pages	
	a NAME						-		(b)	(4)	¬  ◀	
SEE BILLING		DHS, IC										
INSTRUCTIONS ON REVERSE	b STREET ADDRE	P.O. Bo	x 1620	rance Center FOD-FDN							17(i) GRA TOTA	
								(b	(b)(4)			
	Willist	on			10 STA		05495-162	o			_   `	
22 UNITED !	STATES OF						23 NAME (Typed)				1	
	A BY (Signature)	•	(b)(6)	(b)(7)(C)				(C); (b)(6)	OFFICE	R		
	OR LOCAL REPRODUCT	ION	-42 63			_				OPTIONAL F	ORM 147 (30- 4200)	

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

PAGE NO

2

08/28/2	014	HSCEDM-11-D-00003			HSCE	DM-14-J-00031	
ITEM NO.		SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	ļ.,	(b)	(c)	(d)	(a)	(1)	(8)
	875	ling POC: (b)(7)(C); (b)(6) (720) (-(b)(7)(C) ling POC: (b)(7)(C); (b)(6) (720) 875-(b)(7)(			7		
		s Task Order is issued for Option Period Year 2.				100	
	9/1 Exe Per	ding is issued in the amount of (b)(4) to cover the period of 6/2014 to 10/14/2014.  empt Action: Y iod of Ferformance: 09/16/2014 to 14/2014			•		•
	ОРТ	TION PERIOD 1: 09/16/2013 - 09/15/2015					
1001	Det ter Off day equ Pro	tractor Owned Contractor Operated ention Facility in accordance with the ems and conditions of this contract. For shall provide fully burdened bed a rates only. Unit of Issue DA is sivalent to bed-day. Educt/Service Code: (b)(7)(b)(5)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)				0.00	
001A		Day Rate For Minimum Quantity - The			(b)(4)		
	(b)( (b)(4 Opt Pro	rernments minimum quantity to be ordered task order is (b)(4) per day  (4)  4) for a total of (b)(4)  clion Period 1  oduct/Service Code: (b)(7)( oduct/Service Description:  OSEKEEPING- GUARD					
		counting Info: (b)(7)(E) inded: (b)(4)					
в1001	- T qua (b)(4	A Day Rate In Excess Of Minimum Quantity The Government may order an additional Entity estimated to be (b)(4)  (b)(4) per day (b)(4)  4) for a total not to Excess Of Minimum Quantity (b)(4)  for a total not to			(b)(4)		
T	TOTAL	L CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	15			(b)(4)	

	ORDER FOR SUPPLIES OR SERV	ICES			PAGE NO	
	SCHEDULE - CONTINUATION	4			3	
IMPORTAN'	Mark all packages and papers with contract and/or order numbers.					
DATE OF OR	DER CONTRACT NO.			ORDE	R NO	
08/28/2	014 HSCEDM-11-D-00C03			нѕс	EDM-14-J-00031	
ITEM NO.	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	TAUDMA	QUANTITY ACCEPTED
/a)	exceed (b)(4)	(0)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(0)	11.	(9)
	Option Period 1 Product/Service Code: (h)(7)( Product/Service Description: HOUSEKEEPING- GUARD					
	Accounting Info:					
	(b)(7)(E)					
	Funded: (b)(4)		1			
1002	TRANSPORTATION SERVICES IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THIS CONTRACT. Product/Service Code: (b)(7)(E) Product/Service Description: HOUSEKEEPING- GUARD				0.00	
1002A	TRANSPORTATION SERVICES - Monthly Flat	lг		(	b)(4)	
	Fixed Fee includes all staff, vehicles and vehicle maintenance.  Product/Service Code: (b)(7)(  Product/Service Description:  HOUSEKEEPING- GUARD			(		
	Accounting Info:  (b)(7)(E)  Funded: (b)(4)					2-1
1002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (h)(4)  Product/Service Code: (h)(7)(  Product/Service Description: R&D-DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				(b)(4)	]
	Accounting Info:  (b)(7)(E)  Funded: (b)(4)					
10 <b>02</b> C	Fre-approved Overtime. OT must be preapproved as noted in the contract. Not to exceed $(b)(4)$ Continued		HR	(b)(4	0.00	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				(b)(4)	

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 (Re- 4/2003)

PAGE NO

Presented by GSA FAR (48 CFR) 53 21 MC

IMPORTANT: Mark all packages and papers with contract and/or order numbers. CONTRACT NO DATE OF ORDER ORDER NO HSCEDM-11-D-00003 08/28/2014 HSCEDM-14-J-00031 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT AMOUNT JINIT QUANTITY ORDERED PRICE ACCEPTED (d) tet (c) (f) (8) (9) Product/Service Code: (b)(7)(E Product/Service Description: HOUSEKEEPING- GUARD 1003 Remote Custody (b)(4)These estimated hours are for detaince medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) hours. Option Period I Product/Service Code: (b)(7)(E Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: (b)(7)(E)(b)(4)Funded: (b)(4)1004 Stipend for Detainee Work Program -Reimbursement for this line item will be at actual cost of (b)(4) The contractor shall not exceed the quantity shown without prior approval by the Contracting Officer. Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: (b)(7)(E)Funded: (h)(4)1005 MEDICAL SERVICES-In accordance with the (b)(4)terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies. Option Period 1 Product/Service Code: (b)(7)(E) Product/Service Description: MEDICAL-GENERAL HEALTH CARE Accounting Info: Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION OPTIONAL FORM 348 (Res. 4/2006)

FREVIOUS ECITION NOT USABLE

PAGE NO

**SCHEDULE - CONTINUATION** IMPORTANT: Mark all packages and papers with contract and/or order numbers CONTRACT NO. DATE OF ORDER ORDER NO HSCEDM-11-D-00003 HSCEDM-14-J-00031 08/28/2014 ITEM NO QUANTITY UNIT SUPPLIES/SERVICES AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (a) (c) (a) (b)(7)(E)Funded: (b)(4)Invoicing Instructions: Service Providers/Contractors shall use these procedures when submitting an invoice, 1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the bill to address shown below: DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE-ERO-FOD-FDN Williston, VT 05495-1620 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 submission shall contain the following information: (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 Continued ...

AUTHORIZED FOR LOCAL REPOSUCTION PREVIOUS EDITION NOT USABLE

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

OPTIONAL FORM 148 (Rev. 4/2008)

\$0.00

PAGE NO

TEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(9)
	Contract/Agreement and the information in					1
	the SAM. If payment is remitted to another					]
	entity, the name, address and DUNS					1
	information of that entity must also be					1
	provided which will require Government					
	verification before payment can be					
	processed;	ļ	l			
	(ii) Dunn and Bradstreet (D&B) DUNS Number;		1			1
	(iii) Invoice date and invoice number;		l			1
	(iv) Agreement/Contract number, contract		l			İ
	line item number and, if applicable, the					
	order number;					
	(v) Description, quantity, unit of measure,					
	unit price, extended price and period of					
	performance of the items or services		1			
	delivered;	l	1			
	(vi) Shipping number and date of shipment,					
	including the bill of lading number and	1				1
	weight of shipment if shipped on Government					
	bill of lading;					
	(vii) Terms of any discount for prompt	1		1	]	ì
	payment offered;		l		1	ŀ
	(viii) Remit to Address;					)
	(ix) Name, title, and phone number of					
	person to notify in event of defective			1		
	invoice; and					
	3. Invoice Supporting Documentation. In					
	order to ensure payment, the vendor must	Ì				l
	also submit supporting documentation to the					
	Contracting Officers Representative (COR)					
	identified in the contract as described	1				
		1				
	below. Supporting documentation shall be submitted to the COR or contract Point of			<u> </u>		1
	Contact (POC) identified in the contract or		1			
	1					
	task order with all invoices, as					
	appropriate. See paragraph 4 for details		1			
	regarding the safeguarding of information.		1			
	Invoices without documentation to support					
	invoiced items, containing charges for items outside the scope of the contract, or					
	-					
	not based on the most recent contract base	1				
	or modification rates will be considered	1				
	improper and returned for resubmission.			1		l
	Supporting documentation requirements		1	1		
	include:		1			
	Continued			1		
			1			
						1
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	<u> </u>		<u> </u>	\$0.00 <u> </u>	1

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

OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

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

DATE OF ORDER CONTRACT NO.

08/28/2014 HSCEDM-11-D-00003

ORDER NO

HSCEDM-14-J-00031

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (a)	(f)	ACCEPTED (9)
· ·	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	ᢡ			<del>                                     </del>
	(i). Firm Fixed Price Items (items not		]			
	subject to any adjustment on the basis of		ļ			1
	the contractors cost experience, such as		1			1
	· ·		1			
	pre-established monthly guaranteed minimums		1			
	for detention or transportation): do not		1			
	require detailed supporting documentation		1			
	unless specifically requested by the		1			
	Government.		ŀ		1	
	(ii) Fined Unit Drice Items (items For		l			1
	(ii). Fixed Unit Price Items (items for		l			
	allowable incurred costs, such as detention		l			
	and/or transportation services with no		1			
	defined minimum quantities, 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	1	1	1	1	
	the costs and/or reflecting the established		ĺ	1		
	price in the contract and submitted in .pdf		1			
	format.		1			•
	(iii). Detention Services:		1			
	(1) Bed day rate;		1			ł
	(2) Residents/detainees check-in and		1			
	check-out dates;	1	1			
	(3) Number of bed days multiplied by the		1		1	
	bed day rate;		ŀ			1
	(4) Name of each detainee;		1	1		
	(5) Residents/detainees identification		1			
	information		1			
	(iv). Transportation Services:	1	1			
	(1) The mileage rate being applied for that					
	invoice.				· ·	
	(2) Monthly billing reports listing					1
	transportation services provided; number of	1		1		
	miles; transportation routes provided;		1		1	1
	locations serviced and/or names/numbers of		1			1
	detainees transported; an itemized listing		1			1
	of all other charges; and, for reimbursable		ì			1
	expenses (e.g. travel expenses, special		1			1
	meals, etc.) copies of all receipts.					1
	(v). Stationary Guard Services:					
	· · · · · · · · · · · · · · · · · · ·		1			1
	(1) The itemized monthly invoice shall		1			1
	Continued			]		
		1				1
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					1	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	$\rightarrow$	т.	<del></del>	\$0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))
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OPTIONAL FORM 348 (Rev. 4/208)

Presenting by GSA FAR (45 CFR) 53 (197)

PAGE NO

8

IMPORTANT: Mark all peckages and papers with contract and/or order numbers DATE OF ORDER CONTRACT NO ORDER NO 08/28/2014 | HSCEDM-11-D-00003 HSCEDM-14-J-00031 QUANTITY ITEM NO. SUPPLIES/SERVICES UNIT **AMOUNT** QUANTITY ORGERED PRICE ACCEPTED (c) (8) (1) (9) state the number of hours being billed, the duration of the billing (times and dates) and the name of the resident(s)/detainee(s) that was/were quarded. (vi). Other Direct Charges: The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. 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 individual's 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: Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately. Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. Use shredders when discarding paper documents containing Sensitive PII. Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/d Continued ...

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

OPTIONAL FORM 148 (Rev 4/2005)

\$0.00

	ORDER FOR SUPPLIES OR SERVI		PAGE NO				
	SCHEDULE - CONTINUATION					9	-
DATE OF ORD	Mark all packages and papers with contract and/or order numbers.  ER CONTRACT NO.			OF	RDER NO		
08/28/20	14 HSCECM-11-D-00003			H:	SCEDM-14-	J-00031	
ITEM NO	SUPPLIES/SERVICES	QUANTITY CRDERED		UNIT PRICE (e)	AN	OUNT	QUANTITY ACCEPTED (0)
(u)		1-7	1	(-7		···	197
(a)	<del></del>			UNIT	March Color Town		
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	17						
	And the state of the state of						
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) OR LOCAL REPODUCTION	23-	• •		\$0.0		NAL FORM 348 (Rev. 470)

OPTIONAL FORM 348 (Rev 47008) Prescribed by GSA FAR (40 CFR) 53 213(1)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			CONTRACT ID CODE	PAGE OF PAGES
				1 9
2. AMENDMEN	T/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00009		07/30/2015	192115FDN31000004.9	
6. ISSUED BY	CODE	ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
Immigrat Office o 24000 Av	ent Mngt/Detent Contrion and Customs Enfo of Acquisition Manage vila Road, (h)(7)(C) Niguel CA 92677	rcement		s Enforcement Management
8 NAME AND A	ADDRESS OF CONTRACTOR (No., street,	county State and ZIP Code)	Laguna Niguel CA 92677	
GEO GROUI 621 NW 53	P INC THE 3RD ST (b)(7)(C); ON FL 334878242		9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/OF HSCEDM-11-D-00003 HSCEDM-14-J-00031	
0005		FACILITY CODE	10B. DATED (SEE ITEM 13)	
CODE 612	27064650000	FACILITY CODE	09/11/2014	
	umbered solicitation is amended as set fo		AMENDMENTS OF SOLICITATIONS	is extended. is not extended.
virtue of this a	amendment you desire to change an offe the solicitation and this amendment, and NG AND APPROPRIATION DATA (If requ	r already submitted , such change may lis received prior to the opening hour and	ATE SPECIFIED MAY RESULT IN REJECTION be made by telegram or letter, provided each teled date specified.	
	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	RS. IT MODIFIES THE CONTRACT/ORDER NO.	AS DESCRIBED IN ITEM 14.
	B. THE ABOVE NUMBERED CONTRACT appropriation date, etc.) SET FORTH  C. THIS SUPPLEMENTAL AGREEMEN  D. OTHER (Specify type of modification)	T IS ENTERED INTO PURSUANT TO A	THE ADMINISTRATIVE CHANGES (such as ch HORITY OF FAR 43.103(b). UTHORITY OF:	nanges in paying office,
Х	Unilateral, FAR 32.7	03-1 (a) Funding Act	ion	
E. IMPORTANT		is required to sign this document an	^	e issuing office.
14. DESCRIPTION Num INVOICE COR: (b) COR Emai COR Phone Alt COR: Alt COR This Tas Continue	DON OF AMENDMENT/MODIFICATION (ber: 612706465)  COR  (7)(C); (b)(6)  1: (b)(7)(C); (e Number: (720) 875 (c)  (b)(7)(C): (b)(6)  Email: (b)(7)(C)  Phone Number: (720)  k Order is issued for day.	b)(6) (C): (b)(6) 875-(b)(7)(C); r Option Period 1, Y	cluding solicitation/contract subject matter when	re feasible.) and in full force and effect.
	D THEE OF SIGNER (Type of pills)		(b)(7)(C): (b)(6)	
15A. NAME AN		15C DATE SIGNED	(b)(7)(C); (b)(6)	16C DATE SIGNED
15A. NAME AN	CTOR/OFFEROR	15C. DATE SIGNED	(b)(7)(C); (b)(6)	16C. DATE SIGNED
15A. NAME AND		15C. DATE SIGNED		

Previous edition unusable

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009
 PAGE 2
 OF 2

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
		( )	1-7	ν- /
	The purpose of this modification is to increase			
	the obligated amount by (b)(4)	1 1 1		
	It is estimated that the funds obligated will	1 1 1		
	cover the period through September 15, 2015.	1 1 1		
	Exempt Action: Y	1 1 1	V 190	
	LIST OF CHANGES:	1 1 1		
	Reason for Modification : Funding Only Action			
	Period Of Performance End Date changed from	1 1 1		
	2015-08-31 to 2015-09-15 Total Amount for this		1.80	
	Modification: (b)(4)			
	New Total Amount for this Award: (b)(4)			
	Obligated Amount for this Modification:			
	(h)(4)		111	
	New Total Obligated Amount for this Award:			
	(b)(4)			
		1 1 1	111	
	Table 1. The second at the sec			
	CHANGES FOR LINE ITEM NUMBER: 1001A			
	Quantity changed from (b)(4)	1 1 1		
	Total Amount changed	1 1 1	1111	
	from (b)(4)	1 1 1	1-40	
	Obligated Amount for this modification:	1 11	1-30	
		1 1 1	1.40	
	(b)(4)	1 1 1		
	CHANGES FOR DELIVERY LOCATION. TOE/EDO/GENTENNIAL			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			
	Quantity changed from (b)(4)			
	Amount changed from (b)(4)	1 1 1		
	(b)(4)	1 1 1		
	NEW ACCOUNTING CODE ADDED:		- 1	
	Account code:			
- 1	(b)(7)(E)	1 1 1		
	(5)(1)(2)			
	Quantity: (b)(4)	1 1 1		
	Amount: (b)(4)	1 1 1		
	Percent (b)(4)	1 1 1	1.11	
			1 17	
	CHANGES FOR LINE ITEM NUMBER: 1001B		1.17	
	Quantity changed from (b)(4)		1111	
	Total Amount changed		1.40	
	from (b)(4)			
	Obligated Amount for this modification: (b)(4)	1	1.0	
	obligated Amount for this modification. (b)(4)	4	1.40	
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL			
	Quantity changed from (b)(4)			
	Amount changed from (b)(4)			
	NEW ACCOUNTING CODE ADDED:			
	Account code:			
	Continued			
		1 1		

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009
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(b)(7)(E) Quantity: (b)(4) Amount: Thid Amount: Thid CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4) Total Amount changed from (b)(4) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: (b)(4) CHANGES FOR LINE ITEM NUMBER: 1002B Total Amount changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002B Total Amount for his modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Quantity: 0 Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1003 Quantity: 0 Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1003 Quantity changed from (b)(4) Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4) Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4) Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E) Continued	ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
		(b)(7)(E)  Quantity: (b)(4) Amount: (h)(4)  CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: (b)(4)  Amount: (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1002B  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)  Quantity: 0  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1003 Quantity changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  NEW ACCOUNTING CODE ADDED: Account code:  (b)(7)(E)	(C)		(E)	(F)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E) Quantity: (b)(4) Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from (b)(4) Total Amount changed				
	from (b)(4) Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:  (b)(7)(E)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:  (b)(4)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E) Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E) Quantity changed from (b)(4)				
	Percent changed from (b)(4)				
	(b)(7)(E)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:  (b)(7)(E)				
	Quantity changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:  (b)(7)(E)				
	Quantity changed from (b)(4) Continued				
		<u> </u>			

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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009	5	9
AME OF OFFEROR OR CONTRACT	TOR		

NA GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
	Funded: \$0.00 Accounting Info: (b)(7)(E) Continued			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)			119	
	Change Item 1001B to read as follows(amount shown is the obligated amount):				
1001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4)	
	Government may order an additional quantity				
	estimated to be (b)(4) per day (b)(4)			1 10	
	for a total not to exceed (b)(4)				
	Option Period 1				
	Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD				
				148	
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)			146	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1002A to read as follows(amount shown			110	
	is the obligated amount):				
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee			(b)(4)	
	includes all staff, vehicles and vehicle				
	maintenance. Product/Service Code: (b)(7)(F)				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:			110	
	Continued				
	9.17				

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE **CONTINUATION SHEET** HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009 9

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: (b)(4)Change Item 1002B to read as follows (amount shown is the obligated amount): 1002B Direct Fuel Pass-Thru. Vendor Bill exact cost (b)(4)paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)Product/Service Code: (h)(7)(F) Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT) Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Accounting Info: (b)(7)(E)Funded: \$0.00 Continued ...

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				
	(b)(7)(E)				
	(b)(7)(E)	1		- 1	
	Funded: (b)(4)	1			
	Change Item 1003 to read as follows(amount shown				
	is the obligated amount):				
1000		_			
1003	Remote Custody			(b)	(4)
	These estimated hours are for detainee medical				
	trips/visits and associated waiting time for				
	detention officers only, not to exceed (b)(4)			- 1	
	hours.				
	Option Period 1 Product/Service Code: (b)(7)(E				
	Product/Service Code: ((b)(7)()  Product/Service Description: HOUSEKEEPING- GUARD			- 1	
	Product/Service Description: HOUSEREEPING- GOARD			- 1	
	Accounting Info:				
	Accounting into:			1	
	(b)(7)(E)			1	
	Funded: \$0.00				
	Accounting Info:	1		1	
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	(b)/7)/E)	1		i	
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	(b)(7)(E)	1			
	the second secon				
	Funded: (b)(4)				
	1005				
	Change Item 1005 to read as follows (amount shown			- 1	
	is the obligated amount):				
1005	MEDICAL SERVICES-In accordance with the terms and				(1-)(4)
1005	conditions of this contract. Monthly Flat Fixed				(b)(4)
	Fee includes all medical staff and in-house			- 1	
	supplies.				
	Option Period 1				
	Product/Service Code: (b)(7)(E			- 1	
	Product/Service Description: MEDICAL- GENERAL			1	
	HEALTH CARE				
	Accounting Info:				
	(b)(7)(E)				
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00009
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AMENDMENT OF SOLICITATION/MOD	IFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4 REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO (if applicable)
P00001	See Block 16C	192114FDN31000097.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DDE ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICE/Detent Mngt/Detent Co Immigration and Customs E Office of Acquisition Man 24000 Avila Road, (h)/7)/C Laguna Niguel CA 92677	ntract-LAG nforcement agement	ICE/Detent Mngt/Detent Immigration and Customs Office of Acquisition M 24000 Avila Road, (b) Attn: (h)(7)(C) (h)(6) 9 Laguna Niguel CA 92677	Contract-LAG Enforcement lanagement (6):
GEO GROUP INC THE  S21 NW 53RD ST(b)(7)(C);  SOCA RATON FL 334878242	sevet. county, State and IP Code)	(x) 94 AMENOMENT OF SOLICITATION NO 98. DATED (SEE ITEM 11)  × 104 MODIFICATION OF CONTRACTION HSCEDM-11-D-00003 HSCEDM-14-J-00031	
		10B DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	09/11/2014	
	11. THIS ITEM ONLY APPLIES	TO AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT varies of this amendment you desire to change at to the solicitation and this amendment, and is not 2 ACCOUNTING AND APPROPRIATION DATA:	OF OFFERS PRIOR TO THE HOUR AN noffer already submitted, such change muskived prior to the opening hour and date to the community of the opening hour and date to the opening hour and date to the opening hour and date to the opening hour and date to the opening hour and date to the opening hour and date to the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours and the opening hours are the opening hours are the opening hours and the opening hours are the opening hours are the opening hours are the opening hours are the opening hours are the opening hours and the opening hours are t	numbers. FAILURE OF YOUR ACKNOWLEDGEMEN ID DATE SPECIFIED MAY RESULT IN REJECTION BY be made by lelegram or letter, provided each telegopecified  Let Increase:	OF YOUR OFFER IFM
See Schedule			
		DERS. IT MODIFIES THE CONTRACT/ORDER NO. I THE CHANGES SET FORTH IN ITEM 14 ARE MAD	
C. THIS SUPPLEMENTAL AGREE	MENT IS ENTERED INTO PURSUANT T		зпрез и рауниу обісе,
X Unilateral IAW FA	R 32.703-1(b) Funding	Action	
E. IMPORTANT: Contractor X is n	ol. Is required to sign this document		
	ION (Crganized by UCF section heading)	s, including solicitation/contract subject malter where	feasible.}
Billing POC: (b)(7)(C); (b)(3): (b)(7)(C); (b)(7)(C); (b)(7)(C); (b)(7)(C); (b)(7)(C); (b)(7)(C); (b)(7)(C); (c)(C); (c)(C)(C)(C); (c)(C)(C)(C); (c)(C)(C)(C); (c)(C)(C)(C)(C); (c)(C)(C)(C)(C); (c)(C)(C)(C)(C); (c)(C)(C)(C)(C); (c)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(	(720) 875-(D)(7)(	(b)(7)(C); (b)(6)	
his Task Order is issued	for Option Period 1,	Year 2.	
eriod of performance is a continued Except as provided herein, all terms and conditions	lso extended to 10/3 of the document referenced in Item 9A or	10A, as heretofora changed, remains unchanged an	
5A NAME AND TITLE OF SIGNER (Type or pant)		18A NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
SB CONTRACTOR/OFFEROR  (Signature of parson authorized to sign)	15C. DATE SIGNED	(b)(7)(C); (b)(6)	16C DATE SIGNED
NSN 7540-01-152-8070			STANDARD FORM 33 (REV. 10-83)
Providus delaturi unusable			Prescribed by GSA FAR (48 CFR) 53 243

CONTRILLATION ON CHE	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE OF	F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00001	2	7

NO .)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Exempt Action: Y LIST OF CHANGES:				
	Reason for Modification : Funding Only Action Period Of Performance End Date changed from 2014-10-14 to 2014-10-31				
	Total Amount for this Modification: (b)(4)  New Total Amount for this Version: $\frac{h}{h}$ New Total Amount for this Award: (b)(4)				
	Obligated Amount for this Modification:  (b)(4)  New Total Obligated Amount for this Award:  (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4) Total Amount changed				
	from (b)(4) Obligated Amount for this modification: (b)(4)	<b>_</b>			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/14/2014 to				
	10/31/2014				
	NEW ACCOUNTING CODE ADDED: Account code:				
	(b)(7)(E)  Quantity: (h)(4)  Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1001A Quantity changed from (b)(4) Total Amount changed				
	from (h)(4)  Obligated Amount for this modification: (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)				
	Delivery Date changed from 10/14/2014 to 10/31/2014				
	NEW ACCOUNTING CODE ADDED: Account code:				
	Quantity: (b)(4) Continued			•	

		REFERENCE NO. OF DOCUMENT BEING CONTINUED		,		PAGE	OF
CONTINU	JATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-	0C031/P00001			3	7
	EROR OR CONTRACTOR INC. THE	TOR					
ITEM NO.		SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMO1	0F 7

ITEM NO.	SUPPLIES/SERVICES	QUANTITY U	The state of the s	THUCMA
(A)	(B)	(C) (I	D) (E)	(F)
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1001B Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/14/2014 to 10/31/2014			
	NEW ACCOUNTING CODE ADDED: Account code:			
	(b)(7)(E) Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 1004 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/14/2014 to 10/31/2014			
	NEW ACCOUNTING CODE ADDED: Account code:			
	(b)(7)(E)  Amount: (b)(4)			$\langle \cdot \rangle$
	CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/14/2014 to 10/31/2014  Continued			
				00 =
		l		

NSN 7540-01-152-8087

ROUP INC	THE				
0.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUN
NEW AC	COUNTING CODE ADDED.		$\Box$		
	COUNTING CODE ADDED:			<b>6</b> -	
	(b)(7)(E)				
Ouanti	(b)(7)(E)				
Amount					
CHANG	SES FOR LINE ITEM NUMBER: 1002B				
	Amount changed				
from	(b)(4)				
Obliga	ated Amount for this modification:	(b)(4)	1 1		
CHANGE	S FOR DELIVERY LOCATION: ICE/ERO/C	ENTENNIAL			
Amount	changed from (b)(4)		1		
Delive 10/31/	ery Date changed from 10/14/2014 to		1		
10/31/	2014			17	
	COUNTING CODE ADDED:			14,	
Accour	nt code:				
	(b)(7)(E)				
Amount	: (b)(4)				
CHANCE	CS FOR LINE ITEM NUMBER: 1003				
	ty changed from (b)(4)				
Total	Amount changed				
from	(b)(4) ated Amount for this modification:	(b)(4)			
ODITY	reed Amount for this modification.				
	S FOR DELIVERY LOCATION: ICE/ERO/C	ENTENNIAL			
	ty changed from $\frac{(h)(A)}{(b)(4)}$	<del></del>			
	ery Date changed from 10/14/2014 to				
10/31/					
NEW AC	CCOUNTING CODE ADDED:				
	nt code:	A_		1 10	
	(b)(7)(E)				
Quanti	tty: (/b)(4)				
Amount					
Discou	int Terms:				
	(b)(4)				
	Destination d of Performance: 09/16/2014 to 10/	21 /2014		1111	
Period	d or Performance: U9/16/2014 to 10/	31/2014			
Contir	nued				

	WATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00	CO1			PAGE OF
	FEROR OR CONTRACTOR UP INC THE				
ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1001A to read as follows (amount shown				
	is the obligated amount):				
1001A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via	-			
	task order is (b)(4) per day(b)(4) (b)(4) for a total of (b)(4)	4			
	(b)(4) for a total of (b)(4) Option Period 1	1			
	Product/Service Code: (b)(7)(	(le			
	Product/Service Description: HOUSEKEEPING- GUARD	4			
	Accounting Info:	14			
		W.			
	(b)(4)				
	Funded: \$0.00 Accounting Info:				
	(b)(4)	13			
	Funded: (b)(4)				
	Change Item 1001B to read as follows(amount shown	6/		69	
	is the obligated amount):				
				(1.)(4)	
.001B	Bed Day Rate In Excess Of Minimum Quantity - The Government may order an additional quantity	<u> </u>		(b)(4)	
	estimated to be (b)(4) per				
	day(b)(4)		1		
	for a total not to exceed (h)(4) Option Period 1				
	Product/Service Code: /h\/7\/\=				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(4)				
	Funded: (b)(4)				
	Change Item 1002A to read as follows(amount shown				
	is the obligated amount):				
	MENNOPORTATION OF PROTOTO AND AND AND AND AND AND AND AND AND AND	]		(1.1/4)	
1002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle		1	(b)(4)	
	maintenance.				
	Product/Service Code: (h)(7)	0 -		- 00	
	Product/Service Description: HOUSEKEEPING- GUARD	1			
	Continued				
		P   1/2			
			1	1.34	
		1			
N 7540-01-15	<u>.                                    </u>				TIONAL FORM 338 (4-86)

OPTIONAL FORM 136 (4-86) Sponsored by GSA FAR (46 CFR) 53 \*10

CONTRACTOR OFFEE	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00001	6	7	1

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info:			
	(b)(7)(E)		1	
	Funded: \$0.00 Accounting Info:		• 4	
	(b)(7)(E)			
	Funded: (b)(4)			
	Change Item 1002B to read as follows(amount shown is the obligated amount):			
10C2B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or mark-ups are allowed. Not to exceed (b)(4)  Product/Service Code: (h)(7)(F)  Product/Service Description: R&D- DEFENSE OTHER: FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)			(b)(4)
	Accounting Info:			
	(b)(7)(E)			<b>1</b>
	Funded: \$0.00			
	Accounting Info: (b)(7)(E)			
	Funded: (b)(4)			·
	Change Item 1003 to read as follows(amount shown is the obligated amount):			
1003	Parata Custody		/b\/	(A)
1003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) hours.  Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD  Accounting Info:  (b)(7)(E)  Funded: \$0.00 Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 1004 to read as follows(amount shown Continued		(b)(	4)
NSN 7540-01-15	24967			OPTIONAL FORM 336 (4-86)

ACHTHUS TON CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00001	7	7

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	is the ablicated engage).		-		
	is the obligated amount):				
		/L->/.4>			
1004	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
	for this line item will be at actual cost of				
	(b)(4) The contractor shall				
	not exceed the quantity shown without prior	14			
	approval by the Contracting Officer.		1 1		
	Option Period 1				
		i	1 1		
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD	10	l I		
			1 1		
	Accounting Info:				
	(1.)(7.)(5.)				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	Accounting into:		1		
	(b)(7)(E)		i I		
			1		
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown				
	is the obligated amount):				
	13 the obligated amounte,				
1005	unorost oppurons t			(b)(4)	
1005	MEDICAL SERVICES-In accordance with the terms and			(b)(4)	
	conditions of this contract. Monthly Flat Fixed				
	Fee includes all medical staff and in-house				
	supplies.				
	Option Period 1			7.1	
	Product/Service Code: (b)(7)(E)				
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE				
	Accounting Info:	10.7	1		
	(1)/7)/5)		1 1		
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:		1 1		
	(b)(7)(E)				
				11	
	Funded: (b)(4)				
			1 1		
			1 1		
			1		
			1		
				1	
			1 1	1	
	11		1 I		
	*    *		1 I		
NSN 7545-01-153	LEGGY			q	PTIONAL FORM 336 (4-66)

	ATION OF CONTRACT	1. CONTRACT ID	CODE	PAGE OF PAGES	
MENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT			1 8	
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHA		5. PROJECT NO. (if applicable)	
00002	See Block 16C	7. ADMINISTERED BY (#1		CODE ICE/DM/DC-LI	A CITAT?
CE/Detent Mngt/Detent Cont mmigration and Customs Enf ffice of Acquisition Manag 4000 Avila Road, (b)(7)(C): aguna Niguel CA 92677	ract-LAG orcement	ICE/Detent Mno Immigration as Office of Acq 24000 Avila R Attn: (b)(7)(C Laguna Niguel	gt/Detent C nd Customs uisition Ma oad, (b)(7)( C)(b)(6) 94 CA 92677	ontract-LAG Enforcement nagement	
NAME AND ADDRESS OF CONTRACTOR (No., stro	el, county, State and ZIP Codo)	(x) 9A AMENDMENT OF	SOLICITATION NO.		
EO GROUP INC THE 21 NW 53RD ST [(b)(7)(C); DCA RATON FL 334878242		BB. DATED (SEE ITEN		ER NO.	-
		HSCEDM-11-D HSCEDM-14-J- 10B. DATED (SEE ITE	-00003 -00031		
ODE 6127064650000	FACILITY CODE	09/11/2014	1=1		
ODE 6127064650000	11. THIS ITEM ONLY APPLIES T		ATIONS	<del></del>	_
vidue of this amondment you desire to change and to the sociotation and this amondment, and is received. ACCOUNTING AND APPROPRIATION OATA (if it	red prior to the opening hour and date s	peofied. et Increase:		(b)(4)	
ee Schedule	MODIFICATION OF CONTRACTS/OR				
	ACT/ORDER IS MCDIFIED TO REFLE TH IN ITEM 14, PURSUANT TO THE / ENT IS ENTERED INTO PURSUANT TO ph and authority)		HANGES (such as cha	nges in paying office,	
	32.703-1(b) Funding	Action			
.IMPORTANT: Contractor (3) is not	is required to sign this documen	CONTRACTOR OF THE STATE OF THE	O copies to the	ssuing office	
14. DESCRIPTION OF AMENDMENT/MODIFICATIO	N (Organized by UCF section heading	s, including solicitation/contract	subject matter where	feasible.)	
OUNS Number: 612706465  COR/Billing POC: (b)(7)(C)  Billing POC: (b)(7)(C); (b)(6)  Billing POC: (b)(7)(C); (b)(6)  Chis Task Order is issued in	(720) 875-C); (720) 875(b)(7)(		(C); (b)(6)		
The purpose of this modific period of performance is all Continued Except as provided horein, all tarms and conditions of	so extended to 12/3	1/2014.	_	(b)(4) The	
15A. NAME AND TITLE OF SIGNER (Type or print)				OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE		); (b)(7)(C)	16C. DATE SIG	NED 4
(Signature of person authorized to sign)				RD FORM 30 (REV. 10-	83)
NSN 7540-01-152-8070 Previous edition unusable				Frescribed by GSA	

	HSCEDM-11-D-00003/HSCEDM-14-J-0	0031/P00002			PAGE OF
GROUP INC					
M NO A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
Exempt LIST C Reasor Period 2014-1 Total New To New To Obliga  (New Total from [ Obliga  CHANGE Quant: Amount Delive 12/31, NEW AC Account  CHANGE Quant: Total from [ Obliga  CHANGE Quant: Amount Delive 12/31, NEW AC Account  CHANGE Quant: Total from [ Obliga  CHANGE Quant: Total from [ Obliga  CHANGE Quant: Total from [ Obliga  CHANGE Quant: Amount Delive 12/31, NEW AC Account  Quant: Total from [ Obliga  CHANGE Quant: Amount Delive 12/31, NEW AC Account	E Action: Y OF CHANGES: In for Modification: Funding Only Active of the Performance End Date changed from 10-31 to 2014-12-31  Amount for this Medification: (b) Obtal Amount for this Medification: (b) Obtal Amount for this Award: (b) (4)  Interest of the Modification: (b) Obtal Obligated Amount for this Award: (b) (4)  ES FOR LINE ITEM NUMBER: 1001A (c) Obtal Obligated Amount for this modification: (b) (4)  ES FOR LINE ITEM NUMBER: 1001A (c) Obtal Obligated Amount for this modification: (b) (4)  ES FOR DELIVERY LOCATION: ICE/ERO/CEN (c) Obligated Amount for this modification: (b) (4)  ES FOR DELIVERY LOCATION: ICE/ERO/CEN (c) Obligated Amount for this modification: (b) (7) (E)  ES FOR LINE ITEM NUMBER: 1001B (c) Obligated Amount changed (c) Obligated Amount for this modification: (c) Obligated Amount for this modification: (c) Obligated Amount for this modification: (d) (d) Obligated Amount for this modification: (d) (d) Obligated Amount for this modification: (d) (d) Obligated Amount for this modification: (d) (d) Obligated Amount for (d) (d) (d) Obligated Amount for (d) (d) (d) Obligated Amount for (d) (d) (d) Obligated Amount	(4) TENNIAL (b)(4)		(E)	(F)

OPTIONAL FORM 338 (4-66) Sponsored by GSA FAR (46 CFR) 53 TTC

OF OFF	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00							
O GROUP INC THE								
M NO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)			
	Amount: (b)(4)	-						
	CHANGES FOR LINE ITEM NUMBER: 1002A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)			•				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (b)(4)  Amount changed from (b)(4)  Delivery Date changed from 10/31/2014 to 12/31/2014							
	NEW ACCOUNTING CODE ADDED: Account code: (b)(7)(E)							
	Quantity: (b)(4) Amount: (b)(4)							
	CHANGES FOR LINE ITEM NUMBER: 1002B  Total Amount changed  from (b)(4)  Obligated Amount for this modification: (b)(4)							
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4) Delivery Date changed from 10/31/2014 to 12/31/2014							
	NEW ACCOUNTING CODE ADDED: Account code:	l et						
	(b)(7)(E) Amount: (b)(4)							
	CHANGES FOR LINE ITEM NUMBER: 1003 Quantity changed from (b)(4)  Total Amount changed from (b)(4)  Obligated Amount for this modification: (b)(4)							
	Obligated Amount for this modification: (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL  Quantity changed from (b)(4)							
	Amount changed from (b)(4) Delivery Date changed from 10/31/2014 to 12/31/2014							
	Continued							

NSN 7540-01-152-8087

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00002						
	EROR OR CONTRACTOR UP INC THE					
EM NO	SUPPLIES/SERVICES (B)	QUANTIT (C)	Y UNIT (D)	UNIT PRICE	AMOUNT (F)	
	NEW ACCOUNTING CODE ADDED:					
	Account code:					
	(b)(7)(E)					
	Quantity: $(b)(4)$ Amount: $(b)(4)$					
	(5)(4)					
	CHANGES FOR LINE ITEM NUMBER: 1004					
	Quantity changed from (b)(4)  Total Amount changed					
	from (h)( <u>A</u> )	L				
	Obligated Amount for this modification: $(b)(4)$					
_ 44	CHANGES FOR DELIVERY LOCATION: ICE/ERC/CENTENNIAL					
	Quantity changed from (b)(4)			T Idle		
	Amount changed from (b)(4) Delivery Date changed from 10/31/2014 to					
V i	12/31/2014					
	NEW ACCOUNTING CODE ADDED: Account code:					
	(b)(7)(E)					
	Quantity: (b)(4) Amount: (b)(4)	1				
	CHANGES FOR LINE ITEM NUMBER: 1005					
	Quantity changed from $(b)(4)$	11				
	Total Amount changed from (b)(4)					
	Obligated Amount for this modification:					
	(b)(4)					
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL					
	Quantity changed from (h)(4)					
- "	Amount changed from (b)(4) Delivery Date changed from 10/31/2014 to			1		
	12/31/2014			9/4/		
	NEW ACCOUNTING CODE ADDED.					
	NEW ACCOUNTING CODE ADDED: Account code:					
	(b)(7)(E)		11	(1.9		
	Quantity: (b)(4)			6/11		
	Amount: (b)(4)			1 1		
				0 (		
	Discount Terms:					
	(b)(4)			7 7 7		
	FOB: Destination Continued					
, 4	concinued					
				0.75		

GRO	UP INC THE				
d NO	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Period of Performance: 09/16/2014 to 12/31/2014		11	- 11-11-1	
			1 1	- 4	
	Change Item 1001A to read as follows(amount shown		. 110	2.1	
	is the obligated amount):				
1A	Bed Day Rate For Minimum Quantity - The			(b)(4)	
	Governments minimum quantity to be ordered via		TT		
	task order is 350 beds per day (b)(4)	կ	1	1 ] [70	
	(b)(4) for a total of (b)(4) Option Period 1	ď		771	
	Product/Service Code: (b)(7)(E)				
	Product/Service Description: HOUSEKEEPING- GUARD	]			
	Accounting Info:			- '   . '	
	(b)(7)(E)				
	Funded: \$0.00			1 - 3 9 -	
	Accounting Info:				
	(b)(7)(E)			122	
	Funded: \$3.00				
	Accounting Info:			333	
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1001B to read as follows(amount shown				
	is the obligated amount):		1		
1001B	Bed Day Rate In Excess Of Minimum Quantity - The			(b)(4)	
	Government may order an additional quantity				
	estimated to be (b)(4) per day (b)(4)			1	
	for a total not to exceed (b)(4)				
	Option Period 1				
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:			4	
	(b)(7)(E)				
	Funded: \$0.00			•	
	Accounting Info:		1 1		
	(b)(7)(E)				
	Funded: \$0.00	h			
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4) Continued			7	
	A STATE OF THE STA				
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		J			

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE (	QF .
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00002	6	8
NAME OF OFFEROR OR CONTRAC	TOR		

ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1002A to read as follows(amount shown				
	is the obligated amount):				
				4374	
002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle			(b)(4)	
	maintenance.				
	Product/Service Code: (b)(7)(E			Y • 11	
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)	na I			
	Funded: \$0.00				
	Accounting Info:			1 1 1	
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:	A			
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 10028 to read as follows(amount shown			- V 11/A	
	is the obligated amount):	0-1			
0022	Diment Such Barr Many Handay Bill				(b)(4)
JU2E	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or				(b)(4)
	mark-ups are allowed. Not to exceed (b)(4)				
	Product/Service Code: (h)/7)/F)				
	Product/Service Description: R&D- DEFENSE OTHER:			64 Ma	
	FUELS/LUBRICANTS (OPERATIONAL SYSTEMS DEVELOPMENT)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00			- 1	
	Accounting Info:			7 J	
	(b)(7)(E)				
				1	
	Funded: (b)(4)				
	Change Item 1003 to read as follows(amount shown				
	is the obligated amount):				
003	Remote Custody			(b)(4)	
	Continued				

CONTINUETON OUT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C	)F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-09031/P00002	7	8

ITEM NO	SUPPLIES/SERVICES	QUANTITY	ТІИ	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
	These estimated hours are for detainee medical				
	trips/visits and associated waiting time for				
	detention officers only, not to exceed $(b)(4)$ hours.				1 -
	Option Period 1				
	Product/Service Code: (b)(7)(E				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00	i l			
	Accounting Info:				
	(b)(7)(E)				1
	Funded: \$0.00	1			
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1004 to read as follows(amount shown				
	is the obligated amount):				
1004	Stipend for Detainee Work Program - Reimbursement	(b)(4)			
1004	for this line item will be at actual cost of		_		
	(b)(4) The contractor shall				(1)
	not exceed the quantity shown without prior				
	approval by the Contracting Officer.				
	Option Period 1 Product/Service Code: (b)(7)(				
	Product/Service Code: (D)(/)() Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)				<b>4</b> W
	Funded: \$0.00 Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 1005 to read as follows(amount shown				
	is the obligated amount):				
1005	MEDICAL SERVICES-In accordance with the terms and			(	(b)(4)
	Continued				
ISN 7540-01-15	2-4067				OPTIONAL FORM 336 (4-86)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE O	F
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00902	8	8

M NO.	SUPPLIES/SERVICES	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
A)	(B)	101	(0)	(E)	(1)
	conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house			- 4	
	supplies.				
	Option Period 1			A = 6	
	Product/Service Code: (h)/7)/E				
	Product/Service Description: MEDICAL- GENERAL				
	HEALTH CARE				
	Accounting Info:				
	(b)(7)(E)			Δ.	
	Funded: \$0.00				
	Accounting Info:				
	(b)(7)(E)	1			
	Funded: \$0.00				
	Accounting Info:			1,1	
		1			
	(b)(7)(E)				
	Funded: (b)(4)				
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES		
				1	7	
2. AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE		KASITION/PURCHASE REQ. NO.	S. PROUBCI N	О. (Ка <del>ррасыр</del> ы)	
PD0003	12/24/2014		MINISTERED BY (If other than them 6)	CODE TOE	In Inc. Lacinia	
6. ISSUED BY CODE	ICE/DM/DC-LAGUNA	_		ICE	/DM/DC-LAGUNA	
ICE/Detent Mngt/Detent Contr	act-LAG		/Detent Mngt/Detent Co			
Immigration and Customs Enfo			igration and Customs E		•	
Office of Acquisition Manage	ment		ice of Acquisition Mar 00 Avila Road, (b)(6			
24000 Avila Road, (b)(6);			00 Avila Road, (D)(0 n: (b)(6):(b)(7)(C) 949		7	
Laguna Niguel CA 92677			una Niguel CA 92677	, 300[(b)(0)	1	
8. NAME AND ADDRESS OF CONTRACTOR (No., about	L county, State and ZIP Code)		AMENDMENT OF SOLICITATION NO			
ace challe the min		Н				
GEO GROUP INC THE 621 NW 53RD ST (b)(6):		98	DATED (SEE ITEM 11)	<u> </u>		
BOCA RATON FL 334878242						
BOCA RATON FE 3340 10242		$\perp$				
		x  10	A MODIFICATION OF CONTRACT/ORDE	R NO.		
		н	SCEDM-14-J-00031			
			B DATED (SEE ITEM 13)			
CODE 6127064650000	FACILITY CODE	<b>-</b>	9/11/2014			
912/064830000	11. THUS HER ONLY APPLIES YO					
The above numbered solicitation is amended as set fi				stended is not	extended.	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off to the solicitation and this amendment, and is received	er already submitted, such change may d prior to the opening hour and date sp	be made				
12. ACCOUNTING AND APPROPRIATION DATA (IF AN	putred) Ne	t Inc	rease:	(b)(4)		
See Schedule						
13. THIS ITEM CHILY APPLIES TO N	CONFIGATION OF CONTRACTS/ONLY	erca. II w	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN THE	- 14	
			GES SET FORTH IN ITEM 14 ARE MADE I	Acres 18 Marie 18 Aug	· · · · · · ·	
8 THE ABOVE NUMBERED CONTRA appropriation dute, etc.) SET FORTI	CTAORDER IS MODIFIED TO REPLEC HIN ITEM 14, PURSUANT TO THE AU	THE AL	MBNISTRATIVE CHANGES (such as chang y OF FAR 43.103(b).	jes in paying office.		
C THIS SUPPLEMENTAL ACREEMEN	it is entered into pursuany to	AUTROR	UTY OF:			
O OTHER (Specify type of modification	and authority)					
X Unilateral IAW FAR	32.703-1(b) Funding	Actio	on			
E. DAPORTANT: Contractor X is not,	is required to eign this document a	and return	O copies to the iss	uing office.		
14. DESCRIPTION OF AMENDMENTAMODIFICATION	(Organized by UCF section headings,	including	salicitation/bontract subject matter where le	aspie.)		
DUNS Number: 612706465						
INVOICE COR						
$COR: (h)(6)\cdot (h)(7)(C)$						
COR Email: (b)(6):(b)(						
COR Phone Number: (720) 875[	(b)(6)·					
Alt COR: (b)(6): (b)(7)(C)						
Alt COR Email: (b)(6)	; (b)(7)(C)					
Alt COR Phone Number: (720)						
This Task Order is issued for	r Option Period 1.	Year	2.			
Continued						
Except as provided herein, all terms and conditions of the	ne document reterenced in Item 9A or 1	IDA, as he	retofore changed, remains unchanged and i	in tall force and effec	1	
15A NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF			
iro contractorares	Turn night haven			ļ ,,	OF DATE SICUED	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		(b)(6); (b)(7)(C)	[3	BC. DATE SIGNED	
			VIVIVIVIVIVI		12/24/14	
(Signature of person authorized to sign)		$\perp$		STANDARD FOR	4 30 (REV 10-83)	
NSN 7540-01-152-8070 Previous adition unusable				Presonbed by GSA FAR (48 CFR) 53		

CONTINUATION SUSET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00003	2	7

(A) The purpose of this modification is to increase the obligated amount by (b)(4) It also corrects a administrative error and removes (b)(4) months from CLIN 1005 for a new total of [b](4) months. This quantity of [b](4) months from CLIN 1005 for a new total of [b](4) months. This quantity of [b](4) months reflects the current period of performance and date of 12/31/2014.  Exempt Action: Y LIST OF CHANCES: Reason for Mcdification: (b)(4)	ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	TNUCMA
the obligated amount by (b)(4) It also corrects a administrative error and removes [b)(4) months from CLIN 1005 for a new total of [b)(4) months. This quantity of [b)(M) months reflects the current period of performance end date of 12/31/2014.  Exempt Action: Y LIST OF CHANGES: Reason for Medification: Funding Only Action Total Amount for this Medification: [h)(A) New Total Amount for this Medification: [h)(A) New Total Amount for this Medification: [h)(A) New Total Obligated Amount for this Award: [h)(A)  CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from [b)(A) Total Amount changed from [b)(A) Obligated Amount for this modification:  [h)(A) Total Amount changed from [b)(A) CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from [b)(A) Amount changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E) Amount changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  Amount changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [b)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(7)(E)  QUANTITY Changed from [b)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(7)(E)  QUANTITY Changed from [b)(A)  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)(A)(A)  CHANGES FOR ACCOUNTING CODE:  [c)		(B)	(C)	(D)	(E)	(F)
	(A)	The purpose of this modification is to increase the obligated amount by (b)(4) It also corrects a administrative error and removes (b)(4) months from CIIN 1005 for a new total of (b)(4) months. This quantity of (b)(1) months reflects the current period of performance end date of 12/31/2014.  Exempt Action: Y LIST OF CHANGES: Reason for Mcdification: Funding Only Action Total Amount for this Modification: (h)(4)  New Total Amount for this Modification: (h)(4)  Obligated Amount for this Modification: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1005 Quantity changed from (b)(4)  Otiq Price changed from (b)(4)  CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Quantity changed from (h)(4)  Amount changed from (b)(4)  CHANGES FOR ACCOUNTING CODE: (b)(7)(E)  Amount changed from (b)(4)  CHANGES FOR ACCOUNTING CODE: (b)(7)(E)  Amount changed from (b)(4)  CHANGES FOR ACCOUNTING CODE: (b)(7)(E)  Amount changed from (b)(4)  CHANGES FOR ACCOUNTING CODE: (b)(7)(E)  Quantity changed from (b)(4)  CHANGES FOR ACCOUNTING CODE: (b)(7)(E)  Quantity changed from (b)(4)  CHANGES FOR ACCOUNTING CODE: (b)(7)(E)  Quantity changed from (b)(4)  CHANGES FOR LINE ITEM NUMBER: 1001A  Quantity changed from (b)(4)  Unit Price changed from (b)(4)  Total Amount changed from (b)(4)  Total Amount changed from (b)(4)  Total Amount changed from (b)(4)  Total Amount changed from (b)(4)  Total Amount changed from (b)(4)  Total Amount changed from (b)(4)  Total Amount changed from (b)(4)	(C)	(D)		(F)
		(A. 2)				

	FEROR OR CONTRACTOR UP INC THE				
EM NO.	SUPPLIES/SERVICES (B)	QUANTIT (C)	Y UNIT (D)	UNIT PRICE	AMOUNT
	from (b)(4)		+++		
	Obligated Amount for this modification:				
	(b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL				
	Quantity changed from (h)(4)	1			
	Amount changed from (b)(4)	]			
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
				911	
	(b)(7)(E)				
	Quantity: [(b)(4)]			0 1	
	Amount: (b)(4)				
	CHANGES FOR ACCOUNTING CODE:			6,44	
				-	
	(b)(7)(E)	Ц			
	Amount changed from (b)(4)	7			
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)		11		
	Amount changed from (b)(4)				
	Tonaire shanged From Long.				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)	100			
	Amount changed from (b)(4)	1			
		ī			
	CHANGES FOR LINE ITEM NUMBER: 1002A Unit Price changed from (b)(4)			V (4	
	(b)(4)				
	Total Amount changed				
	from (b)(4) Obligated Amount for this modification: (b)(4)			110	
		7			
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)			In.	
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)		1 1		
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)	la la			
	Amount changed from (b)(4)				
	Continued			_ 1 A	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00003	4	7

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)			00 7.	
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1003	(*)		4	
	Unit Price changed from (b)(4)				
	Total Amount changed from (b)(4)	15.48			
	Obligated Amount for this modification: \$ (b)(4)				
	CHANGES FOR DELIVERY LOCATION: ICE/ERO/CENTENNIAL Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR ACCOUNTING CODE:				
	(b)(7)(E)				
	Amount changed from (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 1002C Unit Price changed from (b)(4)				
	Discount Terms:			1.	
	(b)(4)				
	Delivery Location Code: ICE/ERO/CENTENNIAL ICE-ERO-FOD-FDN				
	Immigration Customs Enforcement				
	12445 East Caley Avenue Centennial CO 80111				
	FOB: Destination Period of Performance: 09/16/2014 to 12/31/2014				
	Change Item 1001A to read as follows(amount shown is the obligated amount):			1	
001A	Bed Day Rate For Minimum Quantity - The		ш	(b)(4	1
OUIN	Governments minimum quantity to be ordered via		П	(5)(4)	7
	task order is (b)(4) per day (b)(4)				
				94	
	2-8097				

				_
	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00003	5	7	

ITEM NO	SUPPLIES/SERVICES	QUANTITY UNI	T UNIT PRICE	AMOUNT
(A)	(8)	(C) (D)	(E)	(F)
			(E)	
HSN 7540-01-15				OPTIONAL FORM 336 (4-55)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00003	6	1	7

ITEM NO	SUPPLIES/SERVICES	QUANTITY	TINU	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1002C to read as follows(amount shown is the obligated amount):				
1002C	Pre-approved Overtime. OT must be preapproved as noted in the contract. Not to exceed (b)(4) Product/Service Code: (A)(7)( Product/Service Description: HOUSEKEEPING- GUARD			(b)(4)	0.00
	Change Item 1003 to read as follows(amount shown is the obligated amount):				
1003	Remote Custody These estimated hours are for detainee medical trips/visits and associated waiting time for detention officers only, not to exceed (b)(4) hours.  Option Period 1 Product/Service Code: (b)(7)( Product/Service Description: HOUSEKEEPING- GUARD Requisition No: 192115FDN31000004.1  Delivery: 12/31/2014 Accounting Info:  (b)(7)(E)  Funded: (b)(4) Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Accounting Info:			(b	)(4)
	Change Item 1005 to read as follows(amount shown is the obligated amount):				
1005	MEDICAL SERVICES-In accordance with the terms and conditions of this contract. Monthly Flat Fixed Fee includes all medical staff and in-house supplies.  Option Period 1 Product/Service Code: (ALYTYF) Product/Service Description: MEDICAL- GENERAL HEALTH CAPE Requisition No: 192115FDN31000004.1, 192115FDN31000004.4  Continued				(b)(4)
NSN 7540-01-152	2-808T				CPTIONAL FORM 338 (4-25)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	AGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-14-J-00031/P00003	7	7
	<u> </u>		

ITEM NO	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
	Delivery: 12/31/2014 Accounting Info:	1 1		
	(b)(7)(E)			
	Funded: (b)(4) Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	Accounting Info: (b)(7)(E)			
	Funded: (h)(4)			
			9	
			V1	
				<u> </u>

AMENDMENT OF SOLICITATION/MODIFICA		CONTRACT ID CODE	PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5 PRO	1 3  OJECT NO. (If applicable)
P00010	See Block 16C			0	ouzo i ito. (ii appiioabio)
6. ISSUED BY CODE	ICE/DCR	7. AD	MINISTERED BY (If other than Item 6)	CODE	
ICE/Detention Compliance & R Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW (b)(6): WASHINGTON DC 20536	demovals prcement				
8. NAME AND ADDRESS OF CONTRACTOR (No., street GEO GROUP INC THE 621 NW 53RD ST (b)(6):  BOCA RATON FL 334878242	, county, State and ZIP Code)	9B	. AMENDMENT OF SOLICITATION NO.  . DATED (SEE ITEM 11)	ED NO	
		x 10	A. MODIFICATION OF CONTRACT/ORDS SCEDM-11-D-00003	ER NO.	
		H	SCEDM-15-J-00029		
		10	B. DATED (SEE ITEM 13)		
CODE 6127064650000	FACILITY CODE	l o	8/20/2015		
	11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS		
CHECK ONE  A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) CT/ORDER IS MODIFIED TO REFLE H IN ITEM 14, PURSUANT TO THE	THE CHANG	DDIFIES THE CONTRACT/ORDER NO. AS GES SET FORTH IN ITEM 14 ARE MADE MINISTRATIVE CHANGES (such as charge) of FAR 43.103(b).	IN THE COM	NTRACT
D. OTHER (Specify type of modification	and authority)				
E. IMPORTANT: Contractor X is not,	is required to sign this documen	nt and return	copies to the is	ssuing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  Contracting Officer Represen Email: (b)(6) (b)(7)(C)	(Organized by UCF section heading tative (COR)/Invoi	s, including s	solicitation/contract subject matter where for $(b)(6)$ : $(b)(7)(C)$		
Alternate Contracting Office $e-mail (b)(6); (b)(7)(C)$ gice	r's Representative .dhs.gov	e: (b)(6	); (b)(7)(C) at (b)(6);	(b)(7)(C)	or
Alternate POC: (b)(6):(b)(7)(C) Email: Phone: (b)(6):(b)(7)(C)					
Contracting Officer: (b)(6);(b) Continued	(7)(C)				
Except as provided herein, all terms and conditions of the	e document referenced in Item 9 A				
15A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING (	OFFICER (Ty	pe or print)
	Tv=-		6); (b)(7)(C)		1
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE		6); (b)(7)(C)		16C. DATE SIGNED
(Signature of person authorized to sign) NSN 7540-01-152-8070				STANDAR	RD FORM 30 (REV. 10-83)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243  
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00010
 PAGE 0F 2
 3

NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
7)	(B)	(C)	(D)	(E)	(F)
	Email: (b)(6); (b)(7)(C) Pice.dhs.gov, Phone: (b)(6)				
	(b)(6);				
			1 1	- 1	
	Contract Specialist: (b)(6): (b)(7)(C)		1 1		
	Email: $(b)(6)$ ; $(b)(7)(C)$ Pice.dhs.gov, Phone: $(b)(6)$ ;		1 1		
	(b)(6):		1 1		
	The purpose of this modification is to update the		1 1		
	PREA Coordinator requested start date to 9/1/2016 as noted in modification 19 of the contract.		1 1	110	
	as noted in modification is of the contract.		1 1	1140	
	2.2			1	
	Exempt Action: Y		1 1		
	Delivery: 30 Days After Award			140	
	Discount Terms:			11	
	(b)(4)		1 1		
	Delivery Location Code: ICE/ERO/CENTENNIAL		1 1	1	
	ICE-ERO-FOD-FDN			1	
	Immigration Customs Enforcement			1	
	12445 East Caley Avenue				
	Centennial CO 80111			11	
	FOB: Destination				
	Period of Performance: 09/16/2015 to 07/31/2016			130	
	Change Item 2001A to read as follows(amount shown		1 1	10	
	is the obligated amount):		1 1	10	
	is the obligated amounty.			1 10	- 15 <u>87</u>
1A	CLIN2001A: Guaranteed Beds		11		(b)(4
				110	
	The purpose of this modification is to update the				
	start date for this position. The position will			145	
	start September 1, 2016 and the dates are listed			1110	
	as follows:			140	
	Bed Day Rate is currently (b)(4)			1:10	
			11	130	
	September 2016: increase Bed Day Rate by (b)(4)		1 1	1117	
	(b)(4)		1 1		
	(b)(4)		1 1	11	
	Amount: (b)(4)		1 1		
	Accounting Info:		1 1		
	(b)(7)(E)		1 1	1.45	
	The standard (I/A) (A)		1 1		
	Funded: (b)(4)			1.40	
	Accounting Info: (b)(7)(E)		1 1	1	
	(3)(1)(2)		1 1	140	
	Funded: (b)(4)				
	Accounting Info:			110	
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT		AMOUNT
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T THE	(b)(7)(E)			
	Funded: (b)(4)		1	
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
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	10.40			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	1 1 1 (b)(4)			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	randed.(D)(4)			
	Amount: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	(-)(-)(-)			
	Funded: (h)(4)			
	Amount: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	Amount: (b)(4)			
	Accounting Info:			
	Funded: (b)(4)			
	All other terms and conditions remain the			
	All other terms and conditions remain the	e same.		
			1	

AMENDMENT OF SOLICITATION/MO		CONTRACT ID CODE	PAGE	PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5 PROJECT	NO. (If applicable)		
P00012	See Block 16C	1 - 1 - 1 - 1	17FDN31000018		PROJECT NO. (IT applicable)		
	CODE ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE			
ICE/Detention Compliance Immigration and Customs Office of Acquisition Mar B01 I Street, NW (b)(6): WASHINGTON DC 20536	Enforcement						
NAME AND ADDRESS OF CONTRACTOR (N	o., street, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.	-			
EO GROUP INC THE							
21 NW 53RD ST (b)(6):		9B.	DATED (SEE ITEM 11)				
CA RAION II JS4070242		100	MODIFICATION OF CONTRACTORDE	2.10			
		x 10/	A. MODIFICATION OF CONTRACT/ORDE SCEDM-11-D-00003	R NO.			
		HS	SCEDM-15-J-00029				
		108	B. DATED (SEE ITEM 13)				
ODE 6127064650000	FACILITY CODE		8/20/2015				
The above numbered solicitation is amended a	11. THIS ITEM ONLY APPLIES			extended. Dis no	ot extended.		
reference to the solicitation and this amendment.  2. ACCOUNTING AND APPROPRIATION DATA  See Schedule  13. THIS ITEM ONLY APPLIE:	(16 ! 1)	Net Dec	rease:	(b)(4)	EM 14.		
CHECK ONE A. THIS CHANGE ORDER IS IS:	SUED PURSUANT TO: (Specify authority)	THE CHANG	ES SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT	т		
appropriation date, etc.) SET	NTRACT/ORDER IS MODIFIED TO REFL FORTH IN ITEM 14, PURSUANT TO THE	AUTHORITY	OF FAR 43.103(b).	,,,,			
C. THIS SUPPLEMENTAL AGRE	EMENT IS ENTERED INTO PURSUANT	TO AUTHORI	TY OF:				
D. OTHER (Specify type of modil	feation and authority)						
	ask Order Closeout						
		ant and satura	1 gonies to the inc	uing office			
IMPORTANT: Contractor ☐ is	a not. It is required to sign this docume						
UNS Number: 612706465	The transfer of the test of th	go, molecuing o	ononanon comitati caspeti matter miere re	oursie.)			
Contracting Officer Repre							
mail(b)(6);(b)(7)(C)	ce.dhs.gov, Phone: (b)	)(6); (b)(7	()(C)				
		(II.) (A)	(1)(7)(0)				
Alternate Contracting Off							
mail: (b)(6):(b)(7)(C)	lice.dhs.gov, Phone:	(b)(b); (b	)(1)(C)				
1+0xxxx+0 POC. (b)(6): (b)(7)(	<u>C)</u>						
lternate POC: (b)(6); (b)(7)(mail: (b)(6); (b)(7)(C)	Gice.dhs.gov, Phone:	(b)(6): (b	)(7)(C)				
ontinued	, roc. ano. gov, Fhone:	(~)(0), (0	/· /\•/				
except as provided herein, all terms and condition	ons of the document referenced in Item 9 A	or 10A, as he	retofore changed, remains unchanged and	in full force and eff	fect.		
5A. NAME AND TITLE OF SIGNER (Type or pri		16A.	NAME AND TITLE OF CONTRACTING O				
<sub>58</sub> (b)(6); (b)(7)(C)	1,,				100 0177 01777		
DB(D)(O), (D)(1)(O)	15C. DATE SIGNE		S); (b)(7)(C)		16C. DATE SIGNED		
	n -21	16	. // \~ /\ - /				
d to sign) NSN 7540-01-152-8070	1200	10		STANDARD FOR	RM 30 (REV. 10-83)		
Previous edition unusable				Prescribed by GS FAR (48 CFR) 53	SA		

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (A) (C) (D) (E) (B) (F) Contracting Officer: (b)(6); (b)(7)(C)Email: (b)(6):(b)(7)(C) Pice.dhs.gov, Phone: (b)(6): b)(6): Contract Specialist: (b)(6); (b)(7)(C) Email: (b)(6); (b)(7)(C) @ice.dhs.gov, Phone: (b)(6): b)(6);The purpose of this modification is to do the following: 1. De-obligate all remaining funds from the task 2. Acknowledge that all invoices covered under the period of performance have been paid in full. 3. Closeout the task order. This will decrease the amount obligated from (b)(4)Exempt Action: Y Discount Terms: (b)(4)FOB: Destination Period of Performance: 09/16/2015 to 09/15/2016 Change Item 2001B to read as follows (amount shown is the obligated amount): 2001B CLIN 2001B is decreased as follows: (b)(4)From: (b)(4) By: (b)(4)(b)(4)(b)(4)To: Delivery: 30 Days After Award Delivery Location Code: ICE/ERO/CENTENNIAL ICE-ERO-FOD-FDN Immigration Customs Enforcement 12445 East Caley Avenue Centennial CO 80111 Amount: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4) Accounting Info: (b)(7)(E)Continued ...

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UN	IIT UNIT PRICE	AMOUNT
(A)	(B)	(C) (D		(F)
	(b)(7)(E)			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
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	Funded: (b)(4)			
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	(b)(7)(E)			
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	Funded: \$0.00			
	Accounting Info: (b)(7)(E)			
	Funded: (b)(4)			
	Delivery Leastin Code, TGE/EDO			N .
	Delivery Location Code: ICE/ERO ICE Enforcement & Removal			
	Immigration and Customs Enforcement			
	801 I Street, NW			
	(b)(6);			
	Washington DC 20536 Amount: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4) Accounting Info:			
	(b)(7)(E)	1		
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	for the state of t	]		
	Funded: (b)(4)			
	Change Item 2002A to read as follows (amount shown			
	is the obligated amount):			
			1	
2002A				(b)(4)
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) CLIN 2002A is decreased as follows: CLIN 2002A is decreased as follows: From: (b)(4) By: (b)(4)(b)(4)(b)(4)To: Delivery: 30 Days After Award Delivery Location Code: ICE/ERO/CENTENNIAL ICE-ERO-FOD-FDN Immigration Customs Enforcement 12445 East Caley Avenue Centennial CO 80111 Amount: (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)Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4) Accounting Info: (b)(7)(E)Continued ...

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EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Funded: (b)(4)				
			1 1		
	Delivery: 30 Days After Award		1 1		
	Delivery Location Code: ICE/ERO/CENTENNIAL		1 1		
	ICE-ERO-FOD-FDN		1 1		
	Immigration Customs Enforcement		1 1		
	12445 East Caley Avenue		1 1		
	Centennial CO 80111		1 1		
	Amount: (b)(4)		1 1		
	Accounting Info:		1 1		
	(b)(7)(E)	7	1 1		
			1 1		
		]	1 1		
	Funded: (b)(4)		1 1		
			1 1		
	Delivery: 30 Days After Award		1 1		
	Delivery Location Code: ICE/ERO/CENTENNIAL		1 1		
	ICE-ERO-FOD-FDN		1 1		
	Immigration Customs Enforcement		1 1		
	12445 East Caley Avenue		1 1		
	Centennial CO 80111		1 1		
	Amount: (b)(4)		1 1		
	Accounting Info:		1 1		
	(b)(7)(E)		1 1		
			1 1		
	Funded: (b)(4)				
	D. 1.				
	Delivery: 30 Days After Award		1 1		
	Delivery Location Code: ICE/ERO		1 1		
	ICE Enforcement & Removal		1 1		
	Immigration and Customs Enforcement		1 1		
	801 I Street, NW		1 1		
	(b)(6):		1 1		
	Washington DC 20536		1 1		
	Amount: (b)(4)		1 1		
	Accounting Info:	,	1 1		
	(b)(7)(E)		1 1		
			1 1		
	From d and a (b)(4)	]	1 1		
	Funded: (b)(4)			1.40	
	Delivery Location Code: ICE/ERO			140	
	ICE Enforcement & Removal				
	Immigration and Customs Enforcement				
	801 I Street, NW		1 1		
	(b)(6);		1 1		
	Washington DC 20536		1 1		
			1 1		
	Amount: (b)(4) Accounting Info:				
	(b)(7)(E)				
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) (b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4) Change Item 2002B to read as follows (amount shown is the obligated amount): (b)(4)2002B CLIN 2002B is decreased as follows: CLIN 2002B is decreased as follows: From: (b)(4) By: (b)(4)(b)(4)To: (b)(4)Delivery: 30 Days After Award Delivery Location Code: ICE/ERO/CENTENNIAL ICE-ERO-FOD-FDN Immigration Customs Enforcement 12445 East Caley Avenue Centennial CO 80111 Amount: (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: Continued ...

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D.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(b)(7)(E)					
Funded:					
Accounts (b)(7)(E)	ing Info:	$\neg$			
Funded:	(b)(4)				
	/ Location Code: ICE/ERO				
ICE Enfo	procedured Code. ICE/ERO procement & Removal prion and Customs Enforcement				
	reet, NW				
	con DC 20536				
	ing Info:	٦			
(12)(11)(12)					
Funded: Account	(b)(4) ing Info:				
(b)(7)(E)					
Funded:					
(b)(7)(E)	ing Info:				
Funded:(	b)(4)	_			
	Item 2003 to read as follows(amount show obligated amount):	n			
	decreases as follows:				(b)(4)
From: (b)					(-7(-7
By: (b)(4)					
To: (b)(4)		-			
	y: 30 Days After Award			- 1	
ICE-ERO-	y Location Code: ICE/ERO/CENTENNIAL -FOD-FDN				
	cion Customs Enforcement ast Caley Avenue				
	ial CO 80111				
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Amount: (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)Delivery Location Code: ICE/ERO ICE Enforcement & Removal Immigration and Customs Enforcement 801 I Street, NW b)(6): Washington DC 20536 Amount: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4)Change Item 2004 to read as follows (amount shown is the obligated amount): (b)(4)2004 CLIN 2004 is decreased as follows: From: (b)(4) (b)(4)By: (b)(4)(b)(4)To: Continued ...

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GEO	GROUP	INC	THE	

NO.	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUN'
	(B)	(0)	(D)	(E)	(F)
	Delivery: 30 Days After Award				
	Delivery Location Code: ICE/ERO/CENTENNIAL				
	ICE-ERO-FOD-FDN	441			
	Immigration Customs Enforcement				
	12445 East Caley Avenue				
	Centenni <u>al CO 80111</u>			V	
	Amount: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
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	Delivery Location Code: ICE/ERO			1 1	
	ICE Enforcement & Removal				
	Immigration and Customs Enforcement				
	801 I Street, NW				
	(b)(6);				
	Washington DC 20536				
	Amount: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Eundad (b)(4)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
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	(b)(7)(E)			
	(h)/4)	]		
	Funded: (b)(4)			
	Accounting Info:			
	(b)(7)(E)	1		
	Funded: (b)(4)			
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	Accounting Info:			
	(b)(7)(E)			
		a I   I   I		
	Funded: (b)(4)			
		1 1 1	1	
	Delivery: 30 Days After Award		1.10	
	Delivery Location Code: ICE/ERO/CENTENNIAL			
	ICE-ERO-FOD-FDN			
	Immigration Customs Enforcement			
	12445 East Caley Avenue			
	Centennial CO 80111			
	Amount:(b)(4)			
	Accounting Info:			
		$\neg$ $\mid$ $\mid$ $\mid$		
	(b)(7)(E)			
		<b>-</b>		
	Funded: (b)(4)			
	Delivery: 30 Days After Award			
	Delivery Location Code: ICE/ERO/CENTENNIAL			
	ICE-ERO-FOD-FDN			
	Immigration Customs Enforcement			
	12445 East Caley Avenue			
	Centennial CO 80111			
	Amount: (b)(4)			
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	(b)(7)(E)			
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	I I I I I I I I I I I I I I I I I I I		1.10	
	Delivery, 30 Days After Award		1810	
	Delivery: 30 Days After Award			
	Delivery Location Code: ICE/ERO			
	ICE Enforcement & Removal			
	Immigration and Customs Enforcement			
	801 I Street, NW			
	(b)(6);			
	Washington DC 20536			
	Amount: (b)(4)			
	Accounting Info:	7		
	(b)(7)(E)			
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	Continued			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00012
 PAGE 0F
 12
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NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
1)	(B)	(C)	(D)	(E)	(F)
	(b)(7)(E)				
	Funded: (b)(4)				
			1 1	1.48	
	Delivery Location Code: ICE/ERO		1 1		
	ICE Enforcement & Removal		1 1		
	Immigration and Customs Enforcement		1 1	V	
	801 I Street, NW		1 1		
	Suite (b)(6);		1 1		
	Washington DC 20536		1 1		
	Amount: (b)(4)		1 1		
	Accounting Info:				
	(b)(7)(E)		1 1		
	Funded: (b)(4)				
	Funded: (D)(4)				
	All other terms and conditions remain the same.				
	THE CONCE COLING AND CONCECTORS LEMALE CHE DAME.		1 1		
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AMENDMENT OF SOLICITAT	ION/MODIFICA	ATION OF CONTRACT	CONTRACT ID CODE	PAGE OF P	AGES
2. AMENDMENT/MODIFICATION NO		3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ.	NO. 5. PROJECT NO. (If	6
P00001		11/20/2015	192116FDN31000004	J. PROJECT NO. (II	approable)
6. ISSUED BY	CODE	ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than	n Item 6) CODE ICE/DO	'R
ICE/Detent Mngt/Det Immigration and Cus Office of Acquisiti 24000 Avila Road, (b Laguna Niguel CA 92	toms Enfo on Manage N(6):	act-LAG rcement	ICE/Detention Comp Immigration and Cu Office of Acquisit 801 I Street NW, (k Attn: (b)(6): (b)(7)(C)	liance & Removals stoms Enforcement ion Management b)(6);	
8. NAME AND ADDRESS OF CONTR.	ACTOR (No. of cont.)	asserts Olate and 7/D Ondah	Washington DC 2053		
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878		county, state and 21r cours	9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTINUES CEDM-11-D-0000 HSCEDM-15-J-0002	RACT/ORDER NO.	
CODE		EACH ITY CODE	10B. DATED (SEE ITEM 13)		
CODE 6127064650000		FACILITY CODE	08/20/2015  DAMENDMENTS OF SOLICITATIONS		
THE PLACE DESIGNATED FOR THe virtue of this amendment you desire reference to the solicitation and this	cludes a reference IE RECEIPT OF C to change an offer amendment, and i	to the solicitation and amendment nur DFFERS PRIOR TO THE HOUR AND r already submitted , such change may s received prior to the opening hour a		EDGEMENT TO BE RECEIVED AT JECTION OF YOUR OFFER. If by I each telegram or letter makes	, 
12. ACCOUNTING AND APPROPRIAT	TION DATA (If requ	uired) N∈	t Increase:	(b)(4)	
	V APPLIES TO M	ODIFICATION OF CONTRACTS/ORDS	RS. IT MODIFIES THE CONTRACT/OR	DER NO. AS DESCRIBED IN ITEM 14.	
B. THE ABOVE NUME appropriation date,	BERED CONTRAC etc.) SET FORTH		T THE ADMINISTRATIVE CHANGES (SITHORITY OF FAR 43.103(b).		
D. OTHER (Specify ty, X Funding Act		and authority) AR 32.307-1(a) Full	y Funding		
E. IMPORTANT: Contractor	is not,	▼ is required to sign this document		pies to the issuing office.	
DUNS Number: 61270; Contracting Officer b)(6); Email:(b)(6);(b)(7)(C)  Alternate POC: (b)(6);	Represent @ice.dl			itter where feasible.)	
Contract Specialist Email: (b)(6); (b)(7)(C)	(b)(6); (b)(	7)(C) hs.gov, Phone: (b)(6)	(b)(7)(C)		
Contract Specialist Email: (b)(6); (b)(7)(C)  Continued  Except as provided herein, all terms a	: (b)(6); (b)(	hs.gov, Phone: (b)(6)	10A, as heretofore changed, remains un		
Contract Specialist Email: (b)(6); (b)(7)(C) Continued	: (b)(6); (b)(	hs.gov, Phone: (b)(6)	10A, as heretofore changed, remains un	changed and in full force and effect. RACTING OFFICER (Type or print)	
Contract Specialist Email: (b)(6); (b)(7)(C)  Continued Except as provided herein, all terms a	: (b)(6); (b)(	hs.gov, Phone: (b)(6)	10A, as heretofore changed, remains un  16A. NAME AND TITLE OF CONT	RACTING OFFICER (Type or print)	OATE SIGNED
Contract Specialist Email: (b)(6); (b)(7)(C)  Continued  Except as provided herein, all terms a 15A. NAME AND TITLE OF SIGNER (	ice.dl	hs.gov, Phone: (b)(6)	10A, as heretofore changed, remains un 16A. NAME AND TITLE OF CONT (b)(6); (b)(7)(C)	RACTING OFFICER (Type or print)  CA 16C. E	OATE SIGNED

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00001
 PAGE 0F 2
 6

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to:				
	7 Tarananata FAR Rant FO COA 14 Canada				
	A. Incorporate FAR Part 52.204-14 Service		1 1		
	Contract Reporting Requirements into task order				
	HSCEDM-15-J-00029.				
	B. Add funding in the amount of (b)(4)				
	task order HSCEDM-15-J-00029.		1 1		
	task order hschbm-13-0-00029.		1 1	1.10	
	C. Fund CLINs as follows:				
		1	1 1		
	The total number of beds on CLIN 2001A increases	1			
	by (b)(4) therefore,	1	1 1		
	increasing the funded amount by (b)(4)	1			
	from (b)(4)				
			1 1		
	The total number of beds on CLIN 2001B increases				
	by (b)(4) therefore,				
	increasing the funded amount by (b)(4)				
	(b)(4)		1 1	1.10	
	Transportation Services on CLIN 2002A increases		1 1		
	by (b)(4)		1 1	1.10	
	- I KON-II		1 1		
	The total number of hours on CLIN 2003 increases		1 1		
	by (b)(4) therefore increasing the	1	1 1		
	funded amount by (b)(4)	1			
	(b)(4)				
	The total number of days on CLIN 2004 increases				
	by (b)(4) therefore increasing		1		
	the funded amount by (b)(4)		1	100	
	Medical Services on CLIN 2005 increase by		1 1	1 10	
	(b)(4)		1 1		
			1 1	1 10	
	D. Contract Administration changes from (b)(6);		1 1		
	(b)(6): to $(b)(6)$ : $(b)(7)(C)$ Contact information				
	for the new contract specialist is hereby		1 1	111	
	incorporated.				
	The second secon				
	As of this modification the obligated total of this task order increases by (b)(4)				
L	(b)(4)				
	As of this modification the total value of this				
	task order increases by (b)(4)				
	(b)(4)				
	Continued				
	1	1	1		

 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00001
 PAGE 3
 OF 6

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Exempt Action: Y FOB: Destination Period of Performance: 09/16/2015 to 01/01/2016 Change Item 2001A to read as follows(amount shown				
2001A	is the obligated amount):  Bed Rate (b)(4)  Contractor Owned Contractor Operated Detention Facility in accordance with the terms and conditions of this contract. Offeror shall provide fully burdened bed day rates only.  (b)(4)	(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:				
2001В	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 2001B to read as follows (amount shown is the obligated amount):  Bed Rate (b)(4)  Bed Day Rate For Minimum Quantity (b)(4)	(b)(4)			
	(b)(4)  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00001
 PAGE 4
 OF 4

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: (b)(7)(E)				
	Funded: \$0.00				
	Accounting Info: (b)(7)(E)				
	Funded: \$129,076.00				
	Change Item 2002A to read as follows(amount shown is the obligated amount):				
2002A	TRANSPORTATION SERVICES - Monthly Flat Fixed Fee includes all staff, vehicles and vehicle maintenance.	(b)	(4)		
	Accounting Info:	10			
	(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)				
	Change Item 2002B to read as follows(amount shown is the obligated amount):				
2002B	Direct Fuel Pass-Thru. Vendor Bill exact cost paid at the pump on a monthly basis. No fees or				(b)(4)
	mark-ups are allowed. Not to exceed (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 2003 to read as follows(amount shown Continued				

CONTINUATION OUT	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00001	5	6	5

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	is the obligated amount):				
2003	Remote Custody	(b)(4	$\vdash$		
2003	These estimated hours are for detainee medical	(0)(4	<del>/</del>		
	trips/visits and associated waiting time for			- 19	
	detention officers only, not to exceed (b)(4)			1	
	(b)(4)				
	Accounting Info: (b)(7)(E)				
	(b)(7)(E)			1.40	
	Funded: (b)(4)			- 1	
	Accounting Info:			- 1	
	(b)(7)(E)			1.17	
	Funded: (b)(4)			1.40	
	Funded. (D)(4)				
	Change Item 2004 to read as follows (amount shown			0 019	
	is the obligated amount):			1	
2004	Ctinand for Dataines Wark Dragger Daimburgament	(b)(4)			
2004	Stipend for Detainee Work Program - Reimbursement for this line item will be at actual cost of	(0)(4)	П		
	(b)(4) The contractor shall	150		40	
	not exceed the quantity shown without prior			- 1	
	approval by the Contracting Officer.				
	Aggoveting Info.			0 146	
	Accounting Info: (b)(7)(E)			140	
	(5)(1)(2)			1.10	
	Funded: (b)(4)			110	
	Accounting Info:			- 1	
	(b)(7)(E)			1.40	
	Funded: (b)(4)			1140	
	(4)(1)			1	
	Change Item 2005 to read as follows(amount shown				
	is the obligated amount):	1000			
2005	MEDICAL SERVICES-In accordance with the terms and	(b)	(4)		
	conditions of this contract. Monthly Flat Fixed	-			
	Fee includes all medical staff and in-house				
	supplies.				
	Accounting Info:				
	(b)(7)(E)				
				1111	
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Continued				
		11 - 0 1			
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CONTINUATION OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-15-J-00029/P00001	6	6

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT UNIT PRICE	AMOUNT
(A)	(B)	(C) (D) (E)	(F)
	Funded: (b)(4)		
	Accounting Info:		
	(b)(7)(E)		1
	Funded: (b)(4)		
	Accounting Info:		
	Accounting Info: (b)(7)(E)		
	(1-)/4)		IX.
	Funded: (b)(4)		N .
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		CONTRACT ID CODE	PAGE OF PAGES
DMENT OF SOLICITATION/MODII	FICATION OF CONTRACT		1 3
DMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
02	See Block 16C	192119FDN31000020	
D BY CO	DDE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
Detent Mngt/Detent Corgration and Customs Er ce of Acquisition Mana O Avila Road, (b)(6): na Niguel CA 92677	nforcement	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 24000 Avila Road, (h)(A) Attn: (h)(6)(h)(7)(C) Laguna Niquel CA 92677	Enforcement
AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
GROUP INC THE IW 53RD ST(b)(6): RATON FL 334878242	sacci, county, class and I.i.	9B. DATED (SEE ITEM 11)	
		x 10A MODIFICATION OF CONTRACT/ORDER HSCEDM-11-D-00003 H\$CEDM-15-J-00036	ER NO.
		10B. DATED (SEE ITEM 13)	
6127064650000	FACILITY CODE	09/04/2015	
	11. THIS ITEM ONLY APPLIES T	TO AMENDMENTS OF SOLICITATIONS	
ence to the solicitation and this amendment COUNTING AND APPROPRIATION DATA ( Schedule	, and is received prior to the opening hour	ay be made by telegram or letter, provided each teleg and date specified. Net Decrease:	(b)(4)
	TO MODIFICATION OF CONTRACTS/ORI	DERS. IT MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F	ITRACT/ORDER IS MODIFIED TO REFLE ORTH IN ITEM 14, PURSUANT TO THE A EMENT IS ENTERED INTO PURSUANT T	THE CHANGES SET FORTH IN ITEM 14 ARE MADE  ECT THE ADMINISTRATIVE CHANGES (such as char AUTHORITY OF FAR 43.103(b).  TO AUTHORITY OF:	
D. OTHER (Specify type of modific	cation and authority) cation / FAR 43.103(b)	Contract Closeout	
		1	insuling office
ORTANT: Contractor			
	TION (Organized by UCF section headings	s, including solicitation/contract subject matter where	leasible.)
Number: 612706465 Billing POC: (b)(6)(b)	(7\(C\	@ice.	dhs.gov
Billing POC: (b)(6):(b)			
ing POC: (b)(6); (b)(7)(C)			
ing POC:			
ing POC:			
ing POC:			
purpose of this modifinued	ication is to do the	following items:	
as provided herein, all terms and condition	ns of the document referenced in Item 9 A	or 10A, as heretofore changed, remains unchanged a	and in full force and effect.
AME AND TITLE OF SIGNER (Type or prin		16A, NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
s); (b)(7)(C)	P Contract Admin.	(b)(6); (b)(7)(C)	
CONTRA (b)(6); (b)(7)(C)	15C. DATE SIGNE		16C. DATE SIGNED
d to sign)	12/2/1	(Signature of Contracting Officer)	
7540-01-152-8070 rus edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CER) 53 243
ONTRA (b)(6); (b)(7)(C)  d to sign)		18	STANDARD FORM 30

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-15-J-00036/P00002

PAGE OF

3

NO.	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	1. Acknowledge that all items have been paid				
	under the period of performance and that no				
	further invoices will be submitted under this		1 1		
	task order.				
	2. De-obligate excess funding that remains on the				
	task order in the amount of (b)(4)				
	3. Closeout the task order.		1 1		
	4. The total amount of this task order is				
					miner was a second property of the second part
	decreased as follows:				
	(b)(4)				
				-	
	Exempt Action: Y Sensitive Award: NONE				
	Delivery: 30 Days After Award		1 1		
			1 1		
	Discount Terms:		1 1	100000	
	(b)(4)		1 1		
	FOB: Destination			1000	
	Change Item 0001 to read as follows (amount shown				
	is the obligated amount):				
	is the obligated amount):			1 1 1 1 1 1 1 1	
,	Detection Debenount Thoma				(b)(4)
1.	Detention Enhancement Items		+		(-7(-7
	CLIN 0001 is decreased as follows:				
	(b)(4)				
	(6)(4)				
	Product/Service Code: (b)(4)				
	Product/Service Description: MISCELLANEOUS ITEMS				
	Floddet/Service Description: Mischallandoo Illino				
	Delivery Location Code: ICE/ERO/CENTENNIAL				
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	ICE-ERO-FOD-FDN		11		
	Immigration Customs Enforcement	1	1		
	12445 East Caley Avenue		1 1	1	
	Centennial CO 80111		11	- April 100	The second second second
	Amount: (b)(4)		+		
	Accounting Info:			- 4	
	(b)(7)(E)	-			
	Funded: (b)(4)				
	Accounting Info:	-		U.S. Section	
	(b)(7)(E)				
	(O)(1)(L)				
	Fundad: (b)(4)				
	Funded: (b)(4)				
	Accounting Info:	-			
	(b)(7)(E)	1			
	[G)(A)				
	Funded: (b)(4)	-			
		-			
	Delivery Location Code: ICE/ERO				
	ICE Enforcement & Removal				
	Continued				
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-15-J-00036/P00002
 PAGE OF 3
 3

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Immigration and Customs Enforcement				
	801 I Street, NW				
	(b)(6):		11		
	Washington DC 20536				
	Amount: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)	1			
	All other terms and conditions of the Contract				
	remain the same.				
	remain the same.				
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			11		

		ORDER	FOR SUP	LIES OR SERV	/ICES		17		PACE	OF PAGES	
		ad papers with contract	and/or orde	r numbers.					1	. 8	
1. DATE OF ORDER 2. CONTRACT NO. (V cay) HSCEDM-11-D-00003					OT THE B						
09/04/20						OF CO	HSIGHEE				
ORDER NO	<del></del>	4 REQ	UISITIONREF	ERENCE NO	ICE-ERO-FOD-FDN						
HSCEDM-1	5-J-00036	See	Schedul	.e							
ICE/Dete		dimend nt Contract-l oms Enforceme				cati	mess on Customs E ot Caley Aven		ent		
	f Acquisitio						•				
24000 Av	ila Road, (b)	(6);						100			
Laguna N	iguel CA 926	77			c CITY Cente	nnia	CO STATE	80111			
TO					I SHOP VE	A					
MAME OF CO	NIRACICA P INC THE				<b>-</b>		8 74	PE OF ORDER			
CONPANY IN	ANE	<del></del>			9 PH	RCHAS		T G G G G G G G G G G G G G G G G G G G	X & DELIVE	w	
STREET ADD					HEFEREN				- n meriati		
621 NW 5	3RD ST (b)(6):								Eucopi for bitte reverse, this de	g instructions on the livery order is	
									subject to make	stions contained on	
					Pipasa tur	raph On	a following on the terms			this form and is the terms and	
Alma			1 1		and const	क्षा अ	ectiod on both sides of		conditions of the	above-numbered	
OCA RAT	ON			7 ZIP COD€ 334879242			the effected shoot, if there are indicated		contract		
	G AND APPROPRIATION	DATA					CONG OFFICE				
see Sche	dule CLASSFICATION (CM				TICE E	nto	cement & Rem	oval	12 F D B P	n wr	
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	Continued	•									
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	ZS MAIL INVOICE TO							(b)(4	1)	¬ !•	
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MET DULL AND ALL TRUCTIONS	b STREET ADDRESS Burlington Finance Center										
ON REVERSE										170	
	Attn: ICE-ERO/FOD-FDN									_ TO	
								(b)(4	(b)(4)		
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22 UNITED			b)(7)(C)				(b)(6): (b)(7)	(C)			
AMERIC	ABY (Sqnature)						TITLE CONTRACTING		FFICER		
ALTHOUGH THE ST	SA LUCAL REPRODUCTION	<del></del>			-				DETICHAL	FORM 147 Per 100	
	CH NOT USAGLE									FORTH DESIGNATION OF THE PERSO	

## ORDER . SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

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DATE OF OR		CONTRACT NO			ORDER NO.	
9/04/2	015	HSCEDM-11-D-00003	<u> </u>		HSCEDM-15-J-00036	
ITEM NO		SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
		ling POC: (b)(4)				1,0
	her	ek Order Number: HSCEDM-15-J-00036 is eby issued against DHS/ICE Contract EDM-11-D-00003, for GEO Group, Inc. to			-	
		evide Detention Enhancement Items at	1			
		ora, CO.				
		E: Please coordinate with the	7.0		10 *	
		tracting Officer's Representative arding on the items to be delivered.				
	Att	achment A - List of Enhancement Items.	ka II			
		other terms and conditions of the				
		tract remain the same.				
		mpt Action: Y counting Info:				
	_	7)(E)			( ) ( ) ( ) ( ) ( ) ( )	
0001	Det	ention Enhancement Items			(b)(4)	4
,001		duct/Service Code: (b)(4)			(b)(4)	4
		duct/Service Description:				
		CELLANEOUS ITEMS				
		uisition No: 192115FDN31000091, 115FDN31000091.1				
	Inv	oice Instructions:				
	ICE	- ERO Contracts			A	
		vice Providers/Contractors shall use				
		se procedures when submitting an oice.				
		Invoice Submission: Invoices shall be				
		mitted in a ".pdf" format in accordance h the contract terms and conditions				
	1	ntract Specialist and Contracting				
		icer to disclose if on a monthly basis				
	or o	other agreed to terms"] via email,				
		ted States Postal Service (USPS) or simile as follows:				
	a }	Email:				
	Cont	tinued				
					6.97	
	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		 -	(b)(4)	<u> </u>

PAGE NO

3

IMPORTANT: Mark all packages and papers with contract and/or order numbers DATE OF ORDER CONTRACT NO ORDER NO 09/04/2015 HSCEDM-11-D-00003 HSCEDM-15-J-00036 ITEM NO SUPPLIES/SERVICES **OUANTITY UNIT** UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (d) (c) (9) (1) (9) Invoice.Consolidation@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 Attn: ICE-ERO/FOD-FDN Williston, VT 05495-1620 The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c) Facsimile: Alternative Invoices shall be submitted to: (802) -288-7658 Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on 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. Continued ...

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

OPTIONAL FORM 348 (Rev. #2006)

(b)(4)

PAGE NO

OPTIONAL FORM 348 (Rev. #/2003)
Prescribed by GSA FAR (45 CFR) \$3 213(6)

4

DATE OF OR	T. Mark all packages and papers with contract and/or order numbers  DER CONTRACT NO  015 HSCEDM-11-D-00003			ORDE	R NO. DDM-15-J-00036	
TEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(ŋ	ACCEPTED (g)
(=/	2. Content of Invoices: Each invoice shall	, ,			· · · · · · ·	,,,,
	contain the following information in				- 1 A	
	accordance with 52.212-4 (g), as					
	applicable:					
	(i). Name and address of the Service					
	Provider/Contractor. Note: the name,	1				4
	address and DUNS number on the invoice MUST				1 7 6	
	match the information in both the					Man and a second
	Contract/Agreement and the information in the SAM. If payment is remitted to another					
	entity, the name, address and DUNS		1			
	information of that entity must also be					
	provided which will require Government					
	verification before payment can be					
	processed;					
	(ii). Dunn and Bradstreet (D&B) DUNS Number;	;				
			i I			
	(iii). Invoice date and invoice number;					
	(iv). Agreement/Contract number, contract					
	line item number and, if applicable, the order number;					
	order number,					All I
	(v). Description, quantity, unit of					
	measure, unit price, extended price and					
	period of performance of the items or					
	services delivered;					4
					1	4
	(vi). If applicable, shipping number and					
	date of shipment, including the bill of					
	lading number and weight of shipment if					11
	shipped on Government bill of lading;	1 0 1	1		1	
	(vii). Terms of any discount for prompt					
	payment offered;		1			
	payment offices,		1			1
	(viii). Remit to Address;					1
						Τ'
	(ix). Name, title, and phone number of					
	person to resolve invoicing issues;		EE S			
	(x). ICE program office designated on					
	order/contract/agreement and					1
	Continued				_	1
						1
						1
	1	<u> </u>			(b)(4)	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				, , , ,	

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

PAGE NO

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09/04/20	DER CONTRACT NO. D15 HSCEDM-11-D-00003	ORDER NO HSCEDM-15-J-00036					
ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY
(a)	(b)	(c)	(d)	(a)		(f)	(g)
(a)	(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:  Number of bed days multiplied by the beday rate:  Name of each detainee:  Detainees identification information			PRICE (a)		(1)	ACCEPTED (g)

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

OPTIONAL FORM 348 (Rev. 4/2006)

(b)(4)

PAGE NO

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

DATE OF ORDER CONTRACT NO

09/04/2015 HSCEDM-11-D-00003

ORDER NO. HSCEDM-15-J-00036

M NO	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY
(B)	(b)	(c)	(d)	(e)	(f)	(g)
	Price Items (items for allowable incurred					
	costs, such as transportation services,					
	stationary guard or escort services,					
	transportation mileage or other Minor					1
	Charges such as sack lunches and detainee					
	wages): shall be fully supported with		H			
	documentation substantiating the costs					1.6
	and/or reflecting the established price in					100
	the contract and shall be submitted in .pdf					11
	format:				1	
	a. Detention Bed Space Services. For					
	detention bed space CLINs without a GM, the					
	supporting documentation must include:	ļ				VI.
	. Red day rate.		1			
	<ul><li>Bed day rate;</li><li>Detainees check-in and check-out dates;</li></ul>					
	<ul> <li>Number of bed days multiplied by the be</li> </ul>				7	
	day rate;	r				
	Name of each detainee;					
	<ul> <li>Name of each detainee;</li> <li>Detainees identification information</li> </ul>				1	
	betainees identification information					
	b. Transportation Services: For					
	transportation CLINs without a GM, the		1			
	supporting documentation must include:		1			
	<ul> <li>Mileage rate being applied for that</li> </ul>					
	invoice;					
	<ul> <li>Number of miles;</li> </ul>					
	<ul> <li>Transportation routes provided;</li> </ul>					
	<ul> <li>Locations serviced;</li> </ul>					
	<ul> <li>Names of detainees transported;</li> </ul>		1			
	<ul> <li>Itemized listing of all other charges;</li> </ul>		1			
	and,					
	<ul> <li>for reimbursable expenses (e.g. travel</li> </ul>					
	expenses, special meals, etc.) copies of					
	all receipts.					
	Charican Count Canada Canada					1
	c. Stationary Guard Services: The itemized monthly invoice shall state:					
	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 o	ŧ				
	Continued				1	
	• 1 🖘 • 🖂					
				4.00	(b)(4)	

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OPTIONAL FORM 348 (Re- 4/2003) Presented by GSAFAR (4) CFR (5) 213(f)

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

PAGE NO

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CONTRACT NO DATE OF ORDER ORDER NO HSCEDM-15-J-00036 HSCEDM-11-D-00003 09/04/2015 ITEM NO SUPPLIES/SERVICES QUANTITY UND UNIT AMCHINT QUANTITY ORDERED PRICE ACCEPTED (d) m (a) (c) (e) (g) the billing (times and dates), and (4) for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.): The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support. (iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs. 4. Safequarding 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 Continued ... TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) (b)(4)

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OPTIONAL FORM 348 (Nov. 4/2005)
President by OSA FAR (45 CFR) 53 2130

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

PAGE NO

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09/04/20		HSCEDM-11-D-00003		HSCEDM-15-J-00036			
ITEM NO		SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	100	(b) h password sent separately to the	(c)	(d)	(e)	(1)	(g)
	Con	tracting Officer Representative assigned the contract.					
	Whe loc the	Never leave paper documents containing sitive PII unattended and unsecure. In not in use, these documents will be ked in drawers, cabinets, desks, etc. so information is not accessible to those thout a need to know.	ng				
	(ii doc	i) Use shredders when discarding paper tuments containing Sensitive PII.					
		Refer to the DHS Handbook for equarding Sensitive Personally entifiable Information (March 2012) found					
		(b)(7)(E)	1				
	5. reg Fin (b)( (h)() The	ch2012.pdf for more information on A/or examples of Sensitive PII.  Invoice Inquiries. If you have questions sarding payment, please contact ICE sancial Operations at  6):(b)(7)(C) or by e-mail at  6):(b)(7)(C) eice.dhs.gov.  I total amount of award:(b)(4) The signation for this award is shown in box  i).					
		L CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				(b)(4)	

# Attachment A

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

To:

Subject:

(b)(6); (b)(7)(C) List of Enhancement Items

			Cost of E	nhancement	
AOR	Facility	Recommended Enhancement	One Time	Recurring	Re
DEN	DENICDF - DENVER CONTRACT DETENTION FACILITY (b)(4)	Detainee programs to include ESL, substance abuse and computer literacy/typing classes. These classes would be computer based via a volunteer or on a self-help basis. The biggest cost would be enough computers to hold a class of approximately (b)(a) at a time and any software or video-based software associated with that class (if necessary). If the law library computers are approved, the current law library could potentially become a programs area where the computers for the classes would be in a classroom style set-up. Classes would then be held in the same area but scheduled at different times. Approximately \$\frac{(b)(4)}{2}\text{per computer} + applicable software depending on the class.	Quantity: (b)(	N/A	Providing detained counseling and co invalua
DEN	DENICDF - DENVER CONTRACT DETENTION FACILITY	Recreation equipment/exercise machines: a 7-station outdoor fitness multi-gym would be placed in each recreation yard attached to the housing units - for a total of bunits at approximately solution per unit + freight	Quantity (b)(4)	N/A	To provide addition promote well-being no stand-alone ex

DEN	DENICDF - DENVER CONTRACT DETENTION FACILITY (b)(4)	Law library computers for the housing units (stainless steel standalone units like the ones in Adelanto, CA and Bakersfield ICE facilities). They can be placed in the multipurpose rooms of the occupied housing units (currently have 8 occupied units total) and one in Segregation and Segregation's multipurpose room for a total of (b)(4) omputers. Approx. \$(b)(4) /computer and \$(b)(4) for the server. Seg. and the multipurpose room in Seg. = Infemale units D & A2 = (b)(4) units in A Pod = (b)(4) units in B pod = (b) for a total of (b)(c) computers.	Quantity:(\overline{D})(4)	N/A	Detainees will have required in the PBN.
-----	---	--	----------------------------	-----	--

AMENDMENT OF SOLICITATION/MOI	DIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
<u> </u>			1 2
2 AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192115FDN31000091.2	5. PROJECT NO. (If applicable)
P00001 6 ISSUED BY	See Block 16C CODE ICE/DM/DC-LAGUNA	7 ADMINISTERED BY (If other than Item I	6) CODE TOT ADMANGE I AGUNT
ICE/Detent Mngt/Detent Co Immigration and Customs I Office of Acquisition Man 24000 Avila Road, (h)(6) Laguna Niguel CA 92677	ontract-LAG Enforcement	ICE/Detent Mngt/Detent Immigration and Custor Office of Acquisition 24000 Avila Road. (b)(6 Attn: (b)(6); (b)(7)(C)	t Contract-LAG ms Enforcement Management
		Laguna Niguel CA 9267	And the second s
8 NAME AND ADDRESS OF CONTRACTOR (AM GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242	i , struet. ceumly. State and ZIP Code)	98 DATED (SEE ITEM 11)  10A MODIFICATION OF CONTRACT/O HSCEDM-11-D-00003 HSCEDM-15-J-00036	
CODE 6127064650000	FACILITY CODE	10B DATED (SEE ITEM 13)	
6127064650000		09/04/2015	
		ERS. IT MODIFIES THE CONTRACT/ORDER N	
	NTRACTIORDER IS MODIFIED TO REFLEC FORTH IN ITEM 14, PURSUANT TO THE AI EMENT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as UTHORITY OF FAR 43 103(b)	changes in paying office.
D OTHER (Specify type of modifi	ication and authority)		
X Unilateral Modifi	cation / FAR 43.103(b)		
E. IMPORTANT: Contractor x is	not is required to sign this document	and return0 _ copses to t	the issuing office
14 DESCRIPTION OF AMENDMENT/MODIFICA	TION (Organized by UCF section headings,	including solicitation/contract subject matter whi	ere feasible.)
DUNS Number: 612706465			
COR/Billing POC: $(b)(6)$ ; $(b)$	(7)(C)	Pice	e.dhs.gov
Billing FOC: (b)(6); (b)(7)(C) Billing POC: Billing POC: Billing POC:			
The purpose of this modif Items, in the amount of $[l]$		ling on CLIN 0001 for Det	tention Enhancement
Continued			
Except as provided herein, all terms and condition			
15A NAME AND TITLE OF SIGNER (Type or prin	TC)	(b)(6): (b)(7)(C)	NG OFFICER (Type or print)
(C) CONTRACTOR OF CONTRACTOR O	r	(b)(6); (b)(7)(C)	
15B CONTRACTOR/OFFEROR	15C. DATE SIGNED	<sup>14</sup> (b)(6); (b)(7)(C)	9/18/15
(Signature of person authorized to sign) NSN 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)
Previous oddion unusable			Prescribed by GSA FAR (48 CFR) 53 243

CONT	INUA	TION	SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/HSCEDM-15-J-00036/P00001

PAGE 2

2

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
	The total amount of this task order is increased	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	,	1-7
	as follows:				
	(b)(4)				1000
	NOTE: Please coordinate with the Contracting				
	Officer's Representative regarding the items to be delivered.				
	be delivered.			The state of the s	] (
	Attachment A - Revised Quote of the List of			1.75	
	Enhancement Items.			1/2	( ) p
	Exempt Action: Y				
	Discount Terms:				el. o
	(b)(4)				
	FOB: Destination				
	Change Item 0001 to read as follows (amount shown			_ 1	ľ. <i>0</i> ľ
	is the total amount):				
01	Detention Enhancement Items				(b)(4)
	CLTN 0001 to topperate as fallows:				
	CLIN 0001 is increased as follows:				
	(b)(4)			0 1 9	
	Product/Service Code: (b)(4)				
	Product/Service Description: MISCELLANEOUS ITEMS				
				- V	
	Accounting Info:				
	(b)(7)(E)				
					1 <sub>1</sub> 1 <sub>1</sub>
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)			1/1	
	Funded: (b)(4)				
	Accounting Info:			1 1 1	
	(b)(7)(E)				
				1	
	Funded: (b)(4)				
	All other terms and conditions of the Contract	İ			
	remain the same.				
	1	1	1		

# Attachment A Enhancement Quote of the

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

To:

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

Subject:

ATTACHMENT A- Revised Quote of the List of Enhancement Items.

	hancement	Cost of En			
Re	Recurring	One Time	Recommended Enhancement	Facility	AOR
Providing detained counseling and ed invalua	N/A	Quantity: (D)(4	Detainee programs to include ESL, substance abuse and computer literacy/typing classes. These classes would be computer based via a volunteer or on a self-help basis. The biggest cost would be enough computers to hold a class of approximately at a time and any software or video-based software associated with that class (if necessary). If the law library computers are approved, the current law library could potentially become a programs area where the computers for the classes would be in a classroom style set-up. Classes would then be held in the same area but scheduled at different times. Approximately \$\binom{b}{b}\infty(4)\$ per computer + applicable software depending on the class.	DENICDF - DENVER CONTRACT DETENTION FACILITY (b)(4)	DEN
To provide addition promote well-being no stand-alone ex	N/A	Quantity:(b)(	Recreation equipment/exercise machines: a 7-station outdoor fitness multi-gym would be placed in each recreation yard attached to the housing units - for a total of 5 units at approximately (b)(4) per unit + freight	DENICDF - DENVER CONTRACT DETENTION FACILITY	DEN

DEN	DENICDF - DENVER CONTRACT DETENTION FACILITY (b)(4)	Law library computers for the housing units (stainless steel standalone units like the ones in Adelanto, CA and Bakersfield ICE facilities). They can be placed in the multipurpose rooms of the occupied housing units (currently have 8 occupied units total) and one in Segregation and Segregation's multipurpose room for a total of (b)(4) computers. Approx. \$\frac{(b)(4)}{2}\] computer and \$\frac{(b)(4)}{2}\] for the server. Seg. and the multipurpose room in Seg. = 2; female units D & A2 = 4; 2 units in A Pod = 6, 3 units in B pod = 9 for a total of 24 computers.	Quantity: (b)(4)	N/A	Detainees will have required in the PBN
-----	---	---	------------------	-----	---

AMENDME	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAG	PAGE OF PAGES		
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	JISITION/PURCHASE REQ. NO.	5 PROJEC	T NO. (If applicable)		
P00012		See Block 16C		Schedule		or the fire approach		
6. ISSUED BY	CODE		7. ADN	INISTERED BY (If other than Item 6)	CODE			
IMMIGRA OFFICE 801 I S	NTION COMPLIANCE REITON AND CUSTOMS ENFOOF ACQUISITION MANAGE TREET NW (b)(6); TON DC 20536							
				<u> </u>				
GEO GROU ATTN GEO	PADDRESS OF CONTRACTOR (No., stree JP INC THE O GROUP INC THE 53RD ST (b)(6): TON FL 334878242	t, county, State and ZIP Code)	9B.  × 10A  HS	AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  MODIFICATION OF CONTRACT/ORDER CEDM-11-D-0003  CEDM-16-J-00042  DATED (SEE ITEM 13)	R NO.			
CODE 61	.27064650000	FACILITY CODE		9/02/2016				
		11. THIS ITEM ONLY APPLIES						
THE PLACE virtue of this reference to	E DESIGNATED FOR THE RECEIPT OF s amendment you desire to change an off the solicitation and this amendment, and	OFFERS PRIOR TO THE HOUR AN er already submitted, such change m	ND DATE SPE may be made b r and date spe	/	YOUR OFFER m or letter make	If by		
12. ACCOUNT See Sch	TING AND APPROPRIATION DATA (If req	juired)	Net Inc	rease:	b)(4)			
		CT/ORDER IS MODIFIED TO REFLI H IN ITEM 14, PURSUANT TO THE	ECT THE ADN AUTHORITY	ES SET FORTH IN ITEM 14 ARE MADE II IINISTRATIVE CHANGES (such as chang DF FAR 43.103(b).  Y OF:				
	D. OTHER (Specify type of modification							
X	FAR 43.103(b) unilat	teral, 52.232-22 Li	imitati	on of Funds.				
E. IMPORTAN 14. DESCRIP DUNS Nur	TION OF AMENDMENT/MODIFICATION	▼ is required to sign this documer (Organized by UCF section heading		copies to the iss				
	(6)· (b)(7)( <u>C)</u>		_					
Alternat	te COR: $(b)(6)$ ; $(b)(7)(C)$	\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\frac{1}{2}\)\(\	Щ,					
Contract	ting Officer: (b)(6); (b)	)( <i>1</i> )(C)						
	pose of this modifica rtation services at t		ior year	funds for detention	and			
The amou	unt obligated will in	crease (b)(4)						
Continue								
	vided herein, all terms and conditions of t ND TITLE OF SIGNER (Type or print)	he document referenced in Item 9 A	16A. N	etofore changed, remains unchanged and IAME AND TITLE OF CONTRACTING OF (b)(7)(C)				
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNE		NITED STATES OF AMERICA ); (b)(7)(C)		16C. DATE SIGNED		

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

REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00012 PAGE 2

3

(B)	(C)	(D)	(E)	(F)
The funding provided in this Task Order is the				
		1 1		
		1 1		
		1 1		
		1 1		
		1 1		
		1 1		
the funding allotted.			1 10	
			1	
Exempt Action: Y Sensitive Award: SPII				
I a constant a constan				
Delivery Location Code: ICE/ERO		1 1	11	
ICE ENFORCEMENT REMOVAL		1 1	1.01%	
IMMIGRATION AND CUSTOMS ENFORCEMENT			1 1	
801 I STREET NW		1 1		
(b)(6);			1.17	
WASHINGTON DC 20536				
FOR Dostination			1310	
		1		
reflod of reflormance. 09/10/2010 to 09/13/2017			1.10	
Add Item 2009 as follows:			1.18	
DRIOD VEAR FUNDING FOR HOUSING			1140	(b)(4)
		1 1	1.40	(8)(4)
Requisition No: 192110FDN31000021			1.140	
Accounting Info:			1.90	
		1 1		
Funded: (b)(4)				
Add Item 2010 as follows:				
PRIOR VEND EVINETNO FOR HANGENS				(L) (A)
				(b)(4)
Requisition No: 192118FDN31000022				
Accounting Info:				
Continued				
	Delivery: 30 Days After Award Discount Terms:  (b)(4)  Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6):  WASHINGTON DC 20536  FOB: Destination Period of Performance: 09/16/2016 to 09/15/2017  Add Item 2009 as follows:  PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000021  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2010 as follows:  PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000022  Accounting Info: (b)(7)(E)	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 work on those items beyond that point. The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those items for performance beyond the funding allotted.   Exempt Action: Y Sensitive Award: SPII Delivery: 30 Days After Award Discount Terms:  (b)(4)  Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6):  WASHINGTON DC 20536  FOB: Destination Period of Performance: 09/16/2016 to 09/15/2017  Add Item 2009 as follows:  PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000021  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2010 as follows:  PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000022  Accounting Info: (b)(7)(E)	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 work on those items beyond that point.  The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those items for performance beyond the funding allotted.   Exempt Action: Y Sensitive Award: SPII  Delivery: 30 Days After Award  Discount Terms:  (b)(4)  Delivery Location Code: ICE/ERO  ICE ENFORCEMENT REMOVAL  IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW  (b)(6):  WASHINGTON DC 20536  FOB: Destination  Period of Performance: 09/16/2016 to 09/15/2017  Add Item 2009 as follows:  PRIOR YEAR FUNDING FOR HOUSING  Requisition No: 192118FDN31000021  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2010 as follows:  PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000022  Accounting Info: (b)(7)(E)	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 work on those items beyond that point. The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those items for performance beyond the funding allotted  Exempt Action: Y Sensitive Award: SPII Delivery: 30 Days After Award Discount Terms: (b)(4) Delivery Location Code: ICE/ERO ICE EMFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6) WASHINGTON DC 20536 FOB: Destination Period of Performance: 09/16/2016 to 09/15/2017 Add Item 2009 as follows: PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000021 Accounting Info: (b)(7)(E)  Funded: (b)(4) Add Item 2010 as follows: PRIOR YEAR FUNDING FOR HOUSING Requisition No: 192118FDN31000022 Accounting Info: (b)(7)(E)

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00012

REFERENCE NO. OF DOCUMENT BEING CONTINUED
1 SCEDM-11-D-00003/HSCEDM-16-J-00042/P00012

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(F)	- 1337			, , ,
	Funded: (b)(4)				
	Add Item 2011 as follows:				V
2011	PRIOR YEAR FUNDING FOR TRANSPORTATION				(b)(4)
2011	Requisition No: 192118FDN31000022				(8)(4)
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	All other terms and conditions remain the same.				
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AMENDMENT OF SOLICITATION/MOD	DIFICATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGE	ES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PRO	JECT NO. (If a	2 oplicable)
P00013	See Block 16C	1921	18FDN31000054			
	CODE ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE		
ICEDETENTION COMPLIANCE IMMIGRATION AND CUSTOMS E OFFICE OF ACQUISITION MAN 801 I STREET NW (b)(6): WASHINGTON DC 20536						
<ol><li>NAME AND ADDRESS OF CONTRACTOR (No.</li></ol>	., street, county, State and ZIP Code)	(x) <sup>9A</sup>	AMENDMENT OF SOLICITATION NO.			
GEO GROUP INC THE						
ATTN GEO GROUP INC THE		9B.	DATED (SEE ITEM 11)			
521 NW 53RD ST (b)(6);						
BOCA RATON FL 334878242		X 10/	A. MODIFICATION OF CONTRACT/ORDE	ER NO.		
		HS	SCEDM-11-D-00003			
			SCEDM-16-J-00042 B. DATED (SEE ITEM 13)			
CODE 6127064650000	FACILITY CODE					
CODE 6127064650000			9/02/2016			
	11. THIS ITEM ONLY APPLIES					
The above numbered solicitation is amended as Offers must acknowledge receipt of this amendr					is not extend	
THE PLACE DESIGNATED FOR THE RECEIP' virtue of this amendment you desire to change a reference to the solicitation and this amendment	an offer already submitted , such change it, and is received prior to the opening hou	may be made ur and date spe	by telegram or letter, provided each telegrecified.	ram or letter r		
12. ACCOUNTING AND APPROPRIATION DATA See Schedule	(If required)	Net Inc	rease:	(b)(4)		
occ benedute						
CHECK ONE  A. THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 10A.	SUED PURSUANT TO: (Specify authority)	THE CHANG	DDIFIES THE CONTRACT/ORDER NO. AS	IN THE CON	TRACT	
CHECK ONE  A. THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 10A.  B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F	SUED PURSUANT TO: (Specify authority)  NTRACT/ORDER IS MODIFIED TO REFI FORTH IN ITEM 14, PURSUANT TO THE	THE CHANG	SES SET FORTH IN ITEM 14 ARE MADE MINISTRATIVE CHANGES (such as char. OF FAR 43.103(b).	IN THE CON	TRACT	
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NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00013
 PAGE 0F

NAME OF OFFEROR OR CONTRACTOR

NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1)	(B)	(C)	(D)	(E)	(F)
	The funding provided in this Task Order is the				
	amount presently available for payment and		1 1		
	allotted to this Task Order.	İ	1 1	1	
	The service provider agrees to perform to the		l i		
	point that does not exceed the total amount		1 1		
	currently allotted to the items funded under this		1 1		
	Task Order.				
	The Service Provider is not authorized to		1 1		
	continue work on those items beyond that point.		1 1		
	The Government will not be obligated to reimburse		1 1		
	the Service Provider in excess of the amount		1 1	1.1	
	allotted to those items for performance beyond		1 1		
	the funding allotted.		1 1	1	
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	Exempt Action: Y Sensitive Award: SPII		1 1		
	Delivery: 30 Days After Award		1 1		
	Discount Terms:		1 1		
	(b)(4)		1 1		
	Delivery Location Code: ICE/ERO		1 1		
	ICE ENFORCEMENT REMOVAL		1 1		
	IMMIGRATION AND CUSTOMS ENFORCEMENT		1 1		
	801 I STREET NW		1 1	1	
	(b)(6);		1 1		
	WASHINGTON DC 20536		1 1	1 10	
	Accounting Info:				
	(b)(7)(E)				
	FOB: Destination				
	Period of Performance: 09/16/2016 to 09/15/2017				
	Add Item 2012 as follows:				
	Add Item 2012 as Iollows:			100	
2	PRIOR YEAR CUSTODY FUNDING FOR TELE-RADIOLOGY		1 1		(b)(4
_	EXPENSES INCURRED THRU SEPTEMBER 15, 2017				<u> </u>
	Entertain into the second seco		1 1		
	CUSTODY =(b)(4)			110	
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	All other terms and conditions remain the same.			1318	
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AMENDMENT OF SOLICITATION/M	ODIFICATION OF CONT	RACT	CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DAT	E 4	REQUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO.	(If applicable)
P00014	See Block	16C 1	92118FDN31000054			,
6. ISSUED BY	CODE ICE/DCR	-	7. ADMINISTERED BY (If other than Item 6	) CODE	T	
ICEDETENTION COMPLIANCE IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION M. 801 I STREET NW (b)(6); WASHINGTON DC 20536	ENFORCEMENT					
8. NAME AND ADDRESS OF CONTRACTOR (	No., street, county, State and ZIP C	ode) ()	9A. AMENDMENT OF SOLICITATION N	0.		-
GEO GROUP THE THE			9			
GEO GROUP INC THE			9B. DATED (SEE ITEM 11)			-
621 NW 53RD ST (b)(6):			SB. DATED (SEE TEM TI)			
BOCA RATON FL 334878242						
		×	HSCEDM-11-D-00003	RDER NO.		
	,		HSCEDM-16-J-00042			
			10B. DATED (SEE ITEM 13)			
CODE 6127064650000	FACILITY CODE		09/02/2016			
	11. THIS ITEM O	NLY APPLIES TO AM	ENDMENTS OF SOLICITATIONS			
THE PLACE DESIGNATED FOR THE RECE virtue of this amendment you desire to chang reference to the solicitation and this amendm 12. ACCOUNTING AND APPROPRIATION DAT	e an offer already submitted, s ent, and is received prior to the	uch change may be r opening hour and da	nade by telegram or letter, provided each te			
See Schedule						
13. THIS ITEM ONLY APPLI	ES TO MODIFICATION OF COI	NTRACTS/ORDERS.	IT MODIFIES THE CONTRACT/ORDER NO	. AS DESCRIBE	D IN ITEM 1	4.
A. THIS CHANGE ORDER IS IS ORDER NO. IN ITEM 10A.	SSUED PURSUANT TO: (Spec	ify authority) THE CI	HANGES SET FORTH IN ITEM 14 ARE MA	DE IN THE CON	NTRACT	
B. THE ABOVE NUMBERED C appropriation date, etc.) SE	ONTRACT/ORDER IS MODIFI FORTH IN ITEM 14, PURSU	ED TO REFLECT TH ANT TO THE AUTHO	E ADMINISTRATIVE CHANGES (such as c RITY OF FAR 43.103(b).	hanges in paying	g office,	
C. THIS SUPPLEMENTAL AGR	EEMENT IS ENTERED INTO	PURSUANT TO AUT	HORITY OF:			
D. OTHER (Specify type of mod	dification and authority)					
X FAR 43.103(b) ur	nilateral, 52.23	2-22 Limit	ation of Funds.			
E. IMPORTANT: Contractor	s not. is required to sign	this document and re	eturn copies to th	e issuing office.		
14. DESCRIPTION OF AMENDMENT/MODIFIC	CATION (Organized by UCF se	ction headings, includ	ling solicitation/contract subject matter when	re feasible.)		
OUNS Number: 612706465						
on: (b)(6); (b)(7)(C)						
lternate COR: $(b)(6)$ ; $(b)(7)$						
Contracting Officer: (b)(6	i); (b)(7)(C)					
the purpose of this modi	fication is to	add prior y	ear funding for tele-	radiolog	y serv	ices.
his will increase the a	mount obligated	from $(b)(4)$	<u> </u>			
continued						
except as provided herein, all terms and condition						
5A. NAME AND TITLE OF SIGNER (Type or pi	rint)	-	6A. NAME AND TITLE OF CONTRACTING	G OFFICER (Typ	pe or print)	
			b)(6); (b)(7)(C)			
15B. CONTRACTOR/OFFEROR	15C.	DATE SIGNED			16C.	DATE SIGNED
					1	21
(Signature of person authorized to sign,	)				1	1011
NSN 7540-01-152-8070						(REV. 10-83)
Previous edition unusable				Prescribed		
				FAR (48 C	FR) 53.243	

2020-ICLI-00042 GEO Group 761

**CONTINUATION SHEET** 

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00014

PAGE 2

OF 2

	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	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				
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	currently allotted to the items funded under this Task Order.				
	The Service Provider is not authorized to				
	continue work on those items beyond that point.				
	The Government will not be obligated to reimburse				
	the Service Provider in excess of the amount				
	allotted to those items for performance beyond				
	the funding allotted.				
	Exempt Action: Y Sensitive Award: SPII				
	Delivery: 30 Days After Award				
	Discount Terms:				
	(b)(4)				
	Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL				
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW				
	(b)(6):				
	WASHINGTON DC 20536				
	WASHINGTON DC 20536				
	Accounting Info:				
- 1					
- 1	(b)(7)(E)				
	FOB: Destination				
	Period of Performance: 09/16/2016 to 09/15/2017				
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	Add Item 2013 as follows:				
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.	DRIOD VEAD CHEMONY BUNDING FOR MALE PARTY OF				/I-3//
	PRIOR YEAR CUSTODY FUNDING FOR TELE-RADIOLOGY				(b)(4
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	CUSTODY = $(b)(4)$				
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	All other terms and conditions remain the same.				
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AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT		CONTRACT ID CODE	PAGE O	F PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE0	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO	). (If applicable)
P00003	See Block 16C	1921	17FDN31000001.2		
6. ISSUED BY CODE		7. AD	MINISTERED BY (If other than Item 6)	CODE	
ICEDETENTION COMPLIANCE RE IMMIGRATION AND CUSTOMS ENF OFFICE OF ACQUISITION MANAG 801 I STREET NW (b)(6): WASHINGTON DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No., stre SEO GROUP INC THE ATTN GEO GROUP INC THE 521 NW 53RD ST (b)(6): BOCA RATON FL 334878242	at, county, State and ZIP Code)	98 × 10 H;	A. MODIFICATION OF CONTRACT/ORD SCEDM-11-D-0003 SCEDM-16-J-00042 B. DATED (SEE ITEM 13)	ER NO.	
CODE 6127064650000	FACILITY CODE				
6127064650000	11. THIS ITEM ONLY APPLIES		9/02/2016		
The above numbered solicitation is amended as set Offers must acknowledge receipt of this amendment Items 8 and 15, and returning	prior to the hour and date specified in	the solicitat			pleting
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an of	e to the solicitation and amendment n OFFERS PRIOR TO THE HOUR ANI er already submitted, such change m	numbers. Fr D DATE SPE nay be made	AILURE OF YOUR ACKNOWLEDGEMEN ECIFIED MAY RESULT IN REJECTION O by telegram or letter, provided each teleg	IT TO BE RECEIVED A	
reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If re-	and a second		crease:	(b)(4)	
See Schedule	<u> </u>	,00 1110			
D. OTHER (Specify type of modification of AMENDMENT/MODIFICATION OUNS Number: 612706465  C. THIS SUPPLEMENTAL AGREEMED  D. OTHER (Specify type of modification of AMENDMENT/MODIFICATION of AMENDMENT/MO	NT IS ENTERED INTO PURSUANT To and authority)	O AUTHOR	copies to the is	ssuing office.	
Alternate COR: (b)(6); (b)(7)(C)		ì			
Contracting Officer: (b)(6); (b)	(7)(C)				
The purpose of this modificate services. This will increase b)(4)				nsportation	
The funding provided in this allotted to this Task Order Continued		amoun	t presently available	e for paymen	t and
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	the document referenced in Item 9 A o	16A.	eretofore changed, remains unchanged an NAME AND TITLE OF CONTRACTING (6); (b)(7)(C)		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE		UNITED STATES OF AMERICA	16	C. DATE SIGNED
			6); (b)(7)(C)		
(Signature of person authorized to sign)			4 30 30 17 17 17 17 17 17 17 17 17 17 17 17 17		
NOVE 7540 04 450 0070	· ·			STANDARD FORM	20 (DEV 40 92)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00003
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	The service provider agrees to perform to the				
- 1	point that does not exceed the total amount		1 1		
- 1	currently allotted to the items funded under this	1		- 1	
ı	Task Order.		1 1	1	
- 1	The Service Provider is not authorized to		1 1	i	
ı	continue work on those items beyond that point.		1 1		
ı	The Government will not be obligated to reimburse			1 1	
ı	the Service Provider in excess of the amount		1 1		
1	allotted to those items for performance beyond		1 1	1	
- 1	the funding allotted.		1 1	1	
ı				1	
	Exempt Action: Y				
	Discount Terms:		1 1		
	(b)(4)		1 1		
	Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL		1 1		
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW				
	(b)(6);				
	WASHINGTON DC 20536				
	Wildliff Do 2000			- 1	
- 1	FOB: Destination	1		- 1	
	Period of Performance: 09/16/2016 to 09/15/2017				
	Change Item 0004 to read as follows(amount shown		1 1	1	
	is the obligated amount):				
- 1					
1	DIRECT FUEL PASS THRU	(b)(4	1)		
	CLIN 2002B	-			
- 1			1 1		
	Funding increases from (b)(4)		1 1	- 1	
	(b)(4)		1 1	- 1	
	Quantity increases from (b)(4)		1 1		
- 1					
	Delivery: 30 Days After Award				
- 1	Quantity:(b)(4)				
	Accounting Info:				
	(b)(7)(E)				
		10 J t		1.4	
Ī	Funded: (b)(4)				
	Delivery: 30 Days After Award				
	Quantity: (b)(4)		1 1		
	Accounting Info:		1		
	(b)(7)(E)		1 1		
- 1	(b)(1)(L)		1 1		
	Funded: (b)(4)				
	Continued			1	
01.152					

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE CONTINUATION SHEET HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00003 3 NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (F) Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Change Item 0005 to read as follows (amount shown is the obligated amount): (b)(4)0005 DETAINEE WAGES CLIN 2004 Funding increases from (b)(4) (b)(4)Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Quantity: (b)(4) Accounting Info: (b)(7)(E)(b)(4)Funded:

GUARANTEED BEDS

Quantity increases from (b)(4)

Change Item 2001A to read as follows (amount shown

Funding increases from (b)(4)

is the obligated amount):

(b)(4)

Continued ...

(b)(4)

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Quantity: (b)(4)  Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Change Item 2001B to read as follows(amount shown				
	is the obligated amount):				<u> </u>
2001B	VARIABLE BEDS	(b)(4)			
	Quantity increases from (b)(4)				
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Quantity: (h)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (h)(4)				
	Quantity: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 2002A to read as follows(amount shown is the obligated amount):				
2002A	TRANSPORTATION (FLAT RATE)	(b)(4)	)		
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Quantity: (b)(4) Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	E OF	
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00003	5		7
NAME OF OFFEROR OR CONTRACT	TOR			

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
(A)	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 2003 to read as follows(amount shown is the obligated amount):	(C)	(D)	(E)	(F)
2003	REMOTE CUSTODY	(b)(4)		1	
	Funding increases from (b)(4)  (b)(4)  Quantity increases from (b)(4)  Delivery: 30 Days After Award Quantity: (b)(4)  Accounting Info: (b)(7)(E)  Funded: (b)(4)				
2005	Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 2005 to read as follows(amount shown is the obligated amount):  MEDICAL SERVICES	(b)(4)			
2000			Т	1	
	Funding increases from (b)(4) (b)(4)  Quantity increases from (b)(4)  Delivery: 30 Days After Award Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00003
 PAGE 6
 OF 6

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
(A) 2006	Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 2006 to read as follows (amount shown is the obligated amount):  EMERGENCY BEDS - GUARANTEED (b)(4)  Funding increases from (b)(4) (b)(4)  Delivery: 30 Days After Award Accounting Info: (b)(7)(E)  Funded: (b)(4)  Accounting Info: (b)(7)(E)	(C)		(E)	(b)(4)
2007	Change Item 2007 to read as follows(amount shown is the obligated amount):  EMERGENCY BEDS - VARIABLE	(b)(4)			
	Quantity increases from (b)(4)  Funding increases from (b)(4)  (b)(4)  Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)  Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00003

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	Funded: (b)(4)	1 1 1		
	Quantity: (b)(4) Accounting Info:	1 11		
	(b)(7)(E)	1 11		
	(2)(1)(2)	1 11		
	Funded: (b)(4)			
	All other terms and conditions remain the same.	1 11		
		1 11		
		1 11		
		1 1 1		
		1 1 1		
		1 11		
		1 11		
		1 11		
		1 11		
		1   1		
		1 11		
		1 11		
		1 11		
		1 11		
		1 11		
		1 11		

		OR	DER FOR SUF	PLIES OR SER	VICES				PAGE	OF PAGES	
IMPORTANT:	Mark all	packages and papers with	contract and/or ord	er numbers.					1	9	
1. DATE OF ORDER 2. CONTRACT NO. (If any) HSCEDM-11-D-00003				6. SHIP TO:							
09/02/20	16	HSCEDM-11-D-000			a. NAME (	OF CC	DNSIGNEE				
3. ORDER NO. 4. REQUISITION/REFERENCE NO. 192116FDN31000057			ICE ENFORCEMENT REMOVAL								
ICEDETEN IMMIGRAT OFFICE C	TIÓN TION A DF ACQ	ND CUSTOMS ENFO UIS <u>ITION MANA</u> GEI				RAT	ORESS ION AND CUSTO REET NW	DMS ENFORC	EMENT		
801 I ST WASHINGT		DOCUMENTS OF THE STREET			c. CITY WASHI	NGT	ON		d. STATE	e. ZIP CODE 20536	
7. TO: GEO	GROUP	INC THE			f. SHIP VI	A					
a. NAME OF CO							8. TY	PE OF ORDER			
b. COMPANY N	AME				a. PUI	RCHA	SE		b. DELIVER	Y	
c. STREET ADD 621 NW 5	RESS 33RD S	T (b)(6):			REFEREN			E		instructions on the	
d. CITY			e. STATE	f. ZIP CODE	Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if subject to instructions of the above conditions of the above contract.					this form and is the terms and	
9. ACCOUNTING		PROPRIATION DATA	FL	334878242			elivery as indicated.				
See Sche		CATION (Check appropriate b			ICE E	NFO	RCEMENT REMO	OVAL	12. F.O.B. PC		
a. SMALL f. SERVIC		b. OTHER THAN SMALL  g. WOMEN-OWNE	c. DISADVAN ED SMALL BUSINESS R THE WOSB PROGE	S (WOSB)	OMEN-OWNED	)	e. HUBZone		Destina		
a. INSPECTION Destinat		13. PLACE OF  b. ACCEPTANCE Destinati	:	14. GOVERNMENT B/L	NO.		15. DELIVER TO F.O.B. ON OR BEFORE (Dat 30 Days Afte	te)	16. DISCO	(b)(4)	
				17. SCHEDULE (S	ee reverse for	Rejec	tions)				
ITEM NO.			OR SERVICES		QUANTITY ORDERED	UNIT		AMOL		QUANTITY ACCEPTED	
	COR: (1 Alteri (b)(6): Contra (b)(6):	Number: 6127064 b)(6):(b)(7)(C) hate COR: (b)(6):(l acting Officer:	b)(7)(C)	C)	(c)	(0)	(e)	(f)		(g)	
	18. SHIP	PING POINT		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont. pages)	
	a. NAME  DHS ICE						(1) (1)	(b)(4)			
SEE BILLING							(b)(4)				
INSTRUCTIONS ON REVERSE	b. STREET ADDRESS BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-EROFOD-FDN										
	c. CITY			d. STATE e.		e. ZIP CODE (b)(4)					
	MI	LLISTON			VT		05495-1620				
22. UNITED S	STATES O		); (b)(7)(C)				23. NAME (Typed) (b)(6); (b)(7)(C) TITLE: CONTRACTING	S/ORDERING OFF	ICER		
AUTHORIZED FO	OR LOCAL R	EPRODUCTION		-						FORM 347 (Rev. 2/2012)	

PREVIOUS EDITION NOT USABLE

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

PAGE NO

2

09/02/2	DER CONTRACT NO.  HSCEDM-11-D-00003		HSCE	DM-16-J-00042	
ITEM NO.	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	 UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	This is a new task order for detention and transportation service for ICE detainees in Aurora, Colorado. This is a continuation of services previously performed under task order HSCEDM-15-J-00029. The effective date of this task order is 9/16/2016 and funding is provided through 9/30/2016.				
	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 funded under this Task Order.				
	The Service Provider is not authorized to continue work on those items beyond that point.  The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those items for performance beyond the funding allotted.				
	Exempt Action: Y Period of Performance: 09/16/2016 to 09/15/2017				
0001	GUARANTEED BEDS	(b)(4)			1
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
0002	VARIABLE BEDS	(b)(4)			1
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
0003	TRANSPORTATION (FLAT RATE) Continued	(b)(4)			]
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			(b)(4)	

	SCHEDULE - CONTINUATION	N		3	
IMPORTAN	IT: Mark all packages and papers with contract and/or order numbers.				
09/02/2	RDER CONTRACT NO. 2016 HSCEDM-11-D-00003		ORDER HSCE	NO. DM-16-J-00042	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT ORDERED	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b) Accounting Info:	(c) (d)	(e)	(f)	(g)
	(b)(7)(E)				
	Funded: (b)(4)				Ļ
0004	DIRECT FUEL PASS THRU	(b)(4)			
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
0005	DETAINEE WAGES	(b)(4)			
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
0006	MEDICAL SERVICES	(b)(4)			] [
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
0007	REMOTE CUSTODY	(b)(4)			
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Invoice Instructions:				
	ICE - ERO Contracts Service Providers/Contractors shall use				
	these procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be Continued				
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/H))			(b)(4)	

**ORDER FOR SUPPLIES OR SERVICES** 

PAGE NO

PAGE NO

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

DATE OF ORDER CONTRACT NO.

09/02/2016 HSCEDM-11-D-00003

ORDER NO.

HSCEDM-16-J-00042

TEM NO.	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTE (g)
(4)	submitted in a ".pdf" format in accordance	(0)	(5)	(6)	(1)	(9)
	with the contract terms and conditions					
	[Contract Specialist and Contracting					1
	Officer to disclose if on a monthly basis					
	or other agreed to terms"] via email,					
	United States Postal Service (USPS) or					1
	facsimile as follows:					
		İ	Ιİ			İ
	a) Email:					
	Investor Consolidation Aire dhe con					
	• Invoice.Consolidation@ice.dhs.gov					
	Contracting Officer Representative (COR)	P				
	or Government Point of Contact (GPOC)					
	Contract Specialist/Contracting Officer					
	Each email shall contain only (1) invoice					İ
	and the invoice number shall be indicated				1	Ť
	on the subject line of the email.					ŧ
	on the subject line of the email.				1	1
	h) HCDC.					4
	b) USPS:					1
	DHS, ICE				[7]	t
	Financial Operations - Burlington					1
	P.O. Box 1620					1
	Williston, VT 05495-1620					-
	ATTN: ICE-ERO/FOD-FDN					
	The Contractors Data Universal Numbering					
	The Contractors Data Universal Numbering					1
	System (DUNS) Number must be registered and		1 1			1
	active in the System for Award Management		1 1			1
	(SAM) at https://www.sam.gov prior to award					1
	and shall be notated on every invoice					1
	submitted to ensure prompt payment		1 1		1	1
	provisions are met. The ICE program office		1 1			İ
	identified in the task order/contract shall		l I		1	İ
	also be notated on every invoice.					İ
						1
	c) Facsimile:					
	Alternative Invoices shall be submitted to:					1
	(802) -288-7658					1
	(552) 250 7555					+
	Submissions by facsimile shall include a					
	cover sheet, point of contact and the					
	number of total pages.					1
	Continued					
					(b)(4)	1

### 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. HSCEDM-11-D-00003 HSCEDM-16-J-00042 09/02/2016 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) 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 entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed; (ii). Dunn and Bradstreet (D&B) DUNS Number; (iii). Invoice date and invoice number; (iv). Agreement/Contract number, contract line item number and, if applicable, the order number; (v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or 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 Continued ...

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

(b)(4)

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-11-D-00003 HSCEDM-16-J-00042 09/02/2016 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (c) (e) (g) payment offered; (viii). Remit to Address; (ix). Name, title, and phone number of person to resolve invoicing issues; (x). ICE program office designated on order/contract/agreement and (xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing) (xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management. 3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when 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: Continued ...

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

(b)(4)

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

DATE OF ORDER CONTRACT NO.

PAGE NO

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ORDER NO.

09/02/2	016 HSCEDM-11-D-00003			HSCE	EDM-16-J-00042	
ITEM NO.	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
(0)	(6)	(0)	(0)	(0)	()	(9)
	a. Detention Bed Space Services					
	• Bed day rate;					
	<ul> <li>Detainees check-in and check-out dates;</li> </ul>					
	Number of bed days multiplied by the be	d				
	<pre>day rate; • Name of each detainee;</pre>					
	Detainees identification information					
	becamees 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					}
	detention bed space CLINs without a GM, the					
	supporting documentation must include:					i
	Bed day rate;					d
	<ul> <li>Detainees check-in and check-out dates;</li> </ul>					1
	<ul> <li>Number of bed days multiplied by the be</li> </ul>	d				
	day rate;					
	<ul> <li>Name of each detainee;</li> </ul>					
	Detainees identification information					
	h managarahahi an Camai ana Ban					
	<ul> <li>Transportation Services: For transportation CLINs without a GM, the</li> </ul>					1
	supporting documentation must include:					
	supporting documentation mast include.					
	Mileage rate being applied for that					
	invoice;					
	<ul> <li>Number of miles;</li> </ul>					
	<ul> <li>Transportation routes provided;</li> </ul>					
	<ul> <li>Locations serviced;</li> </ul>					
	<ul> <li>Names of detainees transported;</li> </ul>					
	<ul> <li>Itemized listing of all other charges;</li> </ul>					
	and,					
	• for reimbursable expenses (e.g. travel					
	expenses, special meals, etc.) copies of Continued					
	continued					
					(b)(4)	
	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. HSCEDM-11-D-00003 HSCEDM-16-J-00042 09/02/2016 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (f) (b) (c) (e) (g) all receipts. 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 quard names and duration of the billing (times and dates), and (4) for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.): The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support. (iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs. 4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement

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 Continued ...

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

(b)(4)

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

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

CONTRACT NO.

DATE OF ORDER

PAGE NO

ORDER NO.

9

HSCEDM-11-D-00003 HSCEDM-16-J-00042 09/02/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (f) (c) (e) (g) 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 documents containing Sensitive PII. Refer to the DHS Handbook for (iv) Safeguarding Sensitive Personally Identifiable Information (March 2012) found (b)(7)(E)march2012.pdf for more information on and/or examples of Sensitive PII. 5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at (b)(6); (b)(7)(C) or by e-mail at b)(6); (b)(7)(C) @ice.dhs.gov. The total amount of award: (b)(4)The obligation for this award is shown in box 17(i). (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE (	OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PROJECT N	O. (If applicable)
P00001	See Block 16C	1921	17FDN31000001		
6. ISSUED BY CODE	ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE	
ICEDETENTION COMPLIANCE REMINDING REMINDING REMINDING ENDOUGHTON SELECT OF ACQUISITION MANAGES AND ACCUMENTATION OF ACCUMENTA					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t county State and ZIP Code)		AMENDMENT OF SOLICITATION NO.		
GEO GROUP INC THE ATTN GEO GROUP INC THE 521 NW 53RD ST (b)(6): BOCA RATON FL 334878242	, county, State and Eir Code)	9B.	DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORD SCEDM-11-D-00003	ER NO.	
			SCEDM-16-J-00042		
CODE	FACILITY CODE	_	3. DATED (SEE ITEM 13)		
CODE 6127064650000			9/02/2016		
	11. THIS ITEM ONLY APPLIES T	TO AMENDI	IENTS OF SOLICITATIONS		
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offe reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req. See Schools)	er already submitted , such change ma is received prior to the opening hour	ay be made	by telegram or letter, provided each teleg ecified.		
See Schedule			ODIFIES THE CONTRACT/ORDER NO. A		
B. THE ABOVE NUMBERED CONTRAI appropriation date, etc.) SET FORTI  C. THIS SUPPLEMENTAL AGREEMEN  D. OTHER (Specify type of modification  X FAR 43.103 (b)	IT IS ENTERED INTO PURSUANT TO		MINISTRATIVE CHANGES (such as char OF FAR 43.103(b). TY OF:	nges in paying office,	
E. IMPORTANT: Contractor X is not,	is required to sign this document	t and return	copies to the is	squing office	
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  COR: (b)(6); (b)(7)(C)  Alternate COR: (b)(6); (b)(7)(C)  Contracting Officer: (b)(6); (b)	(Organized by UCF section headings				
The purpose of this modifica increase the amount obligate		ding f	or services through 1	11/15/16. T	nis will
The funding provided in this allotted to this Task Order. The service provider agrees Continued					
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	16A.	retofore changed, remains unchanged ar NAME AND TITLE OF CONTRACTING ( 6); (b)(7)(C)		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	-	UNITED STATES OF AMERICA	14	6C. DATE SIGNED
100. CONTINUE TO INOFFEROR	150. DATE SIGNEL		3); (b)(7)(C)	11	US. DATE SIGNED
(Signature of person authorized to sign)					
1011 7540 04 450 0070				STANDARD FORM	100 (DEL 10 00)

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	currently allotted to the items funded under this				
	Task Order.				
	The Service Provider is not authorized to				
	continue work on those items beyond that point.				
	The Government will not be obligated to reimburse				
	the Service Provider in excess of the amount			1.9	
	allotted to those items for performance beyond				
	the funding allotted.				
	Exempt Action: Y			4	
	Delivery: 30 Days After Award			1.40	
	Discount Terms:			1140	
	(b)(4)			1:10	
	Delivery Location Code: ICE/ERO			1.10	
	ICE ENFORCEMENT REMOVAL		1 1	1.0	
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW			1.0	
	(b)(6):				
	WASHINGTON DC 20536			110	
	FOB: Destination				
	Period of Performance: 09/16/2016 to 09/15/2017				
	Change Item 0004 to read as follows(amount shown				
	is the obligated amount):				
04	DIRECT FUEL PASS THRU	(b)(4)			
	CLIN 2002B				
	Funding increases from (b)(4)				
	(b)(4)			1.46	
	Quantity increases from (b)(4)				
	Quantity: (b)(4			140	
	Accounting Info:			1111	
	(b)(7)(E)				
	Funded: (b)(4)				
	Quantity: (b)(4)				
	Accounting Info:				
	(b)(7)(E)			140	
	la va				
	Funded: (b)(4)				
	Change Item 0005 to read as follows(amount shown				
	is the obligated amount):				
	Continued				

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE **CONTINUATION SHEET** HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00001 3 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)(4)0005 DETAINEE WAGES CLIN 2004 Funding increases from (b)(4) (b)(4) Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4) Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Add Item 2001A as follows: (b)(4)2001A GUARANTEED BEDS Accounting Info: (b)(7)(E)Funded: (b)(4)Add Item 2001B as follows: 2001B (b)(4)VARIABLE BEDS Accounting Info: (b)(7)(E)Funded: (b)(4)Add Item 2002A as follows: 2002A TRANSPORTATION (FLAT RATE) (b)(4)

Accounting Info:

Funded: (b)(4)
Continued ...

(b)(7)(E)

Add Item 2003 as follows:  REMOTE CUSTODY  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2005 as follows:	CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00001  REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00001						
Add Item 2003 as follows:  REMOTE CUSTODY  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2005 as follows:  MEDICAL SERVICES  Accounting Info: (b)(7)(E)  Funded: (b)(4)							
REMOTE CUSTODY  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2005 as follows:  MEDICAL SERVICES  Accounting Info: (b)(7)(E)  Funded: (b)(4)	ITEM NO.			AMOUNT (F)			
Accounting Info: (b)(7)(E)  Funded: (b)(4)  Add Item 2005 as follows:  MEDICAL SERVICES  Accounting Info: (b)(7)(E)  Funded: (b)(4)		Add Item 2003 as follows:					
(b)(7)(E)  Funded: (b)(4)  Add Item 2005 as follows:  MEDICAL SERVICES  (b)(4)  Accounting Info: (b)(7)(E)  Funded: (b)(4)	003	REMOTE CUSTODY	(b)(4)				
(b)(7)(E)  Funded: (b)(4)  Add Item 2005 as follows:  MEDICAL SERVICES  (b)(4)  Accounting Info: (b)(7)(E)  Funded: (b)(4)		Accounting Info:					
Add Item 2005 as follows:  MEDICAL SERVICES  Accounting Info: (b)(7)(E)  Funded: (b)(4)							
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Accounting Info: (b)(7)(E)  Funded: (b)(4)		Add Item 2005 as follows:					
(b)(7)(E)  Funded: (b)(4)	005	MEDICAL SERVICES	(b)(4)				
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See Block 16C  See Block 16C  192117FDN3100001.1  7. ADMINISTERD BY (If other than from 6)  CODE  CEDEPENTION COMPLIANCE REMOVALS  IMMIGRATION AND CUSTOMS EMPORCEMENT  SOI I STREET IN BIOIG:  NAME AND ADDRESS OF CONTRACTOR (No. street county, State and ZP Cuse)  SEE GROUP INC THE  21. IN STREET IN BIOIG:  NAME AND ADDRESS OF CONTRACTOR (No. street county, State and ZP Cuse)  SEE GROUP INC THE  22. IN STREET IN BIOIG:  NAME AND ADDRESS OF CONTRACTOR (No. street county, State and ZP Cuse)  SEE GROUP INC THE  22. IN STREET ON ELECTROPY CONTRACTOR (No. street county, State and ZP Cuse)  SEE GROUP INC THE  22. IN STREET ON BIOIGE.  NAME AND ADDRESS OF CONTRACTOR (No. street county, State and ZP Cuse)  SEE GROUP INC THE  22. IN STREET ON BIOIGE.  NAME AND ADDRESS OF CONTRACTOR (No. street county). State and ZP Cuse)  SEE GROUP INC THE  22. IN STREET ON STREET	AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONTRA	ст	CONTRACT ID CODE	PAGE OF PAGES		
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SEO GROUP INC THE  TITN GEO GROUP INC THE  SIND STAPE STAPE STAPE  OCCUPANT OF LEVEL STAPE							
SECEDM-11-D-00003     SECEDM-15-Q-00042     105. DATED (SECEDM-15-Q-00042     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SIONED     105. DATE SION	GEO GROUP INC THE ATTN GEO GROUP INC THE 621 NW 53RD ST (b)(6); BOCA RATON FL 334878242			3. DATED (SEE ITEM 11)	ER NO.		
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.			×	SCEDM-11-D-00003			
THE ADDRESS ASSESSED   STATE OF A SOLUTION OF CONTRACTORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (auch as changes in paying office, appropriated in this Teach of the solution			Н	SCEDM-16-J-00042			
11. THIS TEM 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  Offers must acknowledge receipt of this amendment prior to the hour and make specified for receipted of Offers  Offers must acknowledge receipt of this amendment prior to the hour and make specified in the solicitation or as amended. Joy one of the following methods: (a) By completing litems 8 and 15, and returning  Copies of the amendment; (b) By acknowledging receipt of this amendment on chapy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and mandment numbers. FALURE OF SYCHAR CAKNOWLEDGEMENT 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 It by virtue of this amendment you desire to change an offer andready 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.  2. ACCOLUNINA MA PAPPORPICIATION DATA (if required)  13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.  CHECK ONE  13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.  CHECK ONE  14. 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.  15. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, excl. SET FORTH IN ITEM 14, putsuant TO HE AUTHORITY OF FAR 3.103(b).  15. DOTHER (Specify type of modification and authority)  15. DOTHER (Specify type of modification and authority)  15. DOTHER (Specify type of modification and authority)  15. DOTHER (Specify type of m	<u> </u>		10	DB. DATED (SEE ITEM 13)			
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Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended. Up and or the following methods: (a) By completing terms and 15, and returning and returning of the offer submitted or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FALURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF CFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN RECISION OF YOUR OFFER If by white of this amendment and an enderment and an enderment and an establishment of this mendment of the solicitation and this mendment and the specified.  12. ACCOUNTING AND APPROPRIATION DATA (If required)  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.  CHECKONE  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 160.  C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  D. OTHER (Specify type of modification and authority)  X FAR 43.103 (b)  EMPORTANT: Contractor (Xis not.) is required to sign this document and return copies to the issuing office.  14. DESCRIPTION OF AMERIDAENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  DUNS Number: 61270.6465  Contractor (B)(6); (b)(7)(C)  Contracting Officer: (b)(6); (b)(7)(C)  The purpose of this modification is to add funding for emergency beds for detainees from the Southern Border. This will increase the amount obligated from (b)(4)  Price funding provided in this Task Order is the amount presently available for payment and allotted to this Task Order.  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)		11. THIS ITEM ONLY	APPLIES TO AMEND	MENTS OF SOLICITATIONS			
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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. FAR. 43.103(b)  E. IMPORTANT: Contector Since. Is required to sign this document and return copies to the issuing office.  14. DESCRIPTION OF AMENDMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  DUNS Number: 61270 6465  COR: (b)(6): (b)(7)(C)  Alternate COR: (b)(6): (b)(7)(C)  Contracting Officer: (b)(6): (b)(7)(C)  The purpose of this modification is to add funding for emergency beds for detainees from the Southern Border. This will increase the amount obligated from (b)(4)  The funding provided in this Task Order is the amount presently available for payment and allotted to this Task Order.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as herefolder changed, remains unchanged and in full force and effect.  15A NAME AND TITLE OF SIGNER (Type or print)  (b)(6): (b)(7)(C)  15B. CONTRACTOROFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. CONTRACTOROFFEROR 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. CONTRACTOROFFEROR 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE S	See Schedule						
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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)	15B. CONTRACTOR/OFFEROR	15C. DA	TE SIGNED 16B.	UNITED STATES OF AMERICA	16C. DATE SI	GNED	
	(Signature of person authorized to sign)					<u> </u>	

 CONTINUATION SHEET
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 PAGE | OF | EXCEDM-11-D-000042/P00002
 PAGE | OF | EXCEDM-11-D-000042/P000002
 PAGE | OF | EXCEDM-11-D-00004

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (D) (E) (A) (B) (F) 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 work on those items beyond that point. The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those items for performance beyond the funding allotted. Exempt Action: Y Delivery: 30 Days After Award Discount Terms: (b)(4)Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6);WASHINGTON DC 20536 Accounting Info: (b)(7)(E)FOB: Destination Period of Performance: 09/16/2016 to 09/15/2017 Add Item 2006 as follows: (b)(4)2006 EMERGENCY BEDS - GUARANTEED Add Item 2007 as follows: (b)(4)2007 EMERGENCY BEDS - VARIABLE - OCTOBER 1, 2016 -NOVEMBER 15, 2016 TASK ORDER # HSCEDM-16-J-00042 POP: 09/16/2016 - 09/15/2017 FUNDED POP: 10/07/2016 - 11/15/2016 All other terms and conditions remain the same.

AMENDMENT OF SOLICITATION/M		CONTRACT ID CODE			PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3 FFFF	CTIVE DATE	4 REC	UISITION/PURCHASE REQ. NO.	5 PP	OJECT NO. (	(If applicable)	
P00004				17FDN31000001.3	0.11	O3E01 140. (	п аррпсаые)	
6. ISSUED BY	CODE ICE/	Block 16C		MINISTERED BY (If other than Item 6)	CODE	=		
ICEDETENTION COMPLIANCE IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION M 801 I STREET NW (b)(6): WASHINGTON DC 20536	REMOVALS ENFORCEME							
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  GEO GROUP INC THE  ATTN GEO GROUP INC THE  621 NW 53RD ST (h)(6).  BOCA RATON FL 334878242				AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER SCEDM-11-D-00003  SCEDM-16-J-00042  B. DATED (SEE ITEM 13)	NO.			
CODE 6127064650000	FACILIT	Y CODE	- 1					
6127064650000		HIS ITEM ONLY APPLIES TO		9/02/2016				
Items 8 and 15, and returning separate letter or telegram which includes a THE PLACE DESIGNATED FOR THE REC virtue of this amendment you desire to char	copies of the reference to the solution of the	amendment; (b) By acknowle dicitation and amendment num PRIOR TO THE HOUR AND D submitted, such change may	edging red bers. FA DATE SPE be made	on or as amended , by one of the following meeipt of this amendment on each copy of the ILLURE OF YOUR ACKNOWLEDGEMENT TO CIFIED MAY RESULT IN REJECTION OF Yoby telegram or letter, provided each telegram	offer sub O BE RE OUR OF	mitted; or (c) CEIVED AT FER If by		
reference to the solicitation and this amend 12. ACCOUNTING AND APPROPRIATION DA					h)(4)			
See Schedule	ATA (III roquirou)	Ne	t inc	rease:	b)(4)			
	CONTRACT/ORDEF ET FORTH IN ITEM	R IS MODIFIED TO REFLECT 14, PURSUANT TO THE AU	T THE AD THORITY	IES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).				
D. OTHER (Specify type of m X FAR 43.103 (b)	odification and autho	rity)						
E. IMPORTANT: Contractor	is not. is req	uired to sign this document a	nd return	copies to the issui	ing office			
14. DESCRIPTION OF AMENDMENT/MODIFICATION OF	7)(C)	d by UCF section headings, in	ncluding s	olicitation/contract subject matter where feas	sible.)			
The purpose of this mod services. This will inc					porta	ation		
The funding provided in allotted to this Task O Continued Except as provided herein, all terms and cond	rder. litions of the docume		0A, as he	retofore changed, remains unchanged and ir	n full force	e and effect.	and	
15A. NAME AND TITLE OF SIGNER (Type or	pant)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  (b)(6); (b)(7)(C)					
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B.	UNITED STATES OF AMERICA		16C.	DATE SIGNED	
(Signature of person authorized to s	ign)			And the second of the second o				
, , , , , , , , , , , , , , , , , , , ,			_		OT441D4	DD EODM 30		

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	The service provider agrees to perform to the				
	point that does not exceed the total amount		1 1		
	currently allotted to the items funded under this			1	
	Task Order.		1 1		
	The Service Provider is not authorized to		1 1		
	continue work on those items beyond that point.		1 1		
	The Government will not be obligated to reimburse		1		
	the Service Provider in excess of the amount		1 1		
	allotted to those items for performance beyond				
	the funding allotted.				
	the funding afforced.			130	
	Exempt Action: Y			148	
	Discount Terms:		1 1	140	
	(b)(4)				
	Delivery Location Code: ICE/ERO		1 1		
	ICE ENFORCEMENT REMOVAL				
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW		1 1		
	(b)(6);		1 1		
	WASHINGTON DC 20536			140	
	FOB: Destination		1 1		
	Period of Performance: 09/16/2016 to 09/15/2017		1 1		
	Change Item 0004 to read as follows(amount shown				
	is the obligated amount):				
		[[]			
4	DIRECT FUEL PASS THRU	(b)	(4)		
	CLIN 2002B				
	(h)/4)		1 1		
	Funding increases from (b)(4)		1 1		
- 1	(h)(4)		1 1		
	Quantity increases from (b)(4)		1 1		
	Delivery: 30 Days After Award				
	Quantity: (b)(4)				
	Accounting Info:	l			
	(b)(7)(E)				
				1.17	
	Funded: (b)(4)			1.40	
	Delivery: 30 Days After Award				
	Quantity: (b)(4)			140	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Quantity: (h)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Quantity: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Change Item 0005 to read as follows(amount shown				
0005	is the obligated amount):  DETAINEE WAGES CLIN 2004	(b)(4)			
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Quantity: (h)(4) Accounting Info:				
	(b)(7)(E)  Funded: (b)(4)				
	Delivery: 30 Days After Award Quantity: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Quantity: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Quantity: (b)(4)				
	Accounting Info: (b)(7)(E) Continued				

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	FEROR OR CONTRACTOR UP INC THE			= 4.4.7.	
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 2001A to read as follows(amount shown is the obligated amount):				
2001A	GUARANTEED BEDS	(b)(4)			
	Quantity increases from (b)(4)	†			
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Quantity: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Quantity: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Quantity: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 2001B to read as follows(amount shown is the obligated amount):				
2001B	VARIABLE BEDS	(b)(4)			
	Quantity increases from (b)(4)				
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Quantity: (h)(4)				
	Accounting Info: (b)(7)(E)				
	Continued				
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AME OF OFFEROR OR CONTRAC EO GROUP INC THE	CTOR				
TEM NO.	SUPPLIES/SERVICES (B)	QUANTIT'	Y UNIT	UNIT PRICE (E)	AMOUNT (F)
is the obl  TRANSPORTA  Funding in (b)(4)  Quantity i	(b)(4) (D)(6) (D)(6) (D)(7) (D)(8) (D)(8) (D)(8) (D)(8) (D)(9) (D)(10)	(b	)(4)		

Continued ...

(b)(7)(E)

(b)(7)(E)

Quantity: (b)(4)
Accounting Info:

Funded: (b)(4)

Quantity: (b)(4)
Accounting Info:

Funded: (b)(4)

2020-ICLI-00042 GEO Group 789

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	Change Item 2003 to read as follows(amount shown is the obligated amount):			
2003	REMOTE CUSTODY	(b)(4)		
	Funding increases from (b)(4) (b)(4)			
	Quantity increases from (b)(4)			
	(b)(4)			
	Delivery: 30 Days After Award Quantity: (b)(4)			
	Accounting Info: (b)(7)(E)	-		
	Funded: (b)(4)	1		
	Quantity: (b)(4) Accounting Info:			
	(b)(7)(E)	1		
	Thursday (h)(A)	1		
	Funded: (b)(4)			
	Quantity: (b)(4) Accounting Info:	1		
	(b)(7)(E)			
	Funded: (b)(4)	1		
	Change Item 2005 to read as follows(amount shown			
	is the obligated amount):	(5)(4)		
2005	MEDICAL SERVICES	(b)(4)		
	Funding increases from (b)(4) (b)(4)			
	Quantity increases from (b)(4)			
	Delivery: 30 Days After Award			
	Quantity: (b)(4) Accounting Info:			
	(b)(7)(E)			
	Continued	1   1		
			-= -	
		1 1 1		

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) Funded: (b)(4)Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (D)(4) Delivery: 30 Days After Award Quantity: (b)( Accounting Info: (b)(7)(E)Funded: (b)(4)Change Item 2006 to read as follows (amount shown is the obligated amount): (b)(4)EMERGENCY BEDS - GUARANTEED (b)(4) 2006 Funding increases from (b)(4) (b)(4)Delivery: 30 Days After Award Amount: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (h)(4) Amount: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4) Change Item 2007 to read as follows (amount shown is the obligated amount): (b)(4)2007 EMERGENCY BEDS - VARIABLE Continued ...

 
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 OF 8

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
			= Y7 Y 1	
	Quantity increases from (b)(4)	4		
	Funding increases from (b)(4)	-		
	(b)(4)	1		
	Delivery: 30 Days After Award Quantity: (b)(4)			
	Accounting Info:			
	(b)(7)(E)	1 11		
	Funded: (b)(4)			
	Quantity: (b)(4) Accounting Info:			
	(b)(7)(E)			
	,			
	Funded: (h)(4)	1 11		
	runded: [MI41]			
	Quantity: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4) All other terms and conditions remain the same.			
	All other terms and conditions remain the same.			
		1 1		
		1 1		

AMENDMENT OF SOLICITATION/MO		CONTRACT ID CODE	PA	PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5 PROJ	1 10 ECT NO. (If applicable)	
P00005			2117FDN31000001.4	0.1100	201 No. (II applicable)	
	See Block 16C CODE ICE/DCR	7. /	ADMINISTERED BY (If other than Item 6)	CODE		
CEDETENTION COMPLIANCE EMMIGRATION AND CUSTOMS DEFFICE OF ACQUISITION MA BO1 I STREET NW (b)(6); WASHINGTON DC 20536	REMOVALS ENFORCEMENT					
i. NAME AND ADDRESS OF CONTRACTOR (N	o., street, county, State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.			
EO CROUD INC BUE		(^)				
GEO GROUP INC THE			9B. DATED (SEE ITEM 11)			
21 NW 53RD ST (b)(6):			,			
OCA RATON FL 334878242						
		x	10A. MODIFICATION OF CONTRACT/ORD HSCEDM-11-D-00003	DER NO.		
			HSCEDM-16-J-00042			
			10B. DATED (SEE ITEM 13)			
CODE 6127064650000	FACILITY CODE		09/02/2016			
312.00.000	11. THIS ITEM ONLY APP	PLIES TO AMEN	DMENTS OF SOLICITATIONS			
The above numbered solicitation is amended a				s extended	is not extended.	
THE PLACE DESIGNATED FOR THE RECEIL virtue of this amendment you desire to change reference to the solicitation and this amendme 12. ACCOUNTING AND APPROPRIATION DATA	an offer already submitted , such cha nt, and is received prior to the opening	nge may be ma g hour and date	de by telegram or letter, provided each teleç specified.	gram or letter ma	•	
See Schedule	in roganou)	Net In	ncrease:	(b)(4)		
13. THIS ITEM ONLY APPLIE	S TO MODIFICATION OF CONTRACT	S/ORDERS. IT	MODIFIES THE CONTRACT/ORDER NO. A	AS DESCRIBED	IN ITEM 14.	
	ONTRACT/ORDER IS MODIFIED TO I FORTH IN ITEM 14, PURSUANT TO EEMENT IS ENTERED INTO PURSUA		ADMINISTRATIVE CHANGES (such as cha TY OF FAR 43.103(b). PRITY OF:	anges in paying o	office,	
D. OTHER (Specify type of mode	fication and authority)		4			
X FAR 43.103(b) un	ilateral, 52.232-22	Limitat	ion of Funds.			
. IMPORTANT: Contractor X is	not. is required to sign this do	cument and retu	rn copies to the	issuing office.		
14. DESCRIPTION OF AMENDMENT/MODIFIC DUNS Number: 612706465 COR: (b)(6): (b)(7)(C) Alternate COR: (b)(6); (b)(7)(6)	C)	adings, includin	g solicitation/contract subject matter where	feasible.)		
Contracting Officer: (b)(6	,, (J)(1)(V)					
The purpose of this modi:	fication is to add	funding	for detention and tra	nsportat	ion	
ervices. This will incre	ease the amount obl	igated f	rom (b)(4)			
0)(4)						
ontinued						
Except as provided herein, all terms and condition						
ISA. NAME AND TITLE OF SIGNER (Type or pr	int)		A. NAME AND TITLE OF CONTRACTING	OFFICER (Type	or print)	
		<u>(a)</u>	)(6); (b)(7)(C)			
15B. CONTRACTOR/OFFEROR	15C. DATE S		B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
		(0	)(6); (b)(7)(C)			
(Signature of person authorized to sign)						
NSN 7540-01-152-8070				STANDARD	FORM 30 (REV. 10-83)	

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

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HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

I NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	The funding provided in this Task Order is the				
	amount presently available for payment and				
	allotted to this Task Order.			- 1	
	The service provider agrees to perform to the			- 1	
	point that does not exceed the total amount				
	currently allotted to the items funded under this				
	Task Order.	1		- 1	
	The Service Provider is not authorized to				
	continue work on those items beyond that point.				
	The Government will not be obligated to reimburse			1.1	
	the Service Provider in excess of the amount			11	
	allotted to those items for performance beyond				
	the funding allotted.			1.40	
			1 1	1.116	
	Event Action V Consitive Avend CDII				
	Exempt Action: Y Sensitive Award: SPII Discount Terms:			1.46	
	(b)(4)				
	Delivery Location Code: ICE/ERO		1 1	1.40	
	ICE ENFORCEMENT REMOVAL		1 1	1.40	
	IMMIGRATION AND CUSTOMS ENFORCEMENT		1 1	140	
	801 I STREET NW			140	
	(b)(6):		1 1	110	
	WASHINGTON DC 20536			110	
			1 1	1910	
	FOB: Destination	1		19	
	Period of Performance: 09/16/2016 to 09/15/2017				
	Change Item 0004 to read as follows (amount shown			1	
	is the obligated amount):				
4	DIDDOM DUDY DAGG MUDY	(h	)(4)		
4	DIRECT FUEL PASS THRU		<del>/( - /</del>		
	CLIN 2002B				
	Funding increases from (b)(4)			0.7	
	(b)(4)		1 1	10	
	(Co)(1)			1010	
	Quantity increases from (b)(4)				
				1	
	Delivery: 30 Days After Award			100	
	Quantity:(b)(4)				
	Accounting Info:				
	(b)(7)(E)				
				140	
	Funded: (b)(4)				
	runded:[D)(4)				
	Delivery: 30 Days After Award				
	Quantity: (b)(4)				
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT (F)
(A)	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Funded: (b)(4)  Funded: (b)(4)	(C)	(D)	(E)	(F)
0005	Change Item 0005 to read as follows(amount shown is the obligated amount):  DETAINEE WAGES CLIN 2004  Funding increases from (b)(4)  (b)(4)  Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4)  Delivery: 30 Days After Award Quantity: (b)(7)(E) Accounting Info: (b)(7)(E)  Continued	(b)(4)			

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE CONTINUATION SHEET HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005 10 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)Funded: (b)(4) Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4) Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4) Change Item 2001A to read as follows (amount shown is the obligated amount): (b)(4)2001A GUARANTEED BEDS Quantity increases from (b)(4) (b)(4)Funding increases from (b)(4) b)(4) Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)

Quantity: (b)(4)
Accounting Info:

Funded: (b)(4)
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(b)(7)(E)

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ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(I) (I)		+		
	Quantity: (b)(4) Accounting Info:				
	(b)(7)(E)			1.0	
				- 110	
	Funded: (b)(4)			1 18	
	runded: (b)(4)		<b>1</b>		
	Delivery: 30 Days After Award				
	Quantity: (b)(4) Accounting Info:		$  \cdot  $		
	(b)(7)(E)		11	140	
	Funded: (b)(4)				
	Tanaca. (6)(1)				
	Delivery: 30 Days After Award				
	Quantity: (b)(4) Accounting Info:				
	(b)(7)(E)		11		
	Funded: (b)(4)				
	Change Item 2001B to read as follows (amount shown is the obligated amount):		$\perp$		
	is the obligated amount).				
2001B	VARIABLE BEDS	(b)(4)			
	Quantity increases from (b)(4)				
	Funding increases from (b)(4) (b)(4)		+1		
	(5)(4)				
	Delivery: 30 Days After Award				
	Quantity: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
			11		
	Quantity: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Quantity:(b)(4)				
	Continued				
	7 11				
	1	1 - 0			

 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005
 PAGE 6
 OF 10

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	JNIT	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
	Accounting Info:		+		
	(b)(7)(E)				
				0.50	
	Funded: (b)(4)				
				9 1910	
	Delivery: 30 Days After Award				
	Quantity: (b)(4) Accounting Info:			1010	
	(b)(7)(E)			1.80	
	Funded: (b)(4)			1145	
	runded.			1.00	
	Change Item 2002A to read as follows(amount shown				
	is the obligated amount):			1.18	
2002A	TRANSPORTATION (FLAT RATE) monthly amount				(b)(4)
	(b)(4)				
	Funding increases from (b)(4)			1343	
	(b)(4)				
				118	
	Quantity increases from (b)(4)			140	
	(5)(4)			1 10	
	Delivery: 30 Days After Award			1111	
	Amount: (h)(4) Accounting Info:			1.46	
	(b)(7)(E)			1 10	
				110	
	Funded: (b)(4)			1.46	
				1.10	
	Amount: (b)(4)				
	Accounting Info: (b)(7)(E)			1.40	
	- 1 1 (A)(A)			1818	
	Funded: (b)(4)				
	Amount: (b)(4)				
	Accounting Info:				
	(b)(7)(E)			1.40	
	Funded: (b)(4)				
	Delivery: 30 Days After Award				
	Amount: (b)(4)			1.10	
	Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005	7	10
IAME OF OFFERDOR OR CONTRACT	TOD		

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	Accounting Info:	<del>     </del>		
	(b)(7)(E)	1 11		
		1 11		
	Funded: (b)(4)	1 11		
	Funded: (D)(4)	1 1 1		
	Delivery: 30 Days After Award			
	Amount: (b)(4)	1 11		
	Accounting Info:			
	(b)(7)(E)	1 11		
		1 - 1 1	1.10	
	Funded: (b)(4)	1 11		
	Change Item 2003 to read as follows(amount shown			
	is the obligated amount):			
2003	REMOTE CUSTODY	(b)(4)		
19,11				
	Funding increases from (b)(4)	1 11		
	(b)(4)	1 1		
	Quantity increases from (b)(4)	1		
	Example 1	1		
	Delivery: 30 Days After Award	1 11		
	Quantity: (b)(4)	1 11		
	Accounting Info: (b)(7)(E)	1 11	1 10	
			1 10	
		1 11		
	Funded: (b)(4)	1 11		
	Quantity: (b)(4)	1 11		
	Accounting Info:	1 1 1		
	(b)(7)(E)	1 11		
		1 11		
		1 11		
	Funded: (b)(4)			
	Quantity: (b)(4)			
	Accounting Info:			
	(b)(7)(E)			
	Funded: (b)(4)			
	[4/(./			
	Delivery: 30 Days After Award			
	Quantity: (b)(4)			
	Accounting Info: (b)(7)(E)			
	(D)(/)(E) Continued			

		PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005	8	10

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
1/	(b)(7)(E)	1	-/-	,-/	(2)
	Funded: (b)(4)				
	Change Item 2005 to read as follows (amount shown is the obligated amount):				
					<u></u>
2005	MEDICAL SERVICES monthly amount (b)(4)				(b)(4)
	Funding increases from (b)(4)	]			
	(b)(4)				
	Quantity increases from (b)(4)				
	(h)(4)				
	Delivery: 30 Days After Award				
	Amount: (b)(4)				
	Accounting Info: (b)(7)(E)				
	(5)(7)(2)				
	Funded: (h)(A)				
	Delivery: 30 Days After Award Amount: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Provided (A)(A)				
	Funded:(b)(4)				
	Delivery: 30 Days After Award Amount: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Delivery: 30 Days After Award				
	Amount: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Delivery: 30 Days After Award				
	Amount: (b)(4) Continued				
	Concernage				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005
 PAGE 9
 OF 10

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
(11)	Accounting Info: (b)(7)(E)	107		(2)	(2)
	Funded: (b)(4)				
	Change Item 2006 to read as follows(amount shown is the obligated amount):				
2006	EMERGENCY BEDS - GUARANTEED (b)(4)				(b)(4)
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Amount: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Amount: (b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Delivery: 30 Days After Award Amount: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Change Item 2007 to read as follows(amount shown is the obligated amount):				
2007	EMERGENCY BEDS - VARIABLE	(b)(4)			
	Quantity increases from (b)(4)	1		- 11	
	Funding increases from (b)(4) Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00005
 PAGE 10
 OF 10

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	(b)(4)			
	Delivery: 30 Days After Award			
	Quantity: (b)(4)			
	Accounting Info: (b)(7)(E)			
	(~/(·/(=/			
	Francisco (h)(1)			
	Funded: (b)(4)			
	Quantity:(b)(4)			
	Accounting Info: (b)(7)(E)			
	Fundad (M)(A)			
	Funded: (b)(4)			
	Quantity: (b)(4)			
	Accounting Info: (b)(7)(E)			
	( · /( · /( - /	1 11		
	Funded: (b)(4)			
	runded. (DN4)	1 11		
	Delivery: 30 Days After Award			
	Quantity: (b)(4) Accounting Info:			
	(b)(7)(E)			
		1 1		
	Funded: (b)(4)			
		1 11		
	All other terms and conditions remain the same.			
		1 11		
		1   1		
		1 11		

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES
		1			1 4
. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		UISITION/PURCHASE REQ. NO.	5. PRO	DJECT NO. (If applicable
200006	See Block 16C	1 1 1 1 1	17FDN31000001.6		
	ICE/DCR MOVALS	7. ADN	IINISTERED BY (If other than Item 6)	CODE	
MMIGRATION AND CUSTOMS ENFO					
301 I STREET NW (b)(6); WASHINGTON DC 20536		h le			
3. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.		
EO GROUP INC THE TTN GEO GROUP INC THE 21 NW 53RD ST (b)(6):		9B.	DATED (SEE ITEM 11)		
OCA RATON FL 334878242		x 104	. MODIFICATION OF CONTRACT/ORD	DER NO.	
		HS	CEDM-16-J-00042		
		10E	. DATED (SEE ITEM 13)		
CODE 6127064650000	FACILITY CODE	0	9/02/2016		
	11. THIS ITEM ONLY APPLIES	TO AMENDM	ENTS OF SOLICITATIONS		
The above numbered solicitation is amended as set for	orth in Item 14. The hour and date so	pecified for re	ceipt of Offers	s extended.	is not extended.
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 2. ACCOUNTING AND APPROPRIATION DATA (If req	er already submitted , such change m is received prior to the opening hour	ay be made and date spe	oy telegram or letter, provided each tele cified.	gram or letter r	
See Schedule	n N	Net Inc	rease:	(b)(4)	
A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.  B. THE ABOVE NUMBERED CONTRAI appropriation date, etc.) SET FORTI	CT/ORDER IS MODIFIED TO REFLE H IN ITEM 14, PURSUANT TO THE A	ECT THE ADI AUTHORITY	MINISTRATIVE CHANGES (such as cha OF FAR 43.103(b).		
D. OTHER (Specify type of modification	and authority)				
			on of Eunda		
X   FAR 43.103(b) unilat					
E. IMPORTANT: Contractor Sis not.  14. DESCRIPTION OF AMENDMENT/MODIFICATION  UNS Number: 612706465	is required to sign this documen (Organized by UCF section headings			issuing office.	
COR: (b)(6): (b)(7)(C)		_			
Alternate COR: $(b)(6)$ ; $(b)(7)(C)$	(7)(0)	<u> </u>			
Contracting Officer: (b)(6);(b)	(/)(C)				
The purpose of this modifica				nsporta	tion
ervices. This will increase b)(4)	the amount obliga	tea ir	om (b)(4)		
ontinued					
except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A o	or 10A, as he	etofore changed, remains unchanged a	nd in full force	and effect.
5A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING	OFFICER (Typ	pe or print)
		-	); (b)(7)(C)		
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNE		b); (b)(7)(C)		16C. DATE SIGN
(Signature of person authorized to sign)				STANDAR	D FORM 30 (REV. 10-8

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00006

PAGE OF

4

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	The funding provided in this Task Order is the				
	amount presently available for payment and		1 1		
	allotted to this Task Order.		1 1	1	
	The service provider agrees to perform to the		1 1		
	point that does not exceed the total amount		1 1		
	currently allotted to the items funded under this				
	Task Order.	1	1 1	- 1	
	The Service Provider is not authorized to		1 1		
	continue work on those items beyond that point.				
	The Government will not be obligated to reimburse				
	the Service Provider in excess of the amount				
	allotted to those items for performance beyond				
	the funding allotted.				
			1 1		
	Event Action V Consitive Avend CDII				
	Exempt Action: Y Sensitive Award: SPII Delivery: 30 Days After Award				
	Discount Terms:				
			1 1		
	(b)(4) Delivery Location Code: ICE/ERO		1 1		
	ICE ENFORCEMENT REMOVAL		1 1		
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW		1 1		
	(b)(6);		1 1		
	WASHINGTON DC 20536		1 1		
	FOB: Destination		1 1		
	Period of Performance: 09/16/2016 to 09/15/2017		1 1	1	
			1 1		
	Add Item 2001A. as follows:	1			
1A.	GUARANTEED BEDS - MAY 1, 2017 THRU MAY 31, 2017	(b)(4)			
	Accounting Info:			1/1	
	(b)(4)				
	Funded: (b)(4)			111	
	runded. (47)(-7				
	Add Item 2001B. as follows:		1 1		
1В.	VARIABLE BEDS - MAY 1, 2017 THRU MAY 31, 2017	(b)(4)		<u> </u>	
	Accounting Info:		1 1		
	(b)(7)(E)		1 1		
	In vo				
	Funded: (b)(4)				
	Continued				
	I	I .	ı I	1	
		1		I	

CONTINUATION OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00006	3	4

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Add Item 2002A. as follows:				
2002A.	TRANSPORTATION (FLAT RATE) - MAY 1, 2017 THRU MAY 31, 2017	(b)	(4)		
	Accounting Info:				
	(b)(7)(E)			- 112	
				1018	
	Funded:(b)(4)			1110	
	7.1d There 2000P 5-11				
	Add Item 2002B. as follows:	64			
2002B.	DIRECT FUEL PASS THRU - MAY 1, 2017 THRU MAY 31, 2017	(b)	(4)		
	Accounting Info:			10	
	(b)(7)(E)			- 40	
	Funded: (b)(4)				
	Add Item 2004. as follows:				
2004.	DETAINEE WAGES - MAY 1, 2017 THRU MAY 31, 2017	(b)(4)			
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Add Item 2005. as follows:				
	Add Item 2003. as Iollows:	<u> </u>			
2005.	MEDICAL SERVICES - MAY 1, 2017 THRU MAY 31, 2017	(b)	(4)		
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Add Item 2006. as follows:				
		(b)	(4)		
2006.	EMERGENCY BEDS (288/DAY) - MAY 1, 2017 THRU MAY 3, 2017	(b)	(4)		
				- IV	
	Accounting Info: (b)(7)(E)				
	Continued				
		1 - F			

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED  HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00006  REFERENCE NO. OF DOCUMENT BEING CONTINUED  4  4						
	FEROR OR CONTRACTOR UP INC THE					
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	
2007.	(b)(7)(E) Funded: (b)(4)  Add Item 2007. as follows:  EMERGENCY BEDS, VARIABLE (UP TO 212/DAY) - MAY 1, 2017 THRU MAY 31, 2017  Accounting Info: (b)(7)(E)	(b)(4)				
008	Funded: (b)(4)  Add Item 2008 as follows:  TELE-RADIOLOGY - MAY 1, 2017 THRU MAY 31, 2017	[b)	(4)			
	Accounting Info: (b)(7)(E)					
	Funded: (b)(4) All other terms and conditions remain the same.					

REFERENCE NO. OF DOCUMENT BEING CONTINUED

AMENDME	NT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES		
2 AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REC	QUISITION/PURCHASE REQ. NO.	5 PRO	1 DIECT NO	(If applicable)	
P00007				17FDN31000001.5	0		(п арричано)	
6. ISSUED BY	CODE	See Block 16C	7. ADI	MINISTERED BY (If other than Item 6)	CODE			
IMMIGRA OFFICE 801 I S	NTION COMPLIANCE REM TION AND CUSTOMS ENFO OF ACQUISITION MANAGE TREET NW (b)(6): TON DC 20536	NOVALS PRCEMENT						
GEO GROU ATTN GEO 621 NW 5	ADDRESS OF CONTRACTOR (No., street)  JP INC THE O GROUP INC THE 53RD ST (b)(6): CON FL 334878242	, county, State and ZIP Code)	98 X 10, H 5	A. MODIFICATION OF CONTRACT/ORDER SCEDM-11-D-00003 SCEDM-16-J-00042 B. DATED (SEE ITEM 13)	R NO.			
CODE 61	27064650000	FACILITY CODE	- $	9/02/2016				
	27004030000	11. THIS ITEM ONLY APPLIES						
separate let THE PLACE virtue of this	ter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF	to the solicitation and amendment r DFFERS PRIOR TO THE HOUR AN er already submitted , such change m	numbers. FA ID DATE SPE nay be made	ceipt of this amendment on each copy of the NLURE OF YOUR ACKNOWLEDGEMENT CCIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegral ecified.	TO BE REC	ER If by	Бу	
	FING AND APPROPRIATION DATA (If req	uired)	Net Inc	rease:	b)(4)			
See Sch				DDIFIES THE CONTRACT/ORDER NO. AS				
		CT/ORDER IS MODIFIED TO REFLE IN ITEM 14, PURSUANT TO THE. T IS ENTERED INTO PURSUANT T	ECT THE AD AUTHORITY	SES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).  TY OF:				
Х	FAR 43.103(b) unilat		imitati	on of Funds.				
E. IMPORTAN		is required to sign this documer		copies to the issu	uina office			
14. DESCRIP DUNS Nur	TION OF AMENDMENT/MODIFICATION mber: 612706465			olicitation/contract subject matter where fea				
( / (	(6); (b)(7)(C) te COR: (b)(6); (b)(7)(C)		1					
	ting Officer: (b)(6); (b)	(7)(C)						
	pose of this modifica e the amount obligate		nding f	or tele-radiology serv	vices.	This	will	
The fund		Task Order is the	amoun	t presently available	for p	ayment	and	
		ne document referenced in Item 9 A		retofore changed, remains unchanged and				
15A. NAME A	ND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF 6); (b)(7)(C)	FICER (Ty	pe or print)		
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNE		UNITED STATES OF AMERICA 6); (b)(7)(C)		16C	. DATE SIGNED	
	(Signature of person authorized to sign)							

PAGE REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00007

NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
.)	(B)	(C)	(D)	(E)	(F)
	allotted to this Task Order.				
	The service provider agrees to perform to the		1 1		
	point that does not exceed the total amount			1	
	currently allotted to the items funded under this		Ιİ	1.1	
	Task Order.		l I		
	The Service Provider is not authorized to		1 1	111	
	continue work on those items beyond that point.			1.3	
	The Government will not be obligated to reimburse		1 1		
	the Service Provider in excess of the amount				
	allotted to those items for performance beyond				
	the funding allotted.			131	
	Exempt Action: Y Sensitive Award: SPII				
	Delivery: 30 Days After Award			1 11	
	Discount Terms:			1 10	
	(b)(4)			1 11	
	Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL		П	1111	
	IMMIGRATION AND CUSTOMS ENFORCEMENT			1 1 1	
	801 I STREET NW				
(	b)(6): (b)(7)(C)				
	WASHINGTON DC 20536			1 10	
- 1-	Accounting Info:				
K	(b)(7)(E)				
L					
- 1	FOB: Destination				
	Period of Performance: 09/16/2016 to 09/15/2017			1.40	
	Change Item 2008 to read as follows(amount shown			1.40	
	is the obligated amount):			140	
	is the obligated amount).			11	
8	TELE-RADIOLOGY				(b)(4)
	Funding increases from (b)(4)			110	
	(b)(4)				
- 1					
	All other terms and conditions remain the same.				
				148	
1					
		1 1			
- 1		1	1 I		

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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00008	See Block 16C		
6. ISSUED BY CODE	ICE/DCR	7. ADMINISTERED BY (If other than Item 6)	CODE
ICEDETENTION COMPLIANCE REMINISTRATION AND CUSTOMS ENFO OFFICE OF ACQUISITION MANAGE 801 I STREET NW (b)(6): WASHINGTON DC 20536			
A NAME AND ADDRESS OF CONTRACTOR OF	17/0	DA AMENIDMENT OF COLLOTATION NO	
8. NAME AND ADDRESS OF CONTRACTOR (No., street GEO GROUP INC THE ATTN GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242	, county, State and ZIP Code)	9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  X 10A. MODIFICATION OF CONTRACT/ORDER HSCEDM-11-D-00003 HSCEDM-16-J-00042 10B. DATED (SEE ITEM 13)	NO.
CODE 6127064650000	FACILITY CODE	09/02/2016	
CODE 6127064650000		S TO AMENDMENTS OF SOLICITATIONS	
virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required See Schedule	er already submitted , such change is received prior to the opening hou uired)	ND DATE SPECIFIED MAY RESULT IN REJECTION OF Y may be made by telegram or letter, provided each telegram ur and date specified.  RDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIPTION OF Y INC.	n or letter makes
	CT/ORDER IS MODIFIED TO REFL H IN ITEM 14, PURSUANT TO THE	TO AUTHORITY OF:	
D. OTHER (Specify type of medification	and authority)		
D. OTHER (Specify type of modification X FAR 43.103(b) unilat	**	imitation of Funda	
	is required to sign this docume		ing office
		gs, including solicitation/contract subject matter where fea	10 <del>0</del> 1000 1000 1000 1000 1000 1000 1000
COR: (h)(6)·(h)(7)(C)			
Alternate COR: (b)(6); (b)(7)(C)		<u>]                                     </u>	
Contracting Officer: (b)(6);(b	)(7)(C)		
The purpose of this modifica	tion is to remove	specific pricing and update	CLIN 2008
language to align with the b	ase contract HSCE	DM-11-D-00003 / P00027 showin	g how the
services are billed.	(a. v. co.		
The amount obligated remains	at (b)(4)		
Continued			
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	tor 10A, as heretofore changed, remains unchanged and in 16A. NAME AND TITLE OF CONTRACTING OF (b)(6); (b)(7)(C)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNI	ED 16B LINITED STATES OF AMERICA (b)(6); (b)(7)(C)	16C. DATE SIGNED
(Signature of person authorized to sign)			
NON 7540 04 450 0070			STANDARD FORM 20 (DEV. 10.92)

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00008

PAGE 2

OF 2

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The funding provided in this Task Order is the				
	amount presently available for payment and		1 1		
	allotted to this Task Order.		1 1		
	The service provider agrees to perform to the		1 1		
	point that does not exceed the total amount		1 1		
	currently allotted to the items funded under this				
	Task Order.		1 1		
	The Service Provider is not authorized to		1 1		
	continue work on those items beyond that point.		1 1		
	The Government will not be obligated to reimburse		1 1		
	the Service Provider in excess of the amount		1 1		
	allotted to those items for performance beyond				
	the funding allotted.				
	the funding afforced.				
				1 18	
	Exempt Action: Y Sensitive Award: SPII				
	Delivery: 30 Days After Award				
	Discount Terms:		1 1		
	(b)(4)		1 1		
	Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL				
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW		1 1		
	(b)(6);				
	WASHINGTON DC 20536			1	
			1 1		
	Accounting Info:				
	(b)(7)(E)				
				140	
	FOB: Destination				
	Period of Performance: 09/16/2016 to 09/15/2017				
				110	
	Change Item 2008 to read as follows(amount shown		1 1		
	is the obligated amount):				
08	TELE-RADIOLOGY				(b)(
70	TELE-KADIOLOGI				(6)(
	Funding increases from (b)(4)				
	(b)(4)				
	[0.70]				
	CPT codes will be billed at $(b)(4)$ of Medicare				
	allowable fee schedule.				
				1 1/1	
	All other terms and conditions remain the same.			110	
			1 1		
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AMENDME	NT OF SOLICITATION/MODIFICA		CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PRO	DJECT NO. (	2 If applicable)	
P00009		See Block 16C	1921	17FDN31000001.8				
6. ISSUED BY	CODE	ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE			
IMMIGRA' OFFICE ( 801 I S'	NTION COMPLIANCE REM TION AND CUSTOMS ENFO OF ACQUISITION MANAGE TREET NW (b)(6): TON DC 20536							
GEO GROU ATTN GEO 621 NW 5	ADDRESS OF CONTRACTOR (No., street, IP INC THE OF GROUP INC THE GROUP STREET, IP (b)(6):  ON FL 334878242	, county, State and ZIP Code)	9B. x 100/HS	AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER SCEDM-11-D-00003  SCEDM-16-J-00042  B. DATED (SEE ITEM 13)	R NO.			
CODE 61	27064650000	FACILITY CODE	- $ $ $ $ 0	9/02/2016				
	2.30100000	11. THIS ITEM ONLY APPLIES						
separate let THE PLACE virtue of this	ter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF O	to the solicitation and amendment n DFFERS PRIOR TO THE HOUR ANI r already submitted , such change m	numbers. FA D DATE SPE nay be made	eipt of this amendment on each copy of the ILURE OF YOUR ACKNOWLEDGEMENT. CIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegrar acified.	TO BE REC	CEIVED AT	Зу	
	TING AND APPROPRIATION DATA (If requ	des all	let Inc		o)(4)			
See Sch	edule	<u> </u>			/ /			
		CT/ORDER IS MODIFIED TO REFLE I IN ITEM 14, PURSUANT TO THE A	ECT THE ADI AUTHORITY	SES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).  TY OF:				
	D. OTHER (Specify type of modification	and authority)						
X	FAR 43.103(b) unilat	eral, 52.232-22 Li	mitati	on of Funds.				
E. IMPORTAN	T: Contractor X is not.	is required to sign this documen	nt and return	copies to the issu	uing office.			
DUNS Nun		Organized by UCF section headings	s, including s	olicitation/contract subject matter where fea	sible.)			
	te COR: (b)(6); (b)(7)(C)		1					
	ting Officer: $(b)(6)$ ; $(b)(6)$	7)(C)						
The purp facility		tion is to add fun	ds for	tele-radiology service	es at	the		
The amou	unt obligated will in	crease from $(b)(4)$						
Except as prov	vided herein, all terms and conditions of th	e document referenced in Item 9 A c	or 10A, as he	retofore changed, remains unchanged and i	in full force	and effect.		
15A. NAME AN	ND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF $6$ ); $(b)(7)(C)$	FICER (Ty)	pe or print)		
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNE	D 16B.	UNITED STATES OF AMERICA 6); (b)(7)(C)		16C.	DATE SIGNED	
	(Signature of person authorized to sign)							

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00009

PAGE 2

OF 2

M NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The funding provided in this Task Order is the				
	amount presently available for payment and		1 1		
	allotted to this Task Order.		1 1		
	The service provider agrees to perform to the		1 1		
	point that does not exceed the total amount		1 1		
	currently allotted to the items funded under this		1 1		
	Task Order.		1 1		
	The Service Provider is not authorized to		1 1	1.1	
	continue work on those items beyond that point.			11	
	The Government will not be obligated to reimburse		1 1		
	the Service Provider in excess of the amount		1 1		
	allotted to those items for performance beyond		1 1		
	the funding allotted.		1 1		
	one randing arrowed.				
				1.17	
	Exempt Action: Y Sensitive Award: SPII			1912	
	Delivery: 30 Days After Award				
	Discount Terms:				
	(b)(4)		1 1		
	Delivery Location Code: ICE/ERO				
	ICE ENFORCEMENT REMOVAL	İ			
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW				
	(b)(6):			1.1	
	WASHINGTON DC 20536			1	
	Accounting Info:				
	(b)(7)(E)		1 1		
	FOB: Destination				
	Period of Performance: 09/16/2016 to 09/15/2017				
	Change Item 2008 to read as follows (amount shown				
	is the obligated amount):		1 1		
	is the obligated amount;				
80	TELE-RADIOLOGY			1 10	(b)(4)
	Funding increases from (b)(4)				
	(b)(4)				
	CPT codes will be billed at $(b)(4)$ of Medicare		1 1		
	allowable fee schedule.				
			1 1		
	All other terms and conditions remain the same.				
	All other terms and conditions remain the same.				
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		1	1 1		

AMENDME	NT OF SOLICITATION/MODIFICA	CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO.	(If applicable)
P00010		See Block 16C	1921	17FDN31000001.9			
6. ISSUED BY	CODE	ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE		
IMMIGRAT OFFICE ( 801 I ST	NTION COMPLIANCE REM FION AND CUSTOMS ENFO OF ACQUISITION MANAGE FREET NW (b)(6): FON DC 20536					-	
GEO GROU ATTN GEO 521 NW 5	ADDRESS OF CONTRACTOR (No., street, IP INC THE OF GROUP INC THE 1.3RD ST (b)(6):  ON FL 334878242	county, State and ZIP Code)	98 × 100 × HS	AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER  SCEDM-11-D-00003  SCEDM-16-J-00042  B. DATED (SEE ITEM 13)	R NO.		
CODE 61	27064650000	FACILITY CODE		9/02/2016			
	30100000	11. THIS ITEM ONLY APPLIES		.,,			
separate lett THE PLACE virtue of this reference to	ter or telegram which includes a reference DESIGNATED FOR THE RECEIPT OF C amendment you desire to change an offe the solicitation and this amendment, and	to the solicitation and amendment n DFFERS PRIOR TO THE HOUR AN r already submitted , such change m is received prior to the opening hour	numbers. FA D DATE SPE nay be made		TO BE RE YOUR OFF m or letter	CEIVED AT FER If by	
12. ACCOUNT See Sche	ING AND APPROPRIATION DATA (If requ	uired)	Net Inc	rease:	b)(4)		
see sche		ODIFICATION OF CONTRACTS/OD	DEDC IT M	DDIFIES THE CONTRACT/ORDER NO. AS	DESCRIBE	D IN ITEM 4	
		CT/ORDER IS MODIFIED TO REFLE I IN ITEM 14, PURSUANT TO THE A	ECT THE AD AUTHORITY	SES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).  TY OF:			
	D. OTHER (Specify type of modification						
X	FAR 43.103(b) unilat	eral, 52.232-22 Li	imitati	on of Funds.			
E. IMPORTANT 14. DESCRIPT DUNS Num	TION OF AMENDMENT/MODIFICATION (	is required to sign this document		copies to the issu			
	8)· /h)/7)/C)						
	te COR: (b)(6); (b)(7)(C)						
Contract	ing Officer: (b)(6);(b)	(7)(C)					
	pose of this modifica Facility.	tion is to add fun	ds for	detention and transpo	ortati	on ser	vices
The amou Continue	ant obligated will in	crease from (b)(4)					
		e document referenced in Item 9 A c		retofore changed, remains unchanged and			
15A. NAME AN	ND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF (b)(7)(C)	FICER (Ty	pe or print)	
15B. CONTRA	CTOR/OFFEROR	15C. DATE SIGNE		UNITED STATES OF AMERICA 5); (b)(7)(C)		16C.	DATE SIGNED
	(Signature of person authorized to sign)						
No. of the Control of	Acceptance of the second secon						

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00010

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6

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (A) (C) (D) (E) (B) (F) 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 funded under this Task Order. The Service Provider is not authorized to continue work on those items beyond that point. The Government will not be obligated to reimburse the Service Provider in excess of the amount allotted to those items for performance beyond the funding allotted. Exempt Action: Y Sensitive Award: SPII Discount Terms: (b)(4)Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6); WASHINGTON DC 20536 FOB: Destination Period of Performance: 09/16/2016 to 09/15/2017 Add Item 2001A1 as follows: (b)(4)2001A1 GUARANTEED BEDS Delivery: 30 Days After Award Accounting Info: b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4) Period of Performance: 07/07/2017 to 09/15/2017 Add Item 2001B1 as follows: (b)(4)2001B1 VARIABLE BEDS Continued ...

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00010
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	Delivery: 30 Days After Award			
	Accounting Info: (b)(7)(E)		1.4%	
	(-/. //-/		1.4	
	Funded: (b)(4)			
	Period of Performance: 07/07/2017 to 09/15/2017		. 131	
	Change Item 2002A. to read as follows(amount			
	shown is the obligated amount):		119.h	
2002A.	TRANSPORTATION (FLAT RATE)	(b)(4)		
	Quantity increases from (b)(4)			
	Funding increases from (b)(4)	1		
	(b)(4)	1	111	
	Delivery: 30 Days After Award		110	
	Quantity: (b)(4) Accounting Info:		1.10	
	(b)(7)(E)		1.18	
	Funded: (h)(A)		1.48	
	Quantity: (b)(			
	Accounting Info: (b)(7)(E)			
	Funded: (b)(4)			
	Change Item 2003 to read as follows(amount shown			
	is the obligated amount):			
2003	REMOTE CUSTODY	(b)(4)		
	Funding increases from (b)(4)			
	(b)(4)			
	Quantity increases from (b)(4)			
	(b)(4)			
	Delivery: 30 Days After Award			
	Quantity:(b)(4) Accounting Info:			
	(b)(7)(E)			
	Continued			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00010
 PAGE 4
 OF 4

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(/	(b)(7)(E) Funded: (b)(4) Quantity: (b)(4) Accounting Info: (b)(7)(E)	,5/			1~1
	Funded: (b)(4)  Quantity: (b)(4)  Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4)  Quantity: (b)(4)  Accounting Info: (b)(7)(E)				
2004	Funded: (b)(4)  Change Item 2004. to read as follows(amount shown is the obligated amount):	(b)(4)			
2004.	DETAINEE WAGES	(b)(4)	П		
	Quantity increases from $(b)(4)$ Funding increases from $(b)(4)$				
	Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info: (b)(7)(E)				
	Funded: (b)(4) Quantity: (b)(4)				
	Continued				

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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: (b)(7)(E)  Funded: (b)(4)  Change Item 2005. to read as follows(amount shown is the obligated amount):				
2005.	MEDICAL SERVICES	(b)(4)			
2005.	Funding increases from (b)(4)  (b)(4)  Quantity increases from (b)(4)  Delivery: 30 Days After Award Quantity: (b)(4) Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Quantity: (b)(4) Accounting Info:  (b)(7)(E)  Funded: (b)(4)  Change Item 2008 to read as follows (amount shown is the obligated amount):  TELE-RADIOLOGY  Funding increases from (b)(4)  (b)(4)  CPT codes will be billed at (b)(4) of Medicare allowable fee schedule.  Delivery: 30 Days After Award Amount: (b)(4)  Accounting Info:  (b)(7)(E)	(b)(4)			(b)(4)
	Funded: (b)(4)  Continued				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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PAGE 6 6

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	Amount: (b)(4)			
	Accounting Info:			
	(b)(7)(E)	1 11		
	Funded: (/b)(A)			
	Funded: (b)(4)	1 1 1		
	All other terms and conditions remain the same.	1 11		
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AMENDME	NT OF SOLICITATION/MODIFICA	ATION OF CONTRACT	- 1	CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PRO	DJECT NO. (	If applicable)
P00011		See Block 16C	1921	17FDN31000009.10			
6. ISSUED BY	CODE	ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE		
IMMIGRA' OFFICE ( 801 I S'	NTION COMPLIANCE REM TION AND CUSTOMS ENFO OF ACQUISITION MANAGE TREET NW(b)(6); TON DC 20536						
GEO GROU ATTN GEO	ADDRESS OF CONTRACTOR (No., street, UP INC THE OGROUP INC THE 53RD ST(b)(6):	county, State and ZIP Code)	9B. x 100 x HS	AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER  SCEDM-11-D-00003  SCEDM-16-J-00042  B. DATED (SEE ITEM 13)	R NO.		
CODE 61	.27064650000	FACILITY CODE	_	9/02/2016			
	.2.700-0000	11. THIS ITEM ONLY APPLIES					
separate let THE PLACE virtue of this	ter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF C s amendment you desire to change an offe	to the solicitation and amendment r DFFERS PRIOR TO THE HOUR AN r already submitted , such change m	numbers. FA D DATE SPE nay be made	eipt of this amendment on each copy of the ILURE OF YOUR ACKNOWLEDGEMENT CIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegra	TO BE REC	ER If by	Ву
	the solicitation and this amendment, and FING AND APPROPRIATION DATA (If requ	down all	Net Inc	/	b)(4)		
See Sch	edule	•	,cc inc	10000.			
		CT/ORDER IS MODIFIED TO REFLE I IN ITEM 14, PURSUANT TO THE	ECT THE ADI AUTHORITY	ES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).  TY OF:			
	D. OTHER (Specify type of modification	and authority)					
X	FAR 43.103(b) unilat	eral, 52.232-22 Li	imitati	on of Funds.			
E. IMPORTAN	T: Contractor X is not.	is required to sign this documen	nt and return	copies to the isse	uing office.		
DUNS Num		Organized by UCF section heading.	s, including s	olicitation/contract subject matter where fea	asible.)		
	te COR: (b)(6); (b)(7)(C)						
	ting Officer: $(b)(6)$ ; $(b)$	(7)(C)					
	pose of this modifica facility.	tion is to add fun	ds for	detention and transpo	ortati	on ser	vices
The amou	unt obligated will in	crease from (b)(4)					
Except as prov	vided herein, all terms and conditions of th	e document referenced in Item 9 A	or 10A, as he	retofore changed, remains unchanged and	in full force	and effect.	
15A. NAME AN	ND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF $6$ ); $(b)(7)(C)$	FICER (Ty	pe or print)	
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNE		JNITED STATES OF AMERICA 6); (b)(7)(C)		16C.	DATE SIGNED
	(Signature of person authorized to sign)						

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

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	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 funded under this				
	Task Order.				
	The Service Provider is not authorized to		1 1	1.40	
	continue work on those items beyond that point.				
	The Government will not be obligated to reimburse				
	the Service Provider in excess of the amount			- 1	
	allotted to those items for performance beyond			1.1	
	the funding allotted.			11	
	Exempt Action: Y Sensitive Award: SPII				
	Discount Terms:			1.910	
	(b)(4)			1117	
	Delivery Location Code: ICE/ERO		1 1	171	
	ICE ENFORCEMENT REMOVAL				
	IMMIGRATION AND CUSTOMS ENFORCEMENT				
	801 I STREET NW			11	
	(b)(6);				
	WASHINGTON DC 20536				
		1		1	
	FOB: Destination			1.1	
	Period of Performance: 09/16/2016 to 09/15/2017				
	000101				
	Change Item 2001B1 to read as follows (amount				
	shown is the obligated amount):	1000			
01B1	VARIABLE BEDS	(b)(4)			
	Quantity increases from (b)(4)				
	Funding increases from (b)(4)				
	(b)(4)				
	The second of th				
	Delivery: 30 Days After Award			1.11	
	Quantity: (b)(4)		ΙI	1111	
	Accounting Info:			1.11	
	(b)(7)(E)			111	
	- 1 1 (/b)///			1 18	
	Funded: (b)(4)			1.8	
	Quantity: (b)(4)				
	Accounting Info:				
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CONTINUATION SHEET	HSCEDM-11-D-00003/HSCEDM-16-J-00042/P00011	3	4

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	(b)(7)(E)				
	Funded: (b)(4)				
	Change Item 2002B. to read as follows(amount shown is the obligated amount):				
2002B.	DIRECT FUEL PASS THRU				(b)(4)
	Funding increases from (b)(4) (b)(4)				
	Delivery: 30 Days After Award Amount:(b)(4) Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Amount: (b)(4) Accounting Info:				
	(b)(7)(E)			1.18	
	Funded: (b)(4)				
	Change Item 2004. to read as follows(amount shown				
	is the obligated amount):				
2004.	DETAINEE WAGES	(b)(	4)		
	Quantity increases from (b)(4)				
	Funding increases from (b)(4)	ון			
	Delivery: 30 Days After Award Quantity: (b)(4)				
	Accounting Info:			118	
	(b)(7)(E)				
	Funded: (b)(4)				
	Quantity: (b)(4)			110	
	Accounting Info: (b)(7)(E)	1			
	Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
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4 4

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C) (D)	(E)	(F)
	Funded: (b)(4)			
	Quantity: (h)/4 Accounting Info:			
	(b)(7)(E)			
		1 1 1	7	
	There do do (b)(4)			
	Funded: (b)(4)			
	All other terms and conditions remain the same.			
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		1 1 1		
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
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2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192119FSETACOMA03	5. PROJECT NO. (If applicable)
P00006 6. ISSUED BY CODE	See Block 16C	7. ADMINISTERED BY (If other than Item 6)	CODE TOF/DM/DC-LAGINA
ICEDETENT MNGTDETENT CONTRAC IMMIGRATION AND CUSTOMS ENFO OFFICE OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6); ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677 8. NAME AND ADDRESS OF CONTRACTOR (No., stree	DRCEMENT EMENT	ICEDETENT MNGTDETENT CO. IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION M 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677	NTRACT-LAG ENFORCEMENT
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		(x)  9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-15-D-00015 70CDCR18FR0000070 10B. DATED (SEE ITEM 13)	DER NO.
CODE 6127064650000	FACILITY CODE	06/13/2018  AMENDMENTS OF SOLICITATIONS	
Offers must acknowledge receipt of this amendment please and 15, and returning conseparate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required)	pies of the amendment; (b) By acknow to the solicitation and amendment nun OFFERS PRIOR TO THE HOUR AND I er already submitted, such change may is received prior to the opening hour ar	ledging receipt of this amendment on each copy of nbers. FAILURE OF YOUR ACKNOWLEDGEMEN DATE SPECIFIED MAY RESULT IN REJECTION O by be made by telegram or letter, provided each teleg	the offer submitted ; or (c) By NT TO BE RECEIVED AT DF YOUR OFFER If by
See Schedule	110	t increase.	(~)(.)
ORDER NO. IN ITEM 10A.	CT/ORDER IS MODIFIED TO REFLEC H IN ITEM 14, PURSUANT TO THE AU T IS ENTERED INTO PURSUANT TO	T THE ADMINISTRATIVE CHANGES (such as cha THORITY OF FAR 43.103(b).	
X FUNDING	and additionly)		
E. IMPORTANT: Contractor  is not.	is required to sign this document a	and return	issuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 . COTR POC: (b)(6); (b)(7)(C)			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Finance POC: (b)(6); (b)(7)(C)		mail address, (b)(6); (b)(7)(C)	
Period of Performance of thi .	s Task Order is Sep	tember 28, 2018 through S	eptember 27, 2019.
This modification is to fund . Continued	CLIN 3001A of the	task order in the amount	of (b)(4)
Except as provided herein, all terms and conditions of the TSA. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9 A or 7	10A, as heretofore changed, remains unchanged a  16A. NAME AND TITLE OF CONTRACTING  (b)(6); (b)(7)(C)	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	<sup>16B. UNITE</sup> (b)(6); (b)(7)(C)	16C. DATE SIGNED April 25, 2019
(Signature of person authorized to sign) NSN 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00006
 PAGE OF 2
 OF 2

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A) 3001A	LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification (b)(4) New Total Amount for this Award: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3001A Total Amount changed from (b)(4) (b)(4) Obligated Amount for this Modification: (b)(4) (b)(7)(E) Amount: (b)(4) . Discount Terms: (b)(4) Period of Performance: 09/28/2018 to 09/27/2019 Change Item 3001A to read as follows(amount shown is the obligated amount):  Detention Bed Days.			(E)	(b)(4)

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID C	ODE	PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHAS	E REO. NO. 5.1	1 4 PROJECT NO. (If applicable	e)	
P00007	See Block 16C	192119FSETACOM		Trouble in applicable	•/	
6. ISSUED BY CODE		7. ADMINISTERED BY (If o	ther than Item 6) CO	DDE ICE/DM/DC-I	AGIINA	
ICEDETENT MNGTDETENT CONTRAINMIGRATION AND CUSTOMS ENFOOFFICE OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6); ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677	CT-LAG ORCEMENT	IMMIGRATION AN	)(C)	T-LAG RCEMENT		
8. NAME AND ADDRESS OF CONTRACTOR (No., street	et, county, State and ZIP Code)	() 9A. AMENDMENT OF S				
GEO GROUP INC THE 621 NW 53RD ST (b)(6). BOCA RATON FL 334878242		9B. DATED (SEE ITEM TO SEE ITE	CONTRACT/ORDER NO. 00015			
CODE 6127064650000	FACILITY CODE	06/13/2018	10)			
012/004030000		O AMENDMENTS OF SOLICITAT	IONS			
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	OFFERS PRIOR TO THE HOUR AND er already submitted, such change ma d is received prior to the opening hour a	umbers. FAILURE OF YOUR AC DATE SPECIFIED MAY RESUL' ay be made by telegram or letter,	KNOWLEDGEMENT TO BE I T IN REJECTION OF YOUR Oprovided each telegram or lett	RECEIVED AT OFFER If by		
12. ACCOUNTING AND APPROPRIATION DATA (If rec	guired) N	et Increase:	(b)(4)			
See Schedule	MODIFICATION OF CONTRACTS/ORD	EDO IT MODIFIES THE SOUTH		DED WITTEN 44		
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT  C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PURSUANT TO	11	IGES (such as changes in pa	ying office,		
D. OTHER (Specify type of modification X FUNDING	n and authority)					
E. IMPORTANT: Contractor X is not,	is required to sign this document	and return	copies to the issuing office	ce.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 . COTR POC: (b)(6); (b)(7)(C)	(Organized by UCF section headings,	including solicitation/contract sun		7		
The state of the s	lhs.gov					
Finance POC: (b)(6); (b)(7)(C)	e·	-mail address, (h)	(6):(b)(7)(C) @ice	e.dhs.gov		
· Period of Performance of thi ·	ls Task Order is Sep	ptember 28, 2018	through Septemb	per 27, 2019.		
This modification is to fund $\cdot$	d the task order in	the amount of (b)	(4)			
Continued						
Except as provided herein, all terms and conditions of t	he document referenced in Item 9 A or					
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6); (b)(7)(C)	F CONTRACTING OFFICER	(Type or print)		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF (b)(6); (b)		16C. DATE SIGN	NED	
(Signature of person authorized to sign)		, , ,	,, <u>, .</u>			
NSN 7540-01-152-8070			STAND	DARD FORM 30 (REV. 10-8	33)	

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00007
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

JEO GROUP INC INC	3EO	GROUP	INC	THE	
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NO. )	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
	(b)	(0)	(D)	(E)	( + )
	LIST OF CHANGES:				
	Reason for Modification: Funding Only Action				
	Total Amount for this Modification: (b)(4)	_			
	New Total Amount for this Award: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3001A				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this Modification:		1 1		
	(b)(4)		1 1		
				111	
	(b)(7)(E)		1 1		
				111/	
	Amount: (b)(4)				
			1 1	11	
	CHANGES FOR LINE ITEM NUMBER: 3001B				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)			1	
	(**/(**/				
	(b)(7)(E)				
				1	
	Amount: (b)(4)			11	
			1 1	1	
	CHANGES FOR LINE ITEM NUMBER: 3002A		1 1	1.1	
	Total Amount changed from (b)(4)			1	
	(b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	(6)(4)			1.10	
	(b)(7)(E)			11	
	Amount: (b)(4)				
	Tamosilo ( // /				
	CHANGES FOR LINE ITEM NUMBER: 3002F				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this Modification:				
	(b)(4)				
	(D)(4)				
	(b)(7)(E)				
	Amount: (b)(4)				
	Amount. (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3003			0	
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this Modification:				
	Continued				
			ı I	1	

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) (b)(4)CHANGES FOR DELIVERY LOCATION: ICE/ERO/SEATTLE Amount changed from (b)(4) (b)(7)(E)Amount: (b)(4) Discount Terms: (b)(4)Period of Performance: 09/28/2018 to 09/27/2019 Change Item 3001A to read as follows (amount shown is the obligated amount): (b)(4)3001A Detention Bed Days. Change Item 3001B to read as follows (amount shown is the obligated amount): (b)(4)3001B Detention Bed Days. Change Item 3002A to read as follows (amount shown is the obligated amount): (b)(4)3002A Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are: 1. Bus (b)(4)2. Transporters 3. Utility Vehicle. 4. ADA Van 5. Van. Change Item 3002F to read as follows (amount shown is the obligated amount): (b)(4)3002F Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Oregon. Continued ...

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00007
 PAGE 4
 OF 4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	AMOUNT (F)
	For Yakima, Washington: (b)(4)			
	For Medford, Oregon: (b)(4)			
	Change Item 3003 to read as follows(amount shown			
	is the obligated amount):			
3003	Detainee Volunteer Wages for the Detainee Work			(b)(4)
	Program.			<u></u>
				3

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
		A DECLIENTION/DUDOUAGE DEC. NO.	1 3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192119FSETACOMA10	5. PROJECT NO. (If applicable)
P00008 6. ISSUED BY CODE	See Block 16C ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETENT CONTRACTION AND CUSTOMS ENFORMMENT OF FICE OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6):  ATTN (b)(6): (b)(7)(C)  LAGUNA NIGUEL CA 92677  8. NAME AND ADDRESS OF CONTRACTOR (No., stree	CT-LAG DRCEMENT CMENT	ICEDETENT MNGTDETENT CON IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION MA 24000 AVILA ROAD (b)(6): ATTN (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677 (x) 9A. AMENDMENT OF SOLICITATION NO.	TRACT-LAG ENFORCEMENT
GEO GROUP INC THE			
621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)	
		x 10A. MODIFICATION OF CONTRACT/ORDE HSCEDM-15-D-00015 70CDCR18FR0000070	R NO.
		10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/13/2018	
The above numbered solicitation is amended as set for		O AMENDMENTS OF SOLICITATIONS	extended. is not extended.
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req	OFFERS PRIOR TO THE HOUR AND er already submitted, such change ma is received prior to the opening hour a	DATE SPECIFIED MAY RESULT IN REJECTION OF y be made by telegram or letter, provided each telegramed to the second	YOUR OFFER If by
See Schedule			
13. THIS TIEM ONLY APPLIES TO N	ODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.
		HE CHANGES SET FORTH IN ITEM 14 ARE MADE	
appropriation date, etc.) SET FORTI	HIN ITEM 14, PURSUANT TO THE AL	CT THE ADMINISTRATIVE CHANGES (such as chang UTHORITY OF FAR 43.103(b).	ges III paying Office,
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	AUTHORITY OF:	
D. OTHER (Specify type of modification	and authority)		
X FUNDING	and additionly)		
E. IMPORTANT: Contractor X is not,	is required to sign this document	and return copies to the is:	suing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 .	(Organized by UCF section headings,	including solicitation/contract subject matter where fe	easible.)
COTR POC: (b)(6); (b)(7)(C)		e-mail address,	
b)(6);(b)(7)(C)	hs.gov		
Finance POC: (b)(6); (b)(7)(C)	e-	mail address, (b)(6); (b)(7)(C)	@ice.dhs.gov
Period of Performance of thi	s Task Order is Sep	tember 28, 2018 through Se	ptember 27, 2019.
This modification is to fund	the task order in	the amount of (b)(4)	7
CLINs funded are:			_
Continued			
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A or		
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING O	PETOEK (Type or print)
		(b)(6); (b)(7)(C)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	(b)(6); (b)(7)(C)	16C. DATE SIGNED
(Signature of pareon authorized to sign)		Officer)	September 23, 201
(Signature of person authorized to sign) NSN 7540-01-152-8070		Unicery	STANDARD FORM 30 (REV. 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00008
 PAGE 0F

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NAME OF OFFEROR OR CONTRACTOR

GEO	GROUP	INC	THE	

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	1. CLIN 3001A in the amount of (b)(4)				
	2. CLIN 3002A in the amount of (b)(4)				
	•				
	LIST OF CHANGES: Reason for Modification: Funding Only Action				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Award: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3001A				
	Total Amount changed from (b)(4)				
	(b)(4) Obligated Amount for this Modification:				
	(b)(4)				
	(b)(7)(E)				
	Amount: (b)(4)			1	
	CHANGES FOR LINE ITEM NUMBER: 3002A				
	Total Amount changed from (b)(4)				
	(b)(4) Obligated Amount for this Modification:				
	(b)(4)				
	(b)(7)(E)				
	Amount: (b)(4)				
	Discount Terms:				
	(b)(4) Period of Performance: 09/28/2018 to 09/27/2019				
	reflor of reflormance. 09/20/2018 to 09/21/2019				
	Change Item 3001A to read as follows (amount shown				
	is the obligated amount):				
01A	Detection Red Deve				(b)(4)
JUIA	Detention Bed Days.				(0)(4)
	Change Item 3002A to read as follows(amount shown				
	is the obligated amount):				
002A	Transportation Fixed Flat Rate for (b)(4)				(b)(4)
	Vehicles. These vehicles are:				
	1. (b)(4)				
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00008
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ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT UNIT PRICE	AMOUNT
(A)	(B)	(C) (D) (E)	(F)

		OR	DER FOR	R SUP	PLIES OR SERV	/ICES				PAGE	OF PAGES	
IMPORTANT:	Mark all	packages and papers with	contract and	d/or orde	er numbers.					1	9	
1. DATE OF OR	RDER	2. CONTRACT NO. (If any) HSCEDM-15-D-000	1.5			6. SHIP TO:						
06/13/20	18	HSCEDM-15-D-000	15			a. NAME	OF CC	NSIGNEE				
3. ORDER NO. 70CDCR18	3FR000	0070			FERENCE NO. ACOMA13	ICE-ERO-FOD-FSE						
		ress correspondence to) TDETENT CONTRACT	T-LAG				RAT	ION CUSTOMS E				
OFFICE C	F ACQ	ND CUSTOMS ENFOR				(b)(6);	TU:	KWILA INTERNA	ATIONAL BLV	D		
ATTN (b)(	6): (b)(					c. CITY	LA			d. STATE	e. ZIP CODE 98168	
7. TO:	NIGUEL	CA 92677				f. SHIP V	IA			****	30100	
a. NAME OF CO								8. TY	PE OF ORDER		X =	
b. COMPANY N	IAME					a. PU	RCHA	SE	X	b. DELIVERY	,	
c. STREET ADD 621 NW 5		T (b)(6):				REFERE	NCE Y	OUR:		cept for billing verse, this deliv	instructions on the ery order is	
						Please fu	rnish th	ne following on the terms	thi	s side only of the		
						and cond	itions s	pecified on both sides of		ued subject to nditions of the	above-numbered	
BOCA RAT	ON			STATE FL	f. ZIP CODE 334878242			n the attached sheet, if elivery as indicated.	co	ntract.	7	
9. ACCOUNTIN See Sche		PROPRIATION DATA				100000000000000000000000000000000000000		NING OFFICE RCEMENT REMO	)VAL			
11. BUSINESS a. SMALL	CLASSIFIC	CATION (Check appropriate be b. OTHER THAN SMALL	ox(es)) c. DIS	SADVAN	TAGED d. Wo	OMEN-OWNE	D	e. HUBZone		12.F.O.B.PO Destinat		
	E-DISABLE AN-OWNE				· n.	EDWOSB				20002114		
- INCRECTION		13. PLACE OF		1	4. GOVERNMENT B/L	NO.		15. DELIVER TO F.O.B ON OR BEFORE (Da 10/31/2018		16. DISCOU	NT TERMS	
a. INSPECTION		b. ACCEPTANCE			47. COUEDINE /C		Defe				(b)(4)	
					17. SCHEDULE (S	1	1		T			
ITEM NO. (a)			OR SERVICES	S		QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUN (f)	ІТ	QUANTITY ACCEPTED (g)	
	DUNS :	Number: 6127064										
	COTR (b)(6):	POC: $(b)(6); (b)(7)(6)$ e-mail addr										
	(b)(6):	(b)(7)(C)	@ice.c	dhs.	gov							
	Conti	nued										
	18. SHIP	PING POINT			19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.	
				21	. MAIL INVOICE TO:						pages)	
	a. NAME		ICE						(b)(4)		」 <b> </b> ■	
SEE BILLING INSTRUCTIONS ON REVERSE	b. STRE (or P.O.	Paul			ANCE CENTER						17(i)	
			BOX 162 N ICE-E		OD-SEATTLE						GRANI TOTAL	
	c. CITY					d. STA	ATE	e. ZIP CODE	(b)(4)		]   •	
	WI	LLISTON				V	Г	05495-1620				
22. UNITED AMERIC	STATES O	(-/(-// (-	b)(7)(C)					23. NAME (Typed) (b)(6): (b)(7)(		22.		
AUTHORIZED FO	OR LOCAL R	EPRODUCTION						TITLE: CONTRACTING	G/ORDERING OFFIC		ORM 347 (Rev. 2/2012)	

PREVIOUS EDITION NOT USABLE

Prescribed by GSA/FAR 48 CFR 53.213(f)

### ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

DATE OF OF				ORDE		
06/13/2	018 HSCEDM-15-D-00015			7001	CR18FR0000070	
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	(d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Alternate COR: (h)(6)·(b)(7)(C)	1		, ,		1
	(h)(6): e-mail address,					
	(b)(6); (b)(7)(C) @ice.dhs.gov					
	Finance POC: (b)(6); (b)(7)(C)					+
	(b)(6) e-mail address,					
	(b)(6); (b)(7)(C) ice.dhs.gov					1
	. Deviced of Development of this mark order is					
	Period of Performance of this Task Order is September 28, 2018 through October 31, 2018.					1
	·					1
	This task order is funded in the amount of					1
	(b)(4) CLINs funded are:					
	1. CLIN 3001A in the amount of					
	(b)(4)					
						1
	2. CLIN 3001B in the amount of (b)(4)					
						1
	3. CLIN 3002A in the amount of (b)(4)					İ
	(b)(4)					
	4. CLIN 3002B in the amount of (b)(4)					
	5. CLIN 3002D in the amount of (b)(4)					
	(h)/A)					1
	6. CLIN 3002E in the amount of (b)(4)					4
	7. CLIN 3002F in the amount of (b)(4)	1				1
						1
	8. CLIN 1003 in the amount of \$(b)(4)					1
	. CELIN 1003 III the amount of ADNAT					1
	Exempt Action: Y Sensitive Award: NONE					
	Period of Performance: 09/28/2018 to					
	10/31/2018					1
001A	Detention Bed Days.	(b)(4)				
						7
	Accounting Info: (b)(7)(E)					
	(2)(1)(2)					
	Funded: (b)(4)					1
						1
	Continued					1
	A A MAKE AND					
						1
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/H))				(b)(4)	l'

	ORDER FOR SUPPLIES OR SE			PAGE NO	
	SCHEDULE - CONTINUAT	ION		3	
DATE OF OR	T: Mark all packages and papers with contract and/or order numbers.  DER CONTRACT NO.		ORDEF	2.10	
06/13/2				CR18FR0000070	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (d)	PRICE (e)	(f)	ACCEPTED (g)
3001B	Detention Bed Days.	(b)(4)			
	Accounting Tage				Ĭ
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
3002A	Transportation Fixed Flat Rate for (b)(4)	_		(b)(4)	
	(b)(4) Vehicles. These vehicles are:				
	a Physical D				
	1. (b)(4) Bus 2. Transporters				
	3. Utility Vehicle.				
	4. ADA Van	1 11			
	5. Van.				
	·			4	
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)			N 19	
	ranaca.				
				(F)(A)	Ц
3002B	Estimated Fuel Cost for Vehicles.			(b)(4)	1
	Accounting Info:			11 - 2 - 11	
	(b)(7)(E)				
	Funded: (b)(4)				
	runded. ((b)(4)				
3002D	OVERTIME. Overtime must be pre-approved by the	oy (b)(4)			1
	contractor (including name of approver,			1	
	hours approved, and date of approval).	411			
	Accounting Info:				
	(b)(7)(E)				
	Funded: \$5,285.28				
	The second second				<u> </u>
3002E	Remote Post and Other Destinations. Remo	(b)(4)			ļ
	Post and Other Destinations must be pre-approved by the Government and tracket	ad			
	Continued	-			
	A CONTRACTOR OF THE PROPERTY O				
				Lance	
				(b)(4)	
	TOTAL CARRIED FORWARD TO 40T BAGE (ITEM 47/LIV)			R (2) ((♣)	

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PAGE NO

# ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

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

PAGE NO

4

06/13/2	CONTRACT NO. HSCEDM-15-D-00015				ER NO. DCR18FR0000070	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	by the Contractor (including name of					
	approver, hours approved and date of approval).					
	Accounting Info:					
	(b)(7)(E)					
	Funded: (b)(4)					
002F	Transportation Fixed and Flat Rate				(b)(4)	1
102F	including vehicles for Yakima Washington					1
	and Medford Oregon.					
	For Yakima, Washington: (b)(Van and (b)(4)					
	Transporter					
	For Medford, Oregon: (b)(Transporters					
	Accounting Info:					
	(b)(7)(E)					
	We VA					
	Funded: (b)(4)					
003	Detainee Volunteer Wages for the Detainee				(b)(4)	
	Work Program.					
	Accounting Info:					
	(b)(7)(E)					
	Funded: (b)(4)					
	. Contractor Invoicing Instructions:					
	Service Providers/Contractors shall use					
	these procedures when submitting an invoice.					
	1. Invoice Submission: Invoices shall be					
	submitted in a .pdf format on a monthly basis via email to:	1				1
						1
	(b)(7)(E) @ice.dhs.gov					
	Continued					
	7					
	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 ORD 06/13/20	DER CONTRACT NO. 18 HSCEDM-15-D-00015				ORDER NO. 70CDCR18FR0000070		
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY	
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)	
	Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the "bill to" address shown below:						
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE - ERO - FOD -FSE Williston, VT 05495-1620						
	Note: the Service Provider's or Contractor's 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 submission shall contain the following information:						
	(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;						
	(ii) Dunn and Bradstreet (D&B) DUNS Number;						
	(iii) Invoice date and invoice number;						
	(iv) Agreement/Contract number, Continued						
					(b)(4)		

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

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

PAGE NO 6

I NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTI
		ORDERED		PRICE		ACCEPT
a)	(b)	(c)	(d)	(e)	(f)	(g)
	contract line item number and, if					
	applicable, the order number;					
	<ul><li>(v) Description, quantity, unit of</li></ul>					1
	measure, unit price and extended price of					
	the items delivered;		1 1			
			1 1			
	(vi) Shipping number and date of					
	shipment, including the bill of lading					
	number and weight of shipment if shipped on					
	Government bill of lading;					
	coveriment bill of lading,					
	(vii) Terms of any discount for prompt					1
	payment offered;					1
	payment offered;					1
	(all) Parile to Pilano				1	-
	(viii) Remit to Address;					1
						1
	(ix) Name, title, and phone number of					
	person to notify in event of defective					
	invoice; and					
	3. Invoice Supporting Documentation. In					
	order to ensure payment, the vendor must					
	also submit supporting documentation to the					
	Contracting Officer's Representative (COR)					
	identified in the contract as described					
	below. Supporting documentation shall be					
	submitted to the COR or contract Point of					
	Contact (POC) identified in the contract or					
	task order with all invoices, as					
	appropriate. See paragraph 4 for details					
	regarding the safeguarding of information.					
	Invoices without documentation to support					
	invoiced items, containing charges for					
	items outside the scope of the contract, or					
	not based on the most recent contract base					
	or modification rates will be considered	. 1				
	improper and returned for resubmission.					
	Supporting documentation requirements					
	include:					
	(i). Firm Fixed Price Items (items not					1
	subject to any adjustment on the basis of		l I		Ť .	İ
	the contractor's cost experience, such as		1			1
	pre-established monthly guaranteed minimums					İ
	for detention or transportation): do not					1
	Continued					
						1
	1	I	ı I			1

# ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

7

ITEM NO.	supplies/services  (b)  require detailed supporting documentation unless specifically requested by the Government.	QUANTITY ORDERED (c)		UNIT PRICE	AMOUNT	QUANTITY
(a)	require detailed supporting documentation unless specifically requested by the	(c)	(a) I	/_\	15	ACCEPTED
	(ii). Fixed Unit Price Items (items for allowable incurred costs, such as detention and/or transportation services with no defined minimum quantities, 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 submitted in .pdf format.  (iii). Detention Services (other than firm fixed price):  (1) Bed day rate;  (2) Resident's/detainee's check-in and check-out dates;  (3) Number of bed days multiplied by the bed day rate;  (4) Name of each detainee;  (5) Resident's/detainee's identification information  (iv). Transportation Services (other than firm fixed price):  (1) The mileage rate being applied for that invoice.  (2) Monthly billing reports listing transportation services provided; number of miles; transportation routes provided; locations serviced and/or names/numbers of detainees transported; an			(e)		ACCEPTED (g)
	itemized listing of all other charges; and, for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of Continued					

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

PAGE NO

8 IMPORTANT: Mark all packages and papers with contract and/or order numbers. CONTRACT NO. DATE OF ORDER ORDER NO. 06/13/2018 HSCEDM-15-D-00015 70CDCR18FR0000070

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	all receipts.					
	(v). Stationary Guard Services (other					
	than firm fixed price):					1
	(1) The itemized monthly invoice					
	shall state the number of hours being					
	billed, the duration of the billing (times					
	and dates) and the name of the					
	resident(s)/detainee(s) that was/were					
	guarded.					
	(vi). Other Direct Charges:					
	The invoice shall include appropriate	1				1
	supporting documentation for any direct	1				1
	charge billed for reimbursement.					
			1 1			
	4. Safeguarding Information: As a					1
	contractor or vendor conducting business					1
	with Immigration and Customs Enforcement (ICE), you are required to comply with DHS					1
	Policy regarding the safeguarding of					1
	Sensitive Personally Identifiable					1
	Information (PII). Sensitive PII is					1
	information that identifies an individual,					1
	including an alien, and could result in		ll			1
	harm, embarrassment, inconvenience or	1				1
	unfairness. Examples of Sensitive PII	İ				1
	include information such as: Social					
	Security Numbers, Alien Registration					1
	Numbers (A-Numbers), or combinations of					
	information such as the individual's name					1
	or other unique identifier and full date of birth, citizenship, or immigration status.					+
	bitti, citizenship, or munigration status.					
	As part of your obligation to safeguard					1
	information, the follow precautions are		1 1			İ
	required:					
	Post 1					
	Email supporting documents containing Sensitive PII in an encrypted					
	attachment with password sent separately.					
	accommend which passed as a separate of the se					
	Never leave paper documents					
	containing Sensitive PII unattended and					1
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	$\geq$			(b)(4)	•

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OPTIONAL FORM 348 (Rev. 4/2006)

# ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-15-D-00015 70CDCR18FR0000070 06/13/2018 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (b) (c) (e) (g) When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. · Use shredders when discarding paper documents containing Sensitive PII. · Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found (b)(7)(E)march2012.pdf for more information on and/or examples of Sensitive PII. 5. If you have questions regarding payment, please contact ICE Financial Operations at (b)(6):(b)(7)(C) or by e-mail at (b)(7)(E)@ice.dhs.gov The total amount of award: (b)(4)The obligation for this award is shown in box 17(i).

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

(b)(4)

	ionimobil location o	F CONTRACT	1. CONTRACT ID CODE		PAGE OF PAGES
2 AMENDMENT/MODIFICATION NO	3. EFFEC	TIVE DATE	4. REQUISITION/PURCHASE REQ. N	10. 5	PROJECT NO. (If applicable)
P00001	See B	Block 16C	192118FSETACOMA15		
S ISSUED BY	CODE ICE/D	M/DC-LAGUNA	7. ADMINISTERED BY (If other than	Item 6) C	ODE ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETEN IMMIGRATION AND CUS OFFICE OF ACQUISITI 24000 AVILA ROAD (b) ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92 B. NAME AND ADDRESS OF CONTR.	TOMS ENFORCEMENT ON MANAGEMENT (6):		ICEDETENT MNGTDETEN IMMIGRATION AND CUS OFFICE OF ACQUISITE 24000 AVILA ROAD (h ATTN (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92	STOMS ENFO ION MANAGE WAY	DRCEMENT
NAME AND ADDRESS OF CONTR.	ACTOR (No., street, county, Stat	e and zir Code)	(x) 9A. AMENDMENT OF SOLICITAT	ION NO	
SEO GROUP INC THE 521 NW 53RD ST (b)(6) SOCA RATON FL 334878			9B. DATED (SEE ITEM 11)	ACTIONED NO	
			x HSCEDM-15-D-00015 70CDCR18FR0000070 10B. DATED (SEE ITEM 13)		
CODE 6127064650000	FACILITY	CODE	06/13/2018		
0.10.000000	11. TH	IS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS		
	to change an offer already su amendment, and is received	ubmitted, such change may prior to the opening hour ar	DATE SPECIFIED MAY RESULT IN REJE be made by telegram or letter, provided of ad date specified. t Increase:		etter makes
	V APPLIES TO MODIFICATION	ON OF CONTRACTS/OPP	RS. IT MODIFIES THE CONTRACT/ORD	ER NO AS DESC	DIRED IN ITEM 44
CHECK ONE A THIS CHANGE OR	DER IS ISSUED PURSUANT	TO (Specify authority) TH	IE CHANGES SET FORTH IN ITEM 14 A	RE MADE IN THE	CONTRACT
B THE ABOVE NUME appropriation date.	M 10A	IS MODIFIED TO REFLEC 4, PURSUANT TO THE AU	T THE ADMINISTRATIVE CHANGES (SUITHORITY OF FAR 43.103(b)		
B THE ABOVE NUME appropriation date,  C THIS SUPPLEMEN  D OTHER (Specify by	BERED CONTRACT/ORDER etc.) SET FORTH IN ITEM 1	IS MODIFIED TO REFLEC 4, PURSUANT TO THE AU RED INTO PURSUANT TO	T THE ADMINISTRATIVE CHANGES (sur THORITY OF FAR 43.103(b)		
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B THE ABOVE NUME appropriation date,  C THIS SUPPLEMEN  D OTHER (Specify by Y FAR 32.703-  E.IMPORTANT: Contractor  14 DESCRIPTION OF AMENDMENT DUNS Number: 61270-  COTR POC: (b)(6): (b)(7)	SERED CONTRACT/ORDER etc.) SET FORTH IN ITEM 1  ITAL AGREEMENT IS ENTER  Pe of modification and author  1 (a) - Fully Ft  Sis not. Sis required  IMADIFICATION (Organized) 6465	IS MODIFIED TO REFLEC 4, PURSUANT TO THE AU  RED INTO PURSUANT TO a  ity)  unded  ired to sign this document a  by UCF section headings, i	T THE ADMINISTRATIVE CHANGES (sur THORITY OF FAR 43.103(b) AUTHORITY OF	ch as changes in p	paying office,
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B. THE ABOVE NUME appropriation date.  C. THIS SUPPLEMEN  D. OTHER (Specify by FAR 32.703-  E. IMPORTANT: Contractor  14. DESCRIPTION OF AMENDMENT DUNS Number: 61270-  COTR POC: (b)(6): (b)(7)  COTR POC: (b)(6): (b)(6):  Cotracter Core (b)(6):  Cotracter Core (b)(6):  Cotracter Core (b)(6):  Cotracter Core (c)(6):  Cotracter Core (c)(6):  Cotracter Core (c)(6):  Continued  Except as provided herein, all terms at 15A NAME AND TITLE OF SIGNER (c)  15B CONTRACTOR/OFFEROR	SERED CONTRACT/ORDER etc.) SET FORTH IN ITEM 1  ITAL AGREEMENT IS ENTER  Pe of modification and author 1 (a) - Fully Ft  Sis not. Sis required (MODIFICATION (Organized) 6465  7)(C)  Gice.dhs.gov  (b)(7)(C)  (b)(7)(C)  Ce of this Task  and conditions of the document (Type or print)	IS MODIFIED TO REFLEC 4, PURSUANT TO THE AU  RED INTO PURSUANT TO  ity)  unded  ired to sign this document a by UCF section headings, i  e-1	THE ADMINISTRATIVE CHANGES (SUITHORITY OF FAR 43.103(b))  AUTHORITY OF  Ind return copi Including solicitation/contract subject matter    e-mail address, (b)(6): (b)    mail address, (b)(6): (b)    tember 28, 2018 throughtout the subject matter    10A, as heretofore changed, remains unclined.	es to the issuing of the where feasible.  (6); (b)(7)(C)  (agh Novembranged and in full	ffice  ffice  ce.dhs.gov  ce.dhs.gov  cer 30, 2018.
D OTHER (Speafy ty X FAR 32.703- E. IMPORTANT: Contractor 14 DESCRIPTION OF AMENDMENT DUNS Number: 61270  COTR POC: (b)(6): (b)(7)  COTR POC: (b)(6): (b)(6):  Cotracter  Alternate COR: (b)(6):  Continued  Except as provided herein, all terms and 15A NAME AND TITLE OF SIGNER (15A)	SERED CONTRACT/ORDER etc.) SET FORTH IN ITEM 1  ITAL AGREEMENT IS ENTER  Pe of modification and author 1 (a) - Fully Ft  Sis not. Sis required (MODIFICATION (Organized) 6465  7)(C)  Gice.dhs.gov  (b)(7)(C)  (b)(7)(C)  Ce of this Task  and conditions of the document (Type or print)	IS MODIFIED TO REFLEC 4, PURSUANT TO THE AU  RED INTO PURSUANT TO  ity)  unded  ired to sign this document a by UCF section headings, i  e-1  c Order is Sep	THE ADMINISTRATIVE CHANGES (SurthORITY OF FAR 43.103(b))  AUTHORITY OF  Indiretur copi Including solicitation/contract subject math  e-mail address,  e-mail address,  (b)(6): (b)  tember 28, 2018 through the contract of the contrac	es to the issuing of the where feasible.  (6); (b)(7)(C)  (6); (b)(7)(C)  (6); (b)(7)(C)	ffice  ffice  ffice  ce.dhs.gov  ce.dhs.gov  force and effect  R (Type or print)

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
	This task order is funded in the amount of (b)(4) CLINs funded are:			
	1. CLIN 3001A in the amount of (b)(4)			
	2. CLIN 3001B in the amount of (b)(4)			
	3. CLIN 3002A in the amount of (b)(4)			
	4. CLIN 3002B in the amount of (b)(4)			
	5. CLIN 3002E in the amount of (b)(4)			
	6. CLIN 3002F in the amount of (b)(4)			
	7. CLIN 3003 in the amount of (b)(4)			
	Exempt Action: Y Sensitive Award: NONE			
	LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3001A Quantity changed from (b)(4)  Total Amount changed from (b)(4)  (b)(4)  Obligated Amount for this modification: (b)(4)			
	(b)(7)(E)  Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3001B Quantity changed from (b)(4)  Total Amount changed from 4(b)(4)  (b)(4)  Obligated Amount for this modification: (b)(4)			
	(b)(7)(E)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3002A  Total Amount changed from (b)(4)			
	(b)(4) Obligated Amount for this modification: Continued			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00001
 PAGE OF 3
 OF 3

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(4)				
	(b)(7)(E)		11		
	(b)(7)(E)			1 10	
	Amount: (b)(4)			1.10	
	CHANGES FOR LINE ITEM NUMBER: 3002B			1 10	
	Total Amount changed from (b)(4)	1		110	
	Obligated Amount for this modification: (b)(4)	[		1.41	
	(b)(7)(E)				
				1.1/	
	Amount: (b)(4)			1.46	
	CHANGES FOR LINE ITEM NUMBER: 3002E			1/10	
	Quantity changed from (b)(4)	1		1.11	
	Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)				
		1		1110	
	(b)(7)(E)			1 18	
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3002F			110	
	Total Amount changed from (b)(4)			1 18	
	(b)(4) Obligated Amount for this modification:			1.10	
	(b)(4)			1.10	
	(b)(7)(E)			1.48	
	(b)(7)(E)			100	
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3003			100	
	Total Amount changed from (b)(4)	1		111	
	Obligated Amount for this modification: (b)(4)	-			
	(b)(7)(E)			1/10	
	(b)(4)			1.10	
	Amount: (b)(4)				
	Discount Terms:			1 12	
	(h)(4) FOB: Destination				
	Period of Performance: 09/28/2018 to 11/30/2018			1.10	
				1111	
	Change Item 3001A to read as follows(amount shown is the obligated amount):			1.40	
	To the obligated amount,			1 12	
	Continued			1318	
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00001
 PAGE 4
 OF 4

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A) 3001A	(B)	(C)	(D)	(E)	(F)
SUUIA	Detention Bed Days.  Change Item 3001B to read as follows(amount shown is the obligated amount):	(b)(4)			
3001B	Detention Bed Days.	(b)(4)			
	Change Item 3002A to read as follows(amount shown is the obligated amount):				
3002A	Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are:  1. (b)(4) Bus ) Transporters 3. Utility Vehicle. 4. ADA Van Van.  Change Item 3002B to read as follows (amount shown is the obligated amount):				(b)(4)
002В	Estimated Fuel Cost for Vehicles.  Change Item 3002E to read as follows(amount shown is the obligated amount):				(b)(4)
3002E	Remote Post and Other Destinations. Remote Post and Other Destinations must be pre-approved by the Government and tracked by the Contractor (including name of approver, hours approved and date of approval).	(b)(4	1)		
	Change Item 3002F to read as follows(amount shown is the obligated amount):				
3002F	Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Oregon. Continued				(b)(4)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00001
 PAGE 0F

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	For Yakima, Washington: (b) Van and (b) Transporter		П		
	For Medford, Oregon: (b)() Transporters				
				1.10	
	Change Item 3003 to read as follows(amount shown is the obligated amount):				
	is the obligated amount,.				
3003	Detainee Volunteer Wages for the Detainee Work			- 10	(b)(4)
5005	Program.				(DN4)
				1	
				110	

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
		A DECILIENTONIONIONAS DECINO	1 5
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192119FSETACOMA01	5. PROJECT NO. (If applicable)
P00002 6. ISSUED BY CODE	See Block 16C	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETENT CONTRACTION IN ICEDETENT MNGTDETENT CONTRACTION ICEDETENT CONTRACTION ICEDETENT MANAGE 24000 AVILA ROAD (b)(6):  ATTN (b)(6) (b)(7)(C)  LAGUNA NIGUEL CA 92677	TT-LAG PRCEMENT SMENT	ICEDETENT MNGTDETENT CO IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION M 24000 AVILA ROAD (h)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677	ONTRACT-LAG E ENFORCEMENT MANAGEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
GEO GROUP INC THE 621 NW 53RD ST (h)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORI HSCEDM-15-D-00015 70CDCR18FR0000070 10B. DATED (SEE ITEM 13)	DER NO.
CODE 6127064650000	FACILITY CODE	06/13/2018	
012/004030000		O AMENDMENTS OF SOLICITATIONS	
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req	OFFERS PRIOR TO THE HOUR AND er already submitted, such change ma is received prior to the opening hour a	DATE SPECIFIED MAY RESULT IN REJECTION ( y be made by telegram or letter, provided each tele	OF YOUR OFFER If by
SEE SCHEDULE	144		(~/( ·/
	CT/ORDER IS MODIFIED TO REFLEC HIN ITEM 14, PURSUANT TO THE AI T IS ENTERED INTO PURSUANT TO	HE CHANGES SET FORTH IN ITEM 14 ARE MAD  CT THE ADMINISTRATIVE CHANGES (such as che  UTHORITY OF FAR 43.103(b).	
X FAR 32.703-1(b) Inci			
		and return copies to the	issuing office.
E. IMPORTANT: Contractor X is not.  14. DESCRIPTION OF AMENDMENT/MODIFICATION	is required to sign this document		
DUNS Number: 612706465 COTR POC: (b)(6); (b)(7)(C)	hs.gov	e-mail address,	, sadd of the same
Alternate COR: (b)(6):(b)(7)(C)  Finance POC: (b)(6);(b)(7)(C)	e-	e-mail address, (b)(6); (b)	
Period of Performance of thi  Continued  Except as provided herein, all terms and conditions of the state	s Task Order is Sep	otember 28, 2018 through S	September 27, 2019.
		(b)(6); (b)(7)(C)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		16C. DATE SIGNED
(Signature of person authorized to sign)			
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA

2020-ICLI-00042 GEO Group 846

1	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
7)	(B)	(C)	(D)	(E)	(F)
	This task order is funded in the amount of				
	(b)(4) CLINs funded are:				
	1. CLIN 3001A in the amount of (b)(4)			118	
	2. CLIN 3001B in the amount of (b)(4)				
	3. CLIN 3002A in the amount of (b)(4)				
	4. CLIN 3002B in the amount of (b)(4)				
	5. CLIN 3002D in the amount of (b)(4)				
	6. CLIN 3002E in the amount of (b)(4)				
	7. CLIN 3002F in the amount of (b)(4)				
	8. CLIN 3003 in the amount of (b)(4)				
	See the attachment for the funding of the task				
	order in accordance with the Fiscal Year 2019		1 1		
	Continuing Appropriations Act.				
	Exempt Action: Y Sensitive Award: NONE				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Award: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3001A				
	Quantity changed from (b)(4)		1 1		
	Total Amount changed from (b)(4)		1 1		
	(b)(4)		1 1		
	Obligated Amount for this modification:		1 1		
	(b)(4)		1 1		
	(b)(7)(E)		1 1		
	(*/\' /\=/				
	Amount: (b)(4)			1 12	
	CHANGES FOR LINE ITEM NUMBER: 3001B				
	CHANGES FOR LINE ITEM NUMBER: 3001B Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this modification:				
	(b)(4)				
	<u></u>				
	(b)(7)(E)				
	Amount: (b)(4)	1		1	
	Continued				

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) CHANGES FOR LINE ITEM NUMBER: 3002A Total Amount changed from (b)(4) (b)(4)Obligated Amount for this modification: (b)(4)b)(7)(E) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3002D Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3002E Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3002F Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3003 Continued ...

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00002
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 OF 4
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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)  (b)(7)(E)				
	Amount: (b)(4)				
	Discount Terms:  (b)(4)  FOB: Destination Period of Performance: 09/28/2018 to 09/27/2019				
	Change Item 3001A to read as follows(amount shown is the obligated amount):				
3001A	Detention Bed Days.	(b)(4)	П		
	Change Item 3001B to read as follows(amount shown is the obligated amount):				
3001B	Detention Bed Days.	(b)(4)			
	Change Item 3002A to read as follows(amount shown is the obligated amount):				
3002A	Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are:				(b)(4)
	1. (b)(4) 2. 3. 4. 5.				
	Change Item 3002B to read as follows(amount shown is the obligated amount):				
3002В	Estimated Fuel Cost for Vehicles.				(b)(4)
	Change Item 3002D to read as follows(amount shown is the obligated amount): Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00002
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
8002D	OVERTIME. Overtime must be pre-approved by the Government and tracked by the contractor (including name of approver, hours approved, and date of approval).	(b)(4	)		
	Change Item 3002E to read as follows(amount shown is the obligated amount):				
3002E	Remote Post and Other Destinations. Remote Post and Other Destinations must be pre-approved by the Government and tracked by the Contractor (including name of approver, hours approved and date of approval).	(b)(4)			
	Change Item 3002F to read as follows(amount shown is the obligated amount):				
3002F	Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Oregon.				(b)(4)
	For Yakima, Washington: (b)(4)  For Medford, Oregon: (b)(4)				
	Change Item 3003 to read as follows(amount shown is the obligated amount):				
3003	Detainee Volunteer Wages for the Detainee Work Program.				(b)(4)
	•				

# Attachment

Funding of this task order is in accordance with the Fiscal Year 2019 Continuing Appropriations Act which provides limited authority to award contracts and obligate funds in FY 2019 until a final DHS appropriation is signed into law or to December 7, 2018, whichever occurs first.

(a) Contract line items listed below are incrementally funded or fully funded as shown in the below table. For these items, the sum of (b)(4) of the total price is presently available for payment and allotted to this contract. This funding table will be updated in each contract action that provides additional funds, if any.

CLIN	CLIN Price	Current Allotted Funding	Funds Required for Complete Funding
3001A	(b)(4)		
3002A			
3002F			
	Contract Total	(b)(4)	

- (b) For items identified in paragraph (a) as not fully funded, the contractor agrees to perform up to the point at which the total amount payable by the Government, including reimbursement of authorized termination costs in the event of terminations of those items for the Government's convenience, does not exceed the total amount currently allotted to the items not fully funded under this contract. The contractor is not authorized to continue work on those items beyond that point. The total amount payable by the Government in the event of such termination of those contract line items identified in paragraph (a) above includes costs, profit and estimated/negotiated termination settlement costs for those items. The Government will not be obligated in any event to reimburse the contractor in excess of the amount allotted to the line items of the contract regardless of anything to the contrary in any other clause, such as the clause entitled "Termination for Convenience of the Government" or paragraph (I) entitled "Termination for the Government's Convenience" of the clause at FAR 52.212-4, Commercial Terms and Conditions Commercial Items."
- (c) Notwithstanding paragraph (i) of this requirement, the contractor will notify the contracting officer in writing at least thirty days prior to the date when, in the contractor's best judgment, the work will reach the point at which the total amount payable by the Government, including any cost for termination for convenience, will approximate the 85 percent of the total amount then allotted to the contract for performance of the applicable items. The notification will state () the estimated date when that point will be reached and (2) an estimate of additional funding, if any, needed to continue performance. The notification will also advise the contracting officer of the estimated amount of additional funds that will be required for the timely performance of the items funded pursuant to this contract. If after such notification additional funds are not allotted by the date identified in the contractor's notification, or by an agreed substitute date, the contracting officer will terminate any items for which additional funds have not been

allotted, pursuant to the clause contract authorizing termination for the convenience of the Government, such as the clause entitled "Termination for Convenience of the Government" or paragraph (I) entitled "Termination for the Government's Convenience" of the clause as FAR 52.212-4, "Commercial Terms and Conditions – Commercial Items."

- (d) When additional funds are allotted for continued performance of the contract line items identified in paragraph (a), the parties will agree as to the period of contract performance which will be covered by the funds. The provisions of paragraphs (b) through (d) will apply in like manner to the additional allotted funds and agreed substitute date, and the contract will be modified accordingly.
- (e) The Government may at any time prior to termination allot additional funds for the performance of the contract line items identified in paragraph (a).
- (f) The termination provisions of paragraphs (a) through (i) do not limit the rights of the Government under the clause entitled "Default" or "Termination for Cause." The provisions of this clause are limited to the work and allotment of funds for the contract line items set forth in paragraph (a). This clause no longer applies once the contract is fully funded.
- (g) Nothing in this clause affects the right of the Government to terminate this contract pursuant to the clause of this contract entitled "Termination for Convenience of the Government" or paragraph (I) entitled "Termination for the Government's Convenience" of the clause at FAR 52.212-4, "Commercial Terms and Conditions Commercial Items."
- (h) Nothing in this clause shall be construed as authorization of voluntary services whose acceptance is otherwise prohibited under 31 U.S.C. 1342.
- (i) The parties contemplate that the Government will allot funds to this contract from time to time as the need arises and as funds become available. There is no fixed schedule for providing additional funds.

AMENDMENT OF SOLICITATION/MOD	NEICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MOD	III IOATION OF CONTRACT		1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00003	See Block 16C	See Schedule	
6. ISSUED BY C	ODE ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETENT CONT IMMIGRATION AND CUSTOMS E OFFICE OF ACQUISITION MAN 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677 8. NAME AND ADDRESS OF CONTRACTOR (No. GEO GROUP INC THE	INFORCEMENT NAGEMENT	ICEDETENT MNGTDETENT CON IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION MA 24000 AVILA ROAD(b)(6): ATTN (b)(6); (b)(7)(C) LAGUNA NIGUEL CA 92677  (x)  9A. AMENDMENT OF SOLICITATION NO.	ENFORCEMENT
521 NW 53RD ST (b)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)	
		× 10A MODIFICATION OF CONTRACT/ORDE HSCEDM-15-D-00015	ER NO.
		70CDCR18FR0000070	
		10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/13/2018	
	11. THIS ITEM ONLY APPLIES TO	DAMENDMENTS OF SOLICITATIONS	
reference to the solicitation and this amendment 12. ACCOUNTING AND APPROPRIATION DATA See Schedule	t, and is received prior to the opening hour ai (If required) Ne		b)(4)
13. ITIS IIEM ONLT APPLIES	TO HOUR ION TON OF CONTRACTS/ORDE	LIGHT IN MOUNTED THE CONTINUENT NO. AS	, SECONDED IN ITEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 10A.	UED PURSUANT TO: (Specify authority) The	HE CHANGES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F	NTRACT/ORDER IS MODIFIED TO REFLEC FORTH IN ITEM 14, PURSUANT TO THE AU	T THE ADMINISTRATIVE CHANGES (such as chang ITHORITY OF FAR 43.103(b).	ges in paying office,
C. THIS SUPPLEMENTAL AGREE	EMENT IS ENTERED INTO PURSUANT TO	AUTHORITY OF:	
D. OTHER (Specify type of modifie	cation and authority)		
X FAR 43.103(a) - B	Silateral Modification		
E. IMPORTANT: Contractor	not. X is required to sign this document a	and return1 copies to the is:	suing office.
14 DESCRIPTION OF AMENDMENT/MODIFICA DUNS Number: 612706465	TION (Organized by UCF section headings,	including solicitation/contract subject matter where fe	easible.)
•		7	
COTR POC: (b)(6): (b)(7)(C)		e-mail address,	
(b)(6); (b)(7)(C)	e.dhs.gov		
Alternate COR: (b)(6); (b)(7	)(C)	e-mail address, (b)(6); (b)(	7)(C) @ice.dhs.gov
Finance POC: (h)(6) (h)(7)(C	e) e-	mail address, (b)(6):(b)(7)(C)	@ice.dhs.gov
	hill mark Order to Com	t	27 2010
Period of Performance of .	this Task Order is Sep	tember 28, 2018 through Se	ptember 27, 2019.
Continued			
		10A, as heretofore changed, remains unchanged and	
(b)(6); (b)(7)(C) Executive	e Vice President	(b)(6); (b)(7)(C)	)FFICER (Type or print)
15B. CONTRACTOR/OFFEROR (b)(6);	15C. DATE SIGNED 12/4/2018	(b)(6); (b)(7)(C)	16C. DATE SIGNED
(Signature of person authorized to sign)	12/4/2010		
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	This modification is to:				
	1. Deobligate in CLIN 3001A Fiscal Year 2018				
	Funds in the amount of (b)(4)				
	LEAT.				
	2. Obligate in CLIN 3001A Fiscal Year 2019 Funds				
	in the amount of (b)(4)				
	From t Action, V Consitive Avend, NONE				
	Exempt Action: Y Sensitive Award: NONE				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Total Amount for this Modification: (h)(A)				
	New Total Amount for this Award (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3001A				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this modification: (b)(4)				
	Requisition # 192119FSETACOMA01.2				
	(b)(7)(E)				
	Amount: (b)(4)				
	Requisition # 192119FSETACOMA01.3				
	(b)(7)(E)				
	Amount: (b)(4)				
	Discount Terms:				
	(b)(4)				
	FOB: Destination				
	Period of Performance: 09/28/2018 to 09/27/2019				
	Change Item 3001A to read as follows(amount shown				
	is the obligated amount):				
001A	Detention Bed Days.				(b)(4

AMENDMENT OF SOLICITATION/MODIF	FICATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00004	See Block 16C	192119FSETACOMA02	o. Fricold i No. (II applicable)
6. ISSUED BY CO		7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETENT CONTRIMMIGRATION AND CUSTOMS EN OFFICE OF ACQUISITION MANA 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677  8. NAME AND ADDRESS OF CONTRACTOR (No., s)	IFORCEMENT AGEMENT	ICEDETENT MNGTDETENT CON IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION MAY 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677  (x) 9A. AMENDMENT OF SOLICITATION NO.	ENFORCEMENT
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-15-D-00015 70CDCR18FR0000070	ER NO.
		10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/13/2018	
	11. THIS ITEM ONLY APPLIES T	O AMENDMENTS OF SOLICITATIONS	
virtue of this amendment you desire to change an reference to the solicitation and this amendment, 12. ACCOUNTING AND APPROPRIATION DATA (If	offer already submitted, such change ma and is received prior to the opening hour a	DATE SPECIFIED MAY RESULT IN REJECTION O by be made by telegram or letter, provided each teleg and date specified. et Increase:	100 Table 100 Ta
See Schedule	1		
	MENT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as chai UTHORITY OF FAR 43.103(b). DAUTHORITY OF:	nges in paying office,
	nilateral Modification	n	
E. IMPORTANT: Contractor X is no			ssuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465	ON (Organized by UCF section headings,	including solicitation/contract subject matter where	feasible.)
COTR POC: (b)(6); (b)(7)(C)		e-mail address,	
b)(6); (b)(7)(C) @ice	.dhs.gov		
Alternate COR: (b)(6); (b)(7)(	C)	e-mail address, (b)(6); (b)	(7)(C) @ice.dhs.gov
Alternate Cor: (a)(a)(a)(a)(a)(b)(b)(b)			
	e-	-mail address, (b)(6):(b)(7)(C)	@ice.dhs.gov
Finance POC: (b)(6); (b)(7)(C)  Period of Performance of t			
Finance POC: (b)(6); (b)(7)(C)  Period of Performance of t  Continued	his Task Order is Sep	otember 28, 2018 through Se	eptember 27, 2019.
Finance POC: (b)(6); (b)(7)(C)  Period of Performance of t  Continued	his Task Order is Sep		eptember 27, 2019.
Finance POC: (b)(6); (b)(7)(C)  Period of Performance of t  Continued  Except as provided herein, all terms and conditions	his Task Order is Sep	10A, as heretofore changed, remains unchanged ar  16A. NAME AND TITLE OF CONTRACTING ((b)(6); (b)(7)(C)	eptember 27, 2019.
Finance POC: (b)(6); (b)(7)(C)  Period of Performance of t  Continued  Except as provided herein, all terms and conditions 15A. NAME AND TITLE OF SIGNER (Type or print)	his Task Order is Sep of the document referenced in Item 9 A or	10A, as heretofore changed, remains unchanged ar  16A. NAME AND TITLE OF CONTRACTING ((b)(6); (b)(7)(C)	eptember 27, 2019.  Ind in full force and effect.  DEFICER (Type or print)

2020-ICLI-00042 GEO Group 856

Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
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NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP. INC. THE

١Ο.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUN'
	(B)	(C)	(D)	(E)	(F)
	This modification is to obligate in CLIN 3001A				
	through 3003 Fiscal Year 2019 Funds in the total		1 1		
	amount of (b)(4)	1			
	amount of (2)(1)				
	Exempt Action: Y Sensitive Award: NONE				
	LIST OF CHANGES:				
	Reason for Modification: Funding Only Action				
	Total Amount for this Modification: (b)(4)				
	New Total Amount for this Award: (b)(4)		1 1		
			1 1		
	CHANGES FOR LINE ITEM NUMBER: 3001A		1 1		
	Total Amount changed from (b)(4)		1 1		
	(b)(4)		1 1		
	Obligated Amount for this modification:		1 1		
	(b)(4)				
	(b)(7)(E)		1 1	1.11	
	(-/(-//-/		1 1		
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3001B		1 1		
	Quantity changed from (b)(4)		1 1		
	Total Amount changed from (b)(4)		1 1	1.10	
	(b)(4)		1 1	1.40	
			1		
	Obligated Amount for this modification:		1 1		
	(b)(4)		1 1		
	(b)(7)(E)		1 1		
	Quantity:(b)(4)		1 1		
	Amount: (b)(4)		1 1		
			1 1		
	CHANGES FOR LINE ITEM NUMBER: 3002A	1	1 1		
	Total Amount changed from (b)(4)	1			
	(h)(4)	1	1 1		
	Obligated Amount for this modification:	1	1 1		
	(b)(4)				
	(b)(7)(E)		1 1		
	(-)(-)(-)	1	1 1		
	Amount: (b)(4)				
	VIV.				
	CHANGES FOR LINE ITEM NUMBER: 3002B				
	Total Amount changed from (b)(4)				
	(b)(4)				
	Obligated Amount for this modification: (b)(4)				
	(b)(7)(E)				
	(b)(7)(E)				
	Amount: (b)(4)				
	CHANGES FOR LINE ITEM NUMBER: 3002D				
	Quantity changed from (b)(4)				
	Total Amount changed from (b)(4)				
	Continued	1			
	Part of the State				
	1	1	1 I		

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (D) (E) (A) (B) (F) Obligated Amount for this modification: (b)(4) (b)(7)(E) Quantity: (b)(4) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3002E Quantity changed from (b)(4) Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4) (b)(7)(E)Quantity: (h)(4) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 3002F Total Amount changed from (b)(4) (b)(4)Obligated Amount for this modification: (b)(4)(b)(7)(E)Amount: (b)(4)CHANGES FOR LINE ITEM NUMBER: 3003 Total Amount changed from (b)(4) Obligated Amount for this modification: (b)(4)(b)(7)(E)Amount: (b)(4) Discount Terms: (b)(4)FOB: Destination Period of Performance: 09/28/2018 to 09/27/2019 Change Item 3001A to read as follows (amount shown is the obligated amount): (b)(4)3001A Detention Bed Days. Change Item 3001B to read as follows (amount shown is the obligated amount): (b)(4)3001B Detention Bed Days. Continued ...

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 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00004
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 3002A to read as follows(amount shown is the obligated amount):				
3002A	Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are:				(b)(4)
	1. (b)(4) Bus 2. ) Transporters 3. Utility Vehicle.				
	ADA Van Van.				
	Change Item 3002B to read as follows(amount shown is the obligated amount):				
002В	Estimated Fuel Cost for Vehicles.				(b)(4)
	Change Item 3002D to read as follows(amount shown is the obligated amount):				
8002D	OVERTIME. Overtime must be pre-approved by the Government and tracked by the contractor (including name of approver, hours approved, and date of approval).	(b)(4)			
	Change Item 3002E to read as follows(amount shown is the obligated amount):				
3002E	Remote Post and Other Destinations. Remote Post and Other Destinations must be pre-approved by the Government and tracked by the Contractor (including name of approver, hours approved and date of approval).	(b)(4)			
	Change Item 3002F to read as follows(amount shown is the obligated amount):				
002F	Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Continued				(b)(4)

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 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR18FR0000070/P00004
 PAGE 5
 OF 5

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT UNIT PRICE			AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	Oregon.		$\top$			
	For Yakima, Washington: (b)( Van and (b) Transporter					
	For Medford, Oregon: (b) Transporters					
				110		
	Change Item 3003 to read as follows(amount shown			148		
	is the obligated amount):					
			11	118		
003	Detainee Volunteer Wages for the Detainee Work				(b)(4)	
	Program.				-	
	•					
	All other terms and conditions remains the same.			1.118		
			11			
			+ +			
				110		

AMENDMENT OF SOLICITATION/MODIFICA	TION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
		192119FSETACOMA04	o (ii applicable)
	See Block 16C ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETENT CONTRACT IMMIGRATION AND CUSTOMS ENFOR OFFICE OF ACQUISITION MANAGEN 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677	T-LAG RCEMENT	ICEDETENT MNGTDETENT CON IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION MAY 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677	NTRACT-LAG ENFORCEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., street, of	county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
GEO GROUP INC THE 621 NW 53RD ST (h)(6): BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-15-D-00015 70CDCR18FR0000070	ER NO.
	E1 011 IE1 00 DE	10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/13/2018	
	11. THIS ITEM ONLY APPLIES TO	O AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and is 12. ACCOUNTING AND APPROPRIATION DATA (If requirements)	already submitted , such change ma received prior to the opening hour a	y be made by telegram or letter, provided each teleg	
See Schedule		ERS. IT MODIFIES THE CONTRACT/ORDER NO. A	
X  B. THE ABOVE NUMBERED CONTRACT appropriation date, etc.) SET FORTH I  C. THIS SUPPLEMENTAL AGREEMENT  D. OTHER (Specify type of modification a	IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as char UTHORITY OF FAR 43.103(b). DAUTHORITY OF:	nges in paying office,
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return copies to the is	ssuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION (CDUNS Number: 612706465	Organized by UCF section headings,	including solicitation/contract subject matter where t	feasible.)
COTR POC: (h)(6)·(h)(7)(C)		e-mail address,	
(h)(6)·(h)(7)(C) @ice.dh	s.gov		
Finance POC: (b)(6); (b)(7)(C)	, e-	-mail address, (b)(6); (b)(7)(C)	@ice.dhs.gov
Period of Performance of this	Task Order is Sep	otember 28, 2018 through Se	eptember 27, 2019.
· This modification is to fund	the task order in	the amount of (b)(4)	CLINs funded
are:			
Continued			
Except as provided herein, all terms and conditions of the	document referenced in Item 9 A or		
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING (b)(6);	OFFICER (Type or print)
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	<sup>16B.</sup> (b)(6); (b)(7)(C)	16C. DATE SIGNED
(Signature of person authorized to sign) NSN 7540-01-152-8070		icer)	March 11, 20 STANDARD FORM 30 (REV. 10-83)

2020-ICLI-00042 GEO Group 861

FAR (48 CFR) 53.243

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (D) (E) (A) (B) (F) 1. CLIN 3001A in the amount of (b)(4)2. CLIN 3001B in the amount of (b)(4)3. CLIN 3002A in the amount of (b)(4)4. CLIN 3002B in the amount of (b)(4)5. CLIN 3002D in the amount of (b)(4)6. CLIN 3002E in the amount of (b)(4)7. CLIN 3002F in the amount of (b)(4)8. CLIN 3003 in the amount of (b)(4)LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4)(h)(4) Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4)CHANGES FOR LINE ITEM NUMBER: 3001B Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4)CHANGES FOR LINE ITEM NUMBER: 3002A Total Amount changed from (h)(4) Obligated Amount for this Modification: (b)(4)Continued ...

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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)		- 110	
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 3002B		[1]	
	Total Amount changed from (b)(4)		1.18	
	Obligated Amount for this Modification: (b)(4)			
	(b)(7)(E)		1148	
			1118	
	Amount: (b)(4)		1/4	
	CHANGES FOR LINE ITEM NUMBER: 3002D		1318	
	Total Amount changed from (b)(4)		140	
	Obligated Amount for this Modification: (b)(4)	]	110	
	(b)(7)(E)		110	
	Amount: (b)(4)		148	
			1.18	
	CHANGES FOR LINE ITEM NUMBER: 3002E Total Amount changed from (b)(4)		1 10	
	(b)(4) Obligated Amount for this Modification: (b)(4)		148	
		귀	1:12	
	(b)(7)(E)		1.40	
	Amount: (b)(4)		1.48	
	CHANGES FOR LINE ITEM NUMBER: 3002F		137	
	Total Amount changed from (b)(4)		140	
	Obligated Amount for this Modification: (b)(4)	]	1.18	
	(b)(7)(E)		1 18	
	Amount: (b)(4)		118	
	Amount: ((b)(4)		1.10	
	CHANGES FOR LINE ITEM NUMBER: 3003 Total Amount changed from (b)(4)		148	
	(b)(4)		1.10	
	Obligated Amount for this Modification: (b)(4)	-	1.10	
	(b)(7)(E)			
	Amount: (b)(4)		140	
	Discount Terms:		148	
	Continued			

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(b)(4) Period of Performance: 09/28/2018 to 09/27/2019				
	Change Item 3001A to read as follows(amount shown	1 (			
	is the obligated amount):				
3001A	Detention Bed Days.				(b)(4)
	Change Item 3001B to read as follows (amount shown				
	is the obligated amount):				
3001B	Detention Bed Days.				(b)(4)
JOULD	becemeten bed baye.				(3/(1/
	Change Item 3002A to read as follows(amount shown				
	is the obligated amount):				
3002A	Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are:				(b)(4)
	1. (b)(4) Bus 2. Transporters				
	3. Utility Vehicle.				
	4. ADA Van				
	5. Van.				
	Change Item 3002B to read as follows (amount shown				
	is the obligated amount):				
3002B	Estimated Fuel Cost for Vehicles.				(b)(4)
30026	Estimated Fuel Cost for Venicles.				(-/(-/
	Change Item 3002D to read as follows(amount shown				
	is the obligated amount):				
3002D	OVERTIME. Overtime must be pre-approved by the				(b)(4)
	Government and tracked by the contractor (including name of approver, hours approved, and				
	date of approval).				
	Change Item 3002E to read as follows (amount shown Continued				
	Concernated				
		100			

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	is the obligated amount):				
3002E	Remote Post and Other Destinations. Remote Post				(b)(4)
	and Other Destinations must be pre-approved by				
	the Government and tracked by the Contractor (including name of approver, hours approved and				
	date of approval).				
	Change Item 3002F to read as follows(amount shown			148	
	is the obligated amount):			11912	
				- 1	
3002F	Transportation Fixed and Flat Rate including			110	(b)(4)
00002	vehicles for Yakima Washington and Medford				( )( )
	Oregon.			- 18	
	For Yakima, Washington: (b)(4)			140	
				- 1	
	For Medford, Oregon: (b)(4)			140	
				1	
				118	
	Change Item 3003 to read as follows(amount shown is the obligated amount):				
	is the obligated amount).				
					(b)(4)
3003	Detainee Volunteer Wages for the Detainee Work Program.			100	(b)(4)
				140	
				- 10	
				118	
				140	
				1	
				110	
				113	
				1 18	
				1.48	
		1 -0 1			
			1		

AMENDMENT OF SOLICITATION/MODIF	ICATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
		4. REQUISITION/PURCHASE REQ. NO.	1 4
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	192120FSETACOMA04	5. PROJECT NO. (If applicable)
P00005 6. ISSUED BY COD	See Block 16C	7. ADMINISTERED BY (If other than Item	m 6) CODE TOE / DM / DC - LACITNA
ICEDETENT MNGTDETENT CONTRAINMIGRATION AND CUSTOMS ENDOFFICE OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6): LAGUNA NIGUEL CA 92677	ACT-LAG FORCEMENT	ICEDETENT MNGTDETENT IMMIGRATION AND CUSTO OFFICE OF ACQUISITION 24000 AVILA ROAD (h)(6) (b)(7)(C)	CONTRACT-LAG OMS ENFORCEMENT N MANAGEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., str	reet county State and 7IP Code)	LAGUNA NIGUEL CA 926'	
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242	out, county, cano and En ecocy	9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT HSCEDM-15-D-00015 70CDCR19FR0000059	
	Texas in cons	10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/27/2019 TO AMENDMENTS OF SOLICITATIONS	
separate letter or telegram which includes a referer THE PLACE DESIGNATED FOR THE RECEIPT O virtue of this amendment you desire to change an or reference to the solicitation and this amendment, a	nce to the solicitation and amendment n F OFFERS PRIOR TO THE HOUR ANI offer already submitted , such change m and is received prior to the opening hour	D DATE SPECIFIED MAY RESULT IN REJECT ay be made by telegram or letter, provided eac	SEMENT TO BE RECEIVED AT FION OF YOUR OFFER. If by th telegram or letter makes
12. ACCOUNTING AND APPROPRIATION DATA (If r. See Schedule	equired)	let Increase:	(b)(4)
	MODIFICATION OF CONTRACTS/OR	DERS. IT MODIFIES THE CONTRACT/ORDER	NO AS DESCRIPED IN ITEM 44
	ACT/ORDER IS MODIFIED TO REFLE TH IN ITEM 14, PURSUANT TO THE A ENT IS ENTERED INTO PURSUANT T	CCT THE ADMINISTRATIVE CHANGES (such a AUTHORITY OF FAR 43.103(b). O AUTHORITY OF:	as changes in paying office,
D. OTHER (Specify type of modification X Funding	ion and authority)		
E. IMPORTANT: Contractor X is not.	is required to sign this documen	t and return copies t	to the issuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  COTR POC: (b)(6):(b)(7)(C)  (b)(6):(b)(7)(C)	N (Organized by UCF section headings)	s, including solicitation/contract subject matter v	where feasible.)
Finance POC: (b)(6):(b)(7)(C)	, e	-mail address, (b)(6):	@ice.dhs.gov
Alternate POC: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)		, email address,	
The Period of Performance i Continued  Except as provided herein, all terms and conditions o  15A. NAME AND TITLE OF SIGNER (Type or print)	s September 28, 201	or 10A, as heretofore changed, remains unchan	nged and in full force and effect.
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	(b)(6); (b)(6); (b)(7)(C)	
(Signature of person authorized to sign)		(Signature or Contracting C	этсөг)
NSN 7540-01-152-8070		, ,	STANDARD FORM 30 (REV. 10-83)

Previous edition unusable

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (C) (D) (E) (A) (B) (F) Performance of this task order is at the Tacoma Northwest Detention Center, 1623 E J St., Tacoma, WA 98421 This modification is to add funds in the amount of (b)(4) CLINs funded are: CLIN 4001A in the amount of (b)(4)CLIN 4001B in the amount of (b)(4)CLIN 4002B in the amount of (b)(4)3. CLIN 4002D in the amount of (b)(4)4. CLIN 4002E in the amount of (b)(4)5. CLIN 4003 in the amount of (b)(4)6. LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4001A Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4) (b)(7)(E)Amount: (h)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4002B Total Amount changed from (b)(4) Obligated Amount for this Modification: (h)(4) (b)(7)(E)Continued ...

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NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP. INC. THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(/	(b)(7)(E) Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002D  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)  (b)(7)(E)  Amount: (b)(4)	, = /	, - /		
	CHANGES FOR LINE ITEM NUMBER: 4002E  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)  (b)(7)(E)	     			
	Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4003  Total Amount changed from (b)(4)	]			
	Obligated Amount for this Modification: (b)(4)  (b)(7)(E)  Amount: (b)(4)				
	Discount Terms:  [h)/4)  Period of Performance: 09/28/2019 to 09/27/2020  Change Item 4001A to read as follows(amount shown				
4001A	Detention Bed Days, Guaranteed Minimum Beds, (b)(4)				(b)(4)
	Change Item 4001B to read as follows(amount shown is the obligated amount):				
4001B	Detention Bed Days, Above Guaranteed Minimum.				(b)(4)
	Change Item 4002B to read as follows(amount shown is the obligated amount): Continued				
		1-1			

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
1002B	Estimated Fuel Cost for Vehicles.				(b)(4)
	Change Item 4002D to read as follows(amount shown is the obligated amount):				
4002D	OVERTIME. Overtime must be pre-approved by the Government and tracked by the contractor (including name of approver, hours approved, and date of approval).				(b)(4)
	Change Item 4002E to read as follows(amount shown is the obligated amount):				
4002E	Remote Post and Other Destinations. Remote Post and Other Destinations must be pre-approved by the Government and tracked by the Contractor (including name of approver, hours approved and date of approval).				(b)(4)
	Change Item 4003 to read as follows(amount shown is the obligated amount):				
4003	Detainee Volunteer Wages for the Detainee Work Program.				(b)(4)

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES		
AMENDMENT OF GOLIGITATION/MODIFIC.	ALIGH OF CONTRACT		1 3		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)		
P00007	See Block 16C	192120FSETACOMA07			
6. ISSUED BY CODE	ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA		
ICEDETENT MNGTDETENT CONTRACTION AND CUSTOMS ENFORMMENT OF ACQUISITION MANAGE 24000 AVILA ROAD (b)(6): LAGUNA NIGUEL CA 92677	RCEMENT	ICEDETENT MNGTDETENT CO IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION M 24000 AVILA ROAD (h)(A) ATTN (b)(6): (b)(7)(C) LAGUNA NIGUEL CA 92677	ENFORCEMENT		
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.			
GEO GROUP INC THE 621 NW 53RD ST (KNYA). BOCA RATON FL 334878242		9B. DATED (SEE ITEM 11)			
		x   10A. MODIFICATION OF CONTRACT/ORD HSCEDM-15-D-00015 70CDCR19FR0000059 10B. DATED (SEE ITEM 13)	DER NO.		
CODE 6127064650000	FACILITY CODE	06/27/2019			
	11. THIS ITEM ONLY APPLIES T	O AMENDMENTS OF SOLICITATIONS			
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF or virtue of this amendment you desire to change an offer virtue of this conclication and this amendment, and 12. ACCOUNTING AND ARREPORDIATION DATA (If see	OFFERS PRIOR TO THE HOUR AND er already submitted, such change ma is received prior to the opening hour a	DOATE SPECIFIED MAY RESULT IN REJECTION of ay be made by telegram or letter, provided each telegrand date specified.	OF YOUR OFFER If by gram or letter makes		
12. ACCOUNTING AND APPROPRIATION DATA (If required See Schedule	uired) No	et Increase:	(b)(4)		
	ODIFICATION OF CONTRACTS/ORD	DERS. IT MODIFIES THE CONTRACT/ORDER NO.	AS DESCRIBED IN ITEM 14.		
	CT/ORDER IS MODIFIED TO REFLE H IN ITEM 14, PURSUANT TO THE A	THE CHANGES SET FORTH IN ITEM 14 ARE MADICAL THE ADMINISTRATIVE CHANGES (such as character) UTHORITY OF FAR 43.103(b).  DAUTHORITY OF:			
D. OTHER (Specify type of modification X Unilateral Modificat		(a) Fully Funded			
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return copies to the	issuing office.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465	(Organized by UCF section headings,	, including solicitation/contract subject matter where	feasible.)		
COR POC: (b)(6);(b)(7)(C) b)(6);(b)(7)(C)	hs.gov	e-mail address,			
Finance POC: (b)(6); (b)(7)(C)	, e-	-mail address, (b)(6); (b)(7)(C)	@ice.dhs.gov		
Alternate POC: (b)(6):(b)(7)(C) (b)(6):(b)(7)(C)	V	, email address,			
. The purpose of this modifica Continued	tion is as follows:	:			
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A or	r 10A, as heretofore changed, remains unchanged a	and in full force and effect.		
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6); (b)(7)(C)			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (b)(6); (b)(7)(C)	16C. DATE SIGNED 07/13/2020		
(Signature of person authorized to sign)		(Signature or Contracting Omcer)	3.,13,232		
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA		

2020-ICLI-00042 GEO Group 870

Prescribed by GSA FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (C) (D) (E) (A) (B) (F) A) To Change Contracting Officer from: (b)(6): to: (b)(6); (b)(7)(C) B) To increase the amount for CLIN 4002E - Remote Post under the subject task order in the amount of (b)(4) LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4) Contracting Officer changed From: (b)(6); (b)(7)(C)To: CHANGES FOR LINE ITEM NUMBER: 4002E - Remote Post Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: b)(4)(b)(7)(E)Amount: (b)(4) Period of Performance: 09/28/2019 to 09/27/2020 Change Item 4002E to read as follows (amount shown is the obligated amount): 4002E Remote Post and Other Destinations. Remote Post (b)(4)and Other Destinations must be pre-approved by the Government and tracked by the Contractor (including name of approver, hours approved and date of approval). 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 Continued ...

 CONTINUATION SHEET
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

(F)

			ORI	DER F	OR SU	PPLIES OR SER	VICES				PAGE	OF PAGES	
IMPORTANT:	Mark all	packages	and papers with c	ontract a	and/or or	der numbers.					1	10	
1. DATE OF ORDER 2. CONTRACT NO. ((f any.) HSCEDM-15-D-00015					6. SHIP TO:								
06/27/20		HSCEDN	4-15-D-0001	15			a. NAME	OF CC	NSIGNEE				
3. ORDER NO. 70CDCR19	FR000	0059			isition/R Schedi	EFERENCE NO. ale	ICE ENFORCEMENT REMOVAL						
IMMIGRAT	IT MNG' 'ION A OF ACQ'	TDETEN ND CUS UISITI	T CONTRACT TOMS ENFOR ON MANAGEM	CEME	NT			FRAT	RESS ION AND CUSTO REET NW	DMS ENFORCE	MENT		
24000 AVILA ROAD (b)(6): LAGUNA NIGUEL CA 92677					c. CITY WASHI	INGT	ON		d. STATE	e. ZIP CODE 20536			
7. TO:							f. SHIP V	'IA					
a. NAME OF CO									8. TY	PE OF ORDER			
b. COMPANY N	AME						a PI	JRCHA:	37		b. DELIVERY	/	
c. STREET ADD 621 NW 5		T (b)(6)	);				REFERE			Exc rev	cept for billing erse, this deliv	instructions on the very order is	
					4.7ID.CODE	and cond	itions s	ne following on the terms pecified on both sides of the attached sheet, if	this issi	s side only of the ued subject to additions of the	tions contained on his form and is the terms and above-numbered		
d. CITY BOCA RATO					e. STATE FL	f. ZIP CODE 334878242	any, inclu	ıding de	elivery as indicated.	Cor	ntract.		
9. ACCOUNTING		PROPRIATIO	ON DATA						NING OFFICE RCEMENT REMO	OVAL			
a. SMALL f. SERVIC	X E-DISABLE	b. OTHER	heck appropriate box R THAN SMALL g. WOMEN-OWNED	C.		S (WOSB)	OMEN-OWNE	D	e. HUBZone		12. F.O.B. PO	INT	
VETERA	AN-OWNE		ELIGIBLE UNDER	THE WO			NO		AF DELIVED TO FOR	POINT	46 510001	INT TERMS	
a. INSPECTION		13. PLA	b. ACCEPTANCE			14. GOVERNMENT B/L	NO.		15. DELIVER TO F.O.B ON OR BEFORE (Da 09/27/2020		16. DISCOU		
Destinat	lon		Destination	on		47. 00UEDUU E /6						(b)(4)	
						17. SCHEDULE (S	1	1	1	1			
ITEM NO.			SUPPLIES OF		CES		QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUN (f)	т	QUANTITY ACCEPTED (g)	
	DUNS 1	Number	: 6127064										
	COTR I	POC:	(b)(6); (b)(7)(0										
	Financ	b)(7)(C	: (b)(6): (b)(	lice	e.dhs.	gov							
	18. SHIPI	PING POIN	Т			19. GROSS SHIPPING	G WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.	
					2	1. MAIL INVOICE TO:						pages)	
	a. NAME		DHS	TCE						(b)(4)			
SEE BILLING INSTRUCTIONS ON REVERSE	b. STREI (or P.O. I	ET ADDRES Box)	BURI PO E	LINGT BOX 1	620	NANCE CENTER						17(i) GRAND TOTAL	
	o CITY						ld ST/	ATE	o ZIR CODE	(b)(4)			
	c. CITY WI	LLISTO	ON				d. STA		e. ZIP CODE 05495-1620				
22. UNITED	STATES OF	F		(L)(C):	/L\/7\/	0)			23. NAME (Typed)				
AMERIC	ABY (Sign	nature)		(a)(a);	(b)(7)(	C)			(b)(6); TITLE: CONTRACTING	] G/ORDERING OFFIC	ER		
AUTHORIZED FO			ON									ORM 347 (Rev. 2/2012) SSA/FAR 48 CFR 53.213(f)	

# ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION 2 IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORE 06/27/20		CONTRACT NO. HSCEDM-15-D-00015		ORDER NO. 70CDCR19FR0000059				
ITEM NO.		SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY	
(a)		(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)	
	(b)(							
	the	s is a new task order and is funded for Period of Performance of September 28, 9 through October 31, 2019.						
	Thi	s task order is funded in the amount of CLINs funded are:						
	1. (b)	CLIN 4001A in the amount of (4)						
	2.	CLIN 4001B in the amount of $(b)(4)$						
	1	CLIN 4002A in the amount of (b)(4)						
		CLIN 4002B in the amount of (b)(4)  CLIN 4002D in the amount of (b)(4)						
		CLIN 4002E in the amount of $\$(b)(4)$						
	7.	CLIN 4002F in the amount of (b)(4)						
	8.	CLIN 4003 in the amount of (b)(4)						
		riod of Performance: 09/28/2019 to /31/2019						
1001A		tention Bed Days, Guaranteed Minimum	(b)(4)					
	(b)(	4)				1) </td <td></td>		
		quisition No: 192119FSETACOMA06,				-		
	_	counting Info: (7)(E)						
		nded: (b)(4)						
		L CARRIED FORWARD TO 40T DAGE (TT-M 47/1)\				(b)(4)		

2020-ICLI-00042 GEO Group 874

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

(b)() Vehicles. These vehicles are:  1. (b)(4)  Buses 2. ) Transporters 3. Utility Vehicle. 4. ADA Van 5. Vans. Unit of Issue MO is equivalent to Month. Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(F)  Continued		SCHEDULE - CONTINUATI	ON		3	
CONTINUED   SECENT-15-D-00015   COLUMNITY   COLUMNIT	IMPORTAN	IT: Mark all packages and papers with contract and/or order numbers.				
TEM NO.  (a)  Supples Services Environce (b)  (b)  (c)  Accounting Info: (b)(7)(E)  Funded: (b)(4)  4001B  Detention Bed Days, Above Guaranteed Minimum.  Requisition No: 192119FSETACOMA06, 192119FSETACOMA06, 192119FSETACOMA06  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: (c)  (d)  (e)  (b)(4)  (b)(4)  (b)(4)  (c)  (d)  (d)  (e)  (f)  (f)  (f)  (f)  (f)  (f)  (f						
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Accounting Info: (b)(7)(E)  Funded: (b)(4)  4001B Detention Bed Days, Above Guaranteed Minimum	ITEM NO.	SUPPLIES/SERVICES			AMOUNT	
Direction   Dire	(a)	(b)			(f)	
Punded: (b)(4)  Detention Bed Days, Above Guaranteed Minimum.  Requisition No: 192119FSETACOMA06, 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Transportation Fixed Flat Rate for (b)(4)  (b)() Vehicles. These vehicles are:  1. (0)(4)  Buses 2. 1. Utility Vehicle. 4. ADA Van 5. Vans.  Unit of Issue MO is equivalent to Month.  Requisition No: 192119FSETACOMA06, 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Accounting Info: (b)(7)(F)  Continued  TOMAL CAMPRIED FORWARD TO 151 PAGE (TEM 1789)		Accounting Info:				
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(b)( Vehicles. These vehicles are:  1. (b)(4)  Buses 2. ) Transporters 3. Utility Vehicle. 4. ADA Van 5. Vans			- 1 1 1		11-92-2-1	
1. (b)(4)  Buses 2. ) Transporters 3. Utility Vehicle. 4. ADA Van Vans. Unit of Issue MO is equivalent to Month. Requisition No: 192119FSETACOMA06, 192119FSETACOMA08 Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: Continued	4002A				(b)(4)	
2. ) Transporters 3. Utility Vehicle. 4. ADA Van 5. Vans Unit of Issue MO is equivalent to Month Requisition No: 192119FSETACOMA06, 192119FSETACOMA08 Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E) Continued  Total Carried Forward to 1st page (ITEM 17(H))		(b)( Vehicles. These vehicles are:	=		1 2	1
2. ) Transporters 3. Utility Vehicle. 4. ADA Van 5. Vans Unit of Issue MO is equivalent to Month Requisition No: 192119FSETACOMA06, 192119FSETACOMA08 Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E) Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		(ID)(A)				4
JUTILITY Vehicle.  ADA Van  Vans.  Unit of Issue MO is equivalent to Month.  Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4)  Accounting Info: (b)(7)(E)  Continued		2.000				
ADA Van  Vans.  Unit of Issue MO is equivalent to Month.  Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))						
Unit of Issue MO is equivalent to Month Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))						
. Unit of Issue MO is equivalent to Month Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))						
Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		vans.				
Requisition No: 192119FSETACOMA06, 192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		Unit of Issue MO is equivalent to Month				
192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		onic of issue no is equivalent to nonch.	- 1 - 1 - 1			
192119FSETACOMA08  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		Requisition No: 192119FSETACOMA06.				
Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E) Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)))						
(b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E) Continued  TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))						
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**ORDER FOR SUPPLIES OR SERVICES** 

PAGE NO

#### **SCHEDULE - CONTINUATION** 4 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-15-D-00015 70CDCR19FR0000059 06/27/2019 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (e) (f) (b) (c) (g) (b)(7)(E)(b)(4)Funded: 4002B Estimated Fuel Cost for Vehicles. (b)(4)Requisition No: 192119FSETACOMA06 Accounting Info: (b)(7)(E)Funded: (b)(4)(b)(4)4002D OVERTIME. Overtime must be pre-approved by the Government and tracked by the contractor (including name of approver, hours approved, and date of approval). Requisition No: 192119FSETACOMA06 Accounting Info: (b)(7)(E)Funded: (b)(4) (b)(4)4002E Remote Post and Other Destinations. Remote Post and Other Destinations must be pre-approved by the Government and tracked by the Contractor (including name of approver, hours approved and date of approval). Requisition No: 192119FSETACOMA06, 192119FSETACOMA08 Accounting Info: (b)(7)(E)Funded: (b)(4)Accounting Info: Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

ORDER FOR SUPPLIES OR SERVICES

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OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

#### 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. HSCEDM-15-D-00015 70CDCR19FR0000059 06/27/2019 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (b) (c) (e) (g) (b)(7)(E) Funded: (b)(4)(b)(4)4002F Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Oregon. For Yakima, Washington: (b)(4)(b)(4) For Medford, Oregon: (b)(4) Requisition No: 192119FSETACOMA06, 192119FSETACOMA08 Accounting Info: (b)(7)(E)Funded: (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4)4003 (b)(4)Detainee Volunteer Wages for the Detainee Work Program. Requisition No: 192119FSETACOMA06 Accounting Info: (b)(7)(E)Funded: (b)(4)Contractor Invoicing Instructions: Service Providers/Contractors shall use these procedures when submitting an invoice.

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Continued ...

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

OPTIONAL FORM 348 (Rev. 4/2006)

(b)(4)

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

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

PAGE NO 6

DATE OF OR 06/27/2		CONTRACT NO. HSCEDM-15-D-00015				ORDER NO. 70CDCR19FR000005	9
ITEM NO.		SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
(a)	sub	Invoice Submission: Invoices shall be mitted in a .pdf format on a monthly sis via email to:	(c)	(a)	(6)		(4)
	(b)(	7)(E) @ice.dhs.gov					
	inv wil ema	ch email shall contain only one (1) voice and the subject line of the email annotate the invoice number. The ailed invoice shall include the "bill to" dress shown below:					
	Fin P.C ATT	S, ICE nancial Operations - Burlington  D. Box 1620  TN: ICE - ERO - FOD -FSE Lliston, VT 05495-1620					
	Con Num Awa	te: the Service Provider's or attractor's Dunn and Bradstreet (D&B) DUNS aber must be registered in the System for ard Management (SAM) at the system of the					
	to met the	all be notated on every invoice submitted ensure prompt payment provisions are . The ICE program office identified in e task order/contract shall also be tated on every invoice.					
	sub	Content of Invoices: Each invoice mission shall contain the following formation:				_	
	add mat Con the ent inf pro ver	(i) Name and address of the Service ovider/Contractor. Note: the name, dress and DUNS number on the invoice MUST och the information in both the atract/Agreement and the information in SAM. If payment is remitted to another city, the name, address and DUNS formation of that entity must also be ovided which will require Government cification before payment can be occased;					
	Con	ntinued					
	TOTA	L 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. CONTRACT NO. DATE OF ORDER ORDER NO. 06/27/2019 HSCEDM-15-D-00015 70CDCR19FR0000059

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	(ii) Dunn and Bradstreet (D&B) DUNS					
	Number;					
	(iii) Invoice date and invoice number;					
	(iv) Agreement/Contract number,					
	contract line item number and, if					
	applicable, the order number;					
	(v) Description, quantity, unit of	1				1
	measure, unit price and extended price of					
	the items delivered;					
	(vi) Chinning number and date of					
	(vi) Shipping number and date of shipment, including the bill of lading					
	number and weight of shipment if shipped on					
	Government bill of lading;					
			l I			1
	(vii) Terms of any discount for prompt					
	payment offered;					
	(viii) Remit to Address;					
	(VIII) Remit to Address,					
	(ix) Name, title, and phone number of					1
	person to notify in event of defective		1 1			
	invoice; and	1				
	2 Tanada Guarantina Baranantatina Ta					
	3. Invoice Supporting Documentation. In order to ensure payment, the vendor must					
	also submit supporting documentation to the					
	Contracting Officer's Representative (COR)					
	identified in the contract as described					
	below. Supporting documentation shall be		l I			
	submitted to the COR or contract Point of					
	Contact (POC) identified in the contract or					
	task order with all invoices, as					
	appropriate. See paragraph 4 for details regarding the safeguarding of information.					
	Invoices without documentation to support					
	invoiced items, containing charges for		1		1	1
	items outside the scope of the contract, or		ΙI			
	not based on the most recent contract base					
	or modification rates will be considered					
	improper and returned for resubmission.					
	Supporting documentation requirements include:					
	Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/H))				(b)(4)	-

## ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

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

CONTRACT NO.

DATE OF ORDER

PAGE NO

ORDER NO.

HSCEDM-15-D-00015 70CDCR19FR0000059 06/27/2019 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (a) (f) (b) (c) (e) (g) (i). Firm Fixed Price Items (items not subject to any adjustment on the basis of the contractor's cost experience, such as pre-established monthly guaranteed minimums for detention or transportation): do not require detailed supporting documentation unless specifically requested by the Government. (ii). Fixed Unit Price Items (items for allowable incurred costs, such as detention and/or transportation services with no defined minimum quantities, 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 submitted in .pdf format. (iii). Detention Services (other than firm fixed price): (1) Bed day rate; (2) Resident's/detainee's check-in and check-out dates; (3) Number of bed days multiplied by the bed day rate; (4) Name of each detainee; (5) Resident's/detainee's identification information (iv). Transportation Services (other than firm fixed price): (1) The mileage rate being applied for that invoice. (2) Monthly billing reports listing transportation services provided; Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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

PAGE NO 9

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEDM-15-D-00015 70CDCR19FR0000059 06/27/2019 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (c) (e) (g) number of miles; transportation routes provided; locations serviced and/or names/numbers of detainees transported; an itemized listing of all other charges; and, for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. (v). Stationary Guard Services (other than firm fixed price): (1) The itemized monthly invoice shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the resident(s)/detainee(s) that was/were quarded. (vi). Other Direct Charges: The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. 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 individual's 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: · Email supporting documents Continued ... b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

#### 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 CONTRACT NO. ORDER NO. HSCEDM-15-D-00015 70CDCR19FR0000059 06/27/2019 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (c) (e) (g) containing Sensitive PII in an encrypted attachment with password sent separately. · Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know. · Use shredders when discarding paper documents containing Sensitive PII. · Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found (b)(7)(E)march2012.pdf for more information on and/or examples of Sensitive PII. 5. If you have questions regarding payment, please contact ICE Financial Operations at or by e-mail at (b)(6): (b)(7)(C) (b)(6); (b)(7)(C)lice.dhs.gov The total amount of award: (b)(4)The obligation for this award is shown in box 17(i). b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOCAL REPODUCTION

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00006		192120FSETACOMA05	o. 1 Nosco1 No. (Il applicable)
6. ISSUED BY CODE	See Block 16C ICE/DM/DC-LAGUNA	7. ADMINISTERED BY (If other than Item 6)	CODE   ICE/DM/DC-LAGUNA
ICEDETENT MNGTDETENT CONTRAINMIGRATION AND CUSTOMS ENFOOFFICE OF ACQUISITION MANAGED (b)(6): LAGUNA NIGUEL CA 92677	CT-LAG DRCEMENT	ICEDETENT MNGTDETENT CO IMMIGRATION AND CUSTOMS OFFICE OF ACQUISITION M 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C)	NTRACT-LAG ENFORCEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t county State and 7ID Code	LAGUNA NIGUEL CA 92677	
GEO GROUP INC THE 621 NW 53RD ST (b)(6): BOCA RATON FL 334878242	, sound, state and En Cour,	9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORI HSCEDM-15-D-00015 70CDCR19FR0000059	DER NO.
<u> </u>		10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/27/2019	
	11. THIS ITEM ONLY APPLIES T	O AMENDMENTS OF SOLICITATIONS	
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	er already submitted , such change mathematic received prior to the opening hour a quired)  Note that the properties of the opening hour a quired)  NOTE TO STATE THE PROPERTIES OF THE PROPERTI	y be made by telegram or letter, provided each tele	gram or letter makes (b)(4)  AS DESCRIBED IN ITEM 14.  E IN THE CONTRACT
C. THIS SUPPLEMENTAL AGREEMEN  D. OTHER (Specify type of modification		AUTHORITY OF:	
X   Funding			
E. IMPORTANT: Contractor Sis not.  14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 .	is required to sign this document (Organized by UCF section headings,		issuing office.
COTR POC: (b)(6); (b)(7)(C)		e-mail address,	
	lhs.gov		
Finance POC: (h)(6):(h)(7)(C)	e-	-mail address, (b)(6):	]dice.dhs.gov
7.1			
Alternate POC: (b)(6); (b)(7)(C) b)(6); (b)(7)(C)  ice.dhs.go	N17	email address,	
The Period of Performance is		) through September 27, 20	20.
Except as provided herein, all terms and conditions of t	he document referenced in Item 9 A or		
15A. NAME AND TITLE OF SIGNER (Type or print)		(b)(6); (b)(7)(C)	OFFICER (Type or print)
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			STANDARD 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

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE	AMOUNT (F)
	Performance of this task order is at the Tacoma Northwest Detention Center, 1623 E J St., Tacoma, WA 98421			
	This modification is to add funds in the amount of (b)(4) CLINs funded are:			
	1. CLIN 4001A in the amount of (b)(4)			
	2. CLIN 4002A in the amount of (b)(4)			
	3. CLIN 4002B in the amount of (b)(4)			
	4. CLIN 4002F in the amount of (b)(4)			
	5. CLIN 4003 in the amount of (b)(4)			
	LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4)	-		
	CHANGES FOR LINE ITEM NUMBER: 4001A Total Amount changed from (b)(4)			
	Obligated Amount for this Modification: (b)(4)			
	(b)(7)(E)			
	Amount: (b)(4)			
	CHANGES FOR LINE ITEM NUMBER: 4002A Total Amount changed from (b)(4)			
	Obligated Amount for this Modification: (b)(4)			
	(b)(7)(E)			
	Amount: (h)(4)			
	CHANGES FOR LINE ITEM NUMBER: 4002B  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)	]		
	(b)(7)(E)			
	Continued			

 CONTINUATION SHEET
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (C) (D) (E) (F) (A) (B) Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4003 Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification:  $(\overline{b})(4)$ (b)(7)(E)Amount: (b)(4)Discount Terms: (b)(4)Period of Performance: 09/28/2019 to 09/27/2020 Change Item 4001A to read as follows (amount shown is the obligated amount): (b)(4)4001A Detention Bed Days, Guaranteed Minimum Beds, (b)(4) (b)(4)Change Item 4002A to read as follows (amount shown is the obligated amount): (b)(4)4002A Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are: 1. (b)(4)Buses 2. ) Transporters 3. Utility Vehicle. 4. ADA Van 5. Vans. Unit of Issue MO is equivalent to Month. Continued ...

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00006
 PAGE 4
 OF 4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 4002B to read as follows(amount shown is the obligated amount):				
4002B	Estimated Fuel Cost for Vehicles.				(b)(4)
	Change Item 4002F to read as follows(amount shown is the obligated amount):				
1002F	Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Oregon.				(b)(4)
	For Yakima, Washington: (b)(4 Van and (b)) Transporter				
	For Medford, Oregon: (b)( Transporters				
	Change Item 4003 to read as follows(amount shown is the obligated amount):				
4003	Detainee Volunteer Wages for the Detainee Work Program.				(b)(4)

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	CONTRACT ID CODE	PAGE OF PAGES
			1 5
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 192119FSETACOMA09	5. PROJECT NO. (If applicable)
P00001 6. ISSUED BY CODE	See Block 16C	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-LAGINA
ICEDETENT MNGTDETENT CONTRA IMMIGRATION AND CUSTOMS ENF OFFICE OF ACQUISITION MANAG 24000 AVILA ROAD (h)(6): LAGUNA NIGUEL CA 92677	CT-LAG ORCEMENT	ICEDETENT MNGTDETENT C IMMIGRATION AND CUSTOM OFFICE OF ACQUISITION 24000 AVILA ROAD (b)(6): ATTN (b)(6): (b)(7)(C)	ONTRACT-LAG S ENFORCEMENT
8. NAME AND ADDRESS OF CONTRACTOR (No., stre	et. county. State and ZIP Code)	LAGUNA NIGUEL CA 92677	D.
GEO GROUP INC THE 621 NW 53RD ST <mark>(b)(6):</mark> BOCA RATON FL 334878242		(x) 98. AMENDMENT OF SOCIOTATION NO.  9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/OI HSCEDM-15-D-00015 70CDCR19FR0000059 10B. DATED (SEE ITEM 13)	
CODE 6127064650000	FACILITY CODE	06/27/2019	
6127064650000		TO AMENDMENTS OF SOLICITATIONS	
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an of reference to the solicitation and this amendment, an 12. ACCOUNTING AND APPROPRIATION DATA (If re	FOFFERS PRIOR TO THE HOUR AND fer already submitted, such change ma d is received prior to the opening hour	D DATE SPECIFIED MAY RESULT IN REJECTION by be made by telegram or letter, provided each te and date specified.	OF YOUR OFFER If by
See Schedule	N N	et Increase:	(b)(4)
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT TO	CT THE ADMINISTRATIVE CHANGES (such as c .UTHORITY OF FAR 43.103(b). DAUTHORITY OF:	hanges in paying office,
D. OTHER (Specify type of modification X Funding	n and authority)		
E. IMPORTANT: Contractor X is not.	is required to sign this document	and return copies to the	e issuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 .  COTR POC: (b)(6): (b)(7)(C)  Bice. (b)(6): (b)(7)(C)  (b)(6): (b)(7)(C)  (b)(6): (b)(7)(C)  The he Period of Performance.	dhs.gov 	e-mail address,  email address, (b)(6):(b)(7)(6)  (b)(6); Pice.dhs.gov	C) @ice.dhs.gov
Continued			
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	the document referenced in Item 9 A or	r 10A, as heretofore changed, remains unchanged 16A. NAME AND TITLE OF CONTRACTIN (b)(6);	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B(b)(6); (b)(7)(C)	16C. DATE SIGNED August 12, 201
(Signature of person authorized to sign) NSN 7540-01-152-8070		Office	STANDARD FORM 30 (REV. 10-83)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00001
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 OF 2

NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP. INC. THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
	This task order is funded in the amount of		,=/	,-,
	2. CLIN 4001B in the amount of (b)(4)			
	3. CLIN 4002A in the amount of (b)(4)			
	4. CLIN 4002B in the amount of (b)(4)			
	5. CLIN 4002D in the amount of (b)(4)			
	6. CLIN 4002F in the amount of (b)(4)			
	7. CLIN 4003 in the amount of (b)(4)			
This task order is funded in the amount of (b)(4)  1. CLIN 4001A in the amount of (b)(4)  2. CLIN 4001B in the amount of (b)(4)  3. CLIN 4002A in the amount of (b)(4)  4. CLIN 4002B in the amount of (b)(4)  5. CLIN 4002D in the amount of (b)(4)  6. CLIN 4002F in the amount of (b)(4)				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00001
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 OF

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	(b)(7)(E) Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002B  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)				
	(b)(7)(E)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002D  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)	] }			
	(b)(7)(E)  Amount:(b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002F  Total Amount changed from (b)(4)  (b)(4)				
	Obligated Amount for this Modification: (b)(4)  (b)(7)(E)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4003				
	Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4)  (b)(7)(E)  Amount: (b)(4)  Discount Terms:	-			
	(b)(4) Period of Performance: 09/28/2019 to 09/27/2020 Change Item 4001A to read as follows(amount shown is the obligated amount):				
4001A	Detention Bed Days, Guaranteed Minimum Beds, (b)(4)  (b)(4)  Continued				(b)(4)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00001
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES		YUNIT	UNIT PRICE	AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	Change Item 4001B to read as follows(amount shown		+			
	is the obligated amount):		1 1			
4001B	Detection Ded Deve Where Commented Minimum				(b)(4)	
4001B	Detention Bed Days, Above Guaranteed Minimum.				(b)(4)	
	·					
	Change Item 4002A to read as follows(amount shown					
	is the obligated amount):					
4002A	Transportation Fixed Flat Rate for (b)(4)			10	(b)(4)	
	Vehicles. These vehicles are:			112		
	4.740					
	1. (b)(4) Buses			1113		
	<ul><li>2. ) Transporters</li><li>3. Utility Vehicle.</li></ul>					
	4. ADA Van					
	5. Vans.					
				1		
	Unit of Issue MO is equivalent to Month.					
	•			1.45		
				1.5		
	Change Item 4002B to read as follows(amount shown		11	110		
	is the obligated amount):					
4002B	Estimated Fuel Cost for Vehicles.		11		(b)(4)	
10022					(-7(-7	
			11	118		
	Change Item 4002D to read as follows(amount shown is the obligated amount):			140		
	is the obligated amount):					
				140		
4002D	OVERTIME. Overtime must be pre-approved by the				(b)(4)	
	Government and tracked by the contractor					
	(including name of approver, hours approved, and date of approval).					
	date of approval).			1-1		
	Change Item 4002F to read as follows (amount shown			1.45		
	is the obligated amount):			110		
				110		
4002F	Transportation Fixed and Flat Rate including				(b)(4)	
	vehicles for Yakima Washington and Medford					
	Continued					
		-0				
		1				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00001
 PAGE 0F

NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP. INC. THE

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Oregon.		$\Box$		
	(b)		1 1		
	For Yakima, Washington: (b)( Van and (b) Transporter		1 1	1.4	
	For Medford, Oregon: (b)( Transporters		1 1		
	<u>41</u>				
			H	1	
	Change Item 4003 to read as follows(amount shown is the obligated amount):				
	is the obligated amount).			10	
				1	
003	Detainee Volunteer Wages for the Detainee Work		1 1	1	(b)(4)
	Program.		1 1		
			1 1	10	
			1 1		
			H		
			1 1		
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE			PAGE OF PAGES		
			1	FOUNDITION/DUPOMAE DESCRIPTION	I_ =	1	6	
	T/MODIFICATION NO.	3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ. NO. 2120FSETACOMA01	5. PF	ROJECT NO.	(If applicable)	
P00002 6. ISSUED BY	CODE	See Block 16C		DMINISTERED BY (If other than Item 6)	CODI	E - 00 /0	/DG	
ICEDETEN IMMIGRAT OFFICE O 24000 AV	T MNGTDETENT CONTRACTION AND CUSTOMS ENFORM FOR ACQUISITION MANAGE VILA ROAD (b)(6):  IIGUEL CA 92677	RCEMENT	IC IM OF 24 AT	EDETENT MNGTDETENT CON' MIGRATION AND CUSTOMS I FICE OF ACQUISITION MAI 000 AVILA ROAD (b)(6): TN (b)(6): (b)(7)(C) GUNA NIGUEL CA 92677	FRACT-	-LAG CEMENT	M/DC-LAGUNA	
8. NAME AND A	ADDRESS OF CONTRACTOR (No., street	county. State and ZIP Code)	1	9A. AMENDMENT OF SOLICITATION NO.				
GEO GROUI 621 NW 53	P INC THE 3RD ST (h)(6) ON FL 334878242	outry, state and 2.1. codey	(x)	9B. DATED (SEE ITEM 11)  10A. MODIFICATION OF CONTRACT/ORDE HSCEDM-15-D-00015	R NO.			
				70CDCR19FR0000059				
CODE	7064650000	FACILITY CODE	- 1	10B. DATED (SEE ITEM 13)				
CODE 612	27064650000	11. THIS ITEM ONLY APPLIES TO		06/27/2019				
reference to t	the solicitation and this amendment, and NG AND APPROPRIATION DATA (If requestion)	is received prior to the opening hour an uired) Ne	d date: t Ir	ncrease:	(b)(4)			
	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDE	RS. IT	MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIB	ED IN ITEM 1	4.	
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN	CT/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AU T IS ENTERED INTO PURSUANT TO A	T THE A	NGES SET FORTH IN ITEM 14 ARE MADE I  ADMINISTRATIVE CHANGES (such as chang TY OF FAR 43.103(b).  RITY OF:				
	D. OTHER (Specify type of modification	and authority)						
X	Funding							
DUNS Numl	ion of amendment/modification ber: 612706465	is required to sign this document a	ncluding	g solicitation/contract subject matter where fe				
COTR POC	( / ( / / / / / /	ha gar	е	-mail address,				
b)(6);(b)(7 Finance Alternate	POC: (b)(6): (b)(7)(C)			address, (b)(6):	ice.dl	hs.gov		
(h)(6): (h)(7		V						
The Perio Continue Except as provi	od of Performance is		0A, as	ough September 27, 202 heretofore changed, remains unchanged and A. NAME AND TITLE OF CONTRACTING ON 1(6);	in full forc			
15B. CONTRAC	CTOR/OFFEROR	15C. DATE SIGNED	/h)	(b)(6); (b)(7)(C)			NED	
(5	Signature of person authorized to sign)			(Signature of Contracting Officer)				
NSN 7540-01-1							(REV. 10-83)	
Previous edition	n unusable					ed by GSA CFR) 53.243		

2020-ICLI-00042 GEO Group 892

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UN	NIT D)	UNIT PRICE	AMOUNT (F)
	This task order is funded in the amount of (b)(4) CLINs funded are:				
	1. CLIN 4001A in the amount of (b)(4)				
	2. CLIN 4001B in the amount of (b)(4)				
	3. CLIN 4002A in the amount of (b)(4)				
	4. CLIN 4002B in the amount of (b)(4)				
	5. CLIN 4002C in the amount of (b)(4)				
	6. CLIN 4002D in the amount of (b)(4)				
	7. CLIN 4002E in the amount of (b)(4)				
	8. CLIN 4002F in the amount of (b)(4)				
	9. CLIN 4003 in the amount of (b)(4)				
	LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4001A Total Amount changed from (b)(4)  (b)(4)  Obligated Amount for this Modification: (b)(4)  : (b)(7)(E)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4001B Total Amount changed from (b)(4)  (b)(4)  Obligated Amount for this Modification: (b)(4)				
	(b)(7)(E)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002A  Total Amount changed from (b)(4)  Continued				

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (B) (F) (b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4002B Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4) (b)(7)(E)Amount: (b)(4) CLIN 4002C: Amount Obligated: (b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4002D Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4002E Total Amount changed from (b)(4) Obligated Amount for this Modification: (b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) Continued ...

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 OF 4

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY	(D)	UNIT PRICE	AMOUNT
(A)	(B) Obligated Amount for this Modification: (b)(4)	(C)	(D)	(E)	(F)
		Ī			
	(b)(7)(E)				
	Amount: (b)(4)				
	Discount Terms:				
	(h)( <u>4</u> )				
	Period of Performance: 09/28/2019 to 09/27/2020				
	Change Item 4001A to read as follows (amount shown				
	is the obligated amount):				
001A	Detention Bed Days, Guaranteed Minimum Beds, (b)(4)				(b)(4)
00111	(b)(4)			1.12	
	·				
	Change Item 4001B to read as follows(amount shown is the obligated amount):				
001B	Detention Bed Days, Above Guaranteed Minimum.				(b)(4)
	·				
				1 18	
	Change Item 4002A to read as follows(amount shown is the obligated amount):	11-01			
002A	Transportation Fixed Flat Rate for (b)(4)				(b)(4)
	Vehicles. These vehicles are:				
	1. (b)(4) Buses				
	<ul><li>2. ) Transporters</li><li>3. Utility Vehicle.</li></ul>				
	4. ADA Van			118	
	5. Vans.				
	Unit of Issue MO is equivalent to Month.				
	Change Item 4002B to read as follows(amount shown				
	is the obligated amount):				
002B	Estimated Fuel Cost for Vehicles.				(b)(4)
	Continued				
	1 1				
			1		

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	Add Item 4002C as follows:					
4002C	Estimated Travel Cost Inclusive of Lodging and				(b)(4)	
	Meals & Incidental Expenses (MI&E) for Detention					
	Officers exceeding the standard working hours. Cost is based on actual charges per occurrence,					
	not to exceed the allowable Federal Travel					
	Regulation rates / costs in effect on the dates					
	of travel.			1		
	Character 4000D by and a fall was fall and fall					
	Change Item 4002D to read as follows(amount shown is the obligated amount):					
4002D	OVERTIME. Overtime must be pre-approved by the				(b)(4)	
	Government and tracked by the contractor					
	(including name of approver, hours approved, and date of approval).					
	Change Item 4002E to read as follows(amount shown					
	is the obligated amount):					
4002E	Remote Post and Other Destinations. Remote Post				(b)(4)	
	and Other Destinations must be pre-approved by the Government and tracked by the Contractor					
	(including name of approver, hours approved and					
	date of approval).					
	•					
	Change Item 4002F to read as follows(amount shown					
	is the obligated amount):					
					<u> </u>	
4002F	Transportation Fixed and Flat Rate including				(b)(4)	
	vehicles for Yakima Washington and Medford Oregon.					
	For Yakima, Washington: (b)(4)					
	For Medford, Oregon: (b)(4)					
	Continued					

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NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP. INC. THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 4003 to read as follows (amount shown is the obligated amount):				
	is the obligated amount):				
					(L) (A)
003	Detainee Volunteer Wages for the Detainee Work				(b)(4)
	Program.				1
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	CONTRACT ID CODE		PAGE OF PAGE	ES
2. AMENIDMENT/MODIFICATION NO	A FEFFORNE DATE	A PEOUSCITION/DUDGUAGE DE	2 NO 6 DE	1	3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REC 192120FSETACOMA02	2. NO. 5. PF	ROJECT NO. (If a)	эріісавіе)
P00003 6. ISSUED BY CODE	See Block 16C	7. ADMINISTERED BY (If other th	an Item 6) COD	E TOP /Pro	/DG T 3 C1777
ICEDETENT MNGTDETENT CONTRACTION IMMIGRATION AND CUSTOMS ENFORCE OF ACQUISITION MANAGE 24000 AVILA ROAD (h)(6): LAGUNA NIGUEL CA 92677	RCEMENT	ICEDETENT MNGTDET IMMIGRATION AND COFFICE OF ACQUISI 24000 AVILA ROAD ATTN (b)(6) (b)(7)(C)	ENT CONTRACT- USTOMS ENFORO TION MANAGEMI (b)(6)	-LAG CEMENT	DC-LAGUNA
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	A sounts Clate and 7/D Code	LAGUNA NIGUEL CA			
GEO GROUP INC THE 621 NW 53RD ST (h)(6). BOCA RATON FL 334878242	, county, state and zir code)	9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CON HSCEDM-15-D-000: 70CDCR19FR00000: 10B. DATED (SEE ITEM 13)	TRACT/ORDER NO. 15		
CODE 6127064650000	FACILITY CODE				
CODE 6127064650000		06/27/2019  DAMENDMENTS OF SOLICITATIONS			
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an ofference to the solicitation and this amendment, and	to the solicitation and amendment nu OFFERS PRIOR TO THE HOUR AND or already submitted, such change ma is received prior to the opening hour a	DATE SPECIFIED MAY RESULT IN RI y be made by telegram or letter, provide	VLEDGEMENT TO BE RE EJECTION OF YOUR OF ed each telegram or letter	FER If by	
12. ACCOUNTING AND APPROPRIATION DATA (If req	uired) Ne	et Increase:	(b)(4)		
See Schedule	ACCUSED ATION OF CONTRACTORORS	ERS. IT MODIFIES THE CONTRACT/O	DDED NO. 46 DECODIO	ED IN ITEM 44	_
B. THE ABOVE NUMBERED CONTRA- appropriation date, etc.) SET FORTI  C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO		(such as changes in payi	ng office,	
D. OTHER (Specify type of modification X Funding	and authority)				
E. IMPORTANT: Contractor X is not.	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	and return c	opies to the issuing office		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465  COTR POC: (b)(6): (b)(7)(C)	(Organized by UCF section headings,	including solicitation/contract subject n	natter where feasible.)		
· · · · · · · · · · · · · · · · · · ·	hs.gov	o mail address,			
Finance POC: (b)(6); (b)(7)(C)	e-	mail address, (b)(6);	@ice.dl	ns.gov	
Alternate POC: (b)(6):(b)(7)(C)		email address,			
b)(6):(b)(7)(C) @ice.dhs.go	V				
· The Period of Performance is	September 28, 2019	through September	27, 2020.		
Continued					
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9 A or	10A, as heretofore changed, remains to 16A. NAME AND TITLE OF CON (b)(6); (b)(7)(C)			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	<sup>16B</sup> (b)(6); (b)(7)(C)			
(Signature of person authorized to sign)		(Signature of Contr			
NSN 7540-01-152-8070			STANDA	RD FORM 30 (RE	EV. 10-83)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243 
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (A) (C) (D) (E) (B) (F) Performance of this task order is at the Tacoma Northwest Detention Center, 1623 E J St., Tacoma, WA 98421 This task order is funded in the amount of (b)(4)CLINs funded are: 1. CLIN 4001A in the amount of (b)(4)2. CLIN 4002A in the amount of (b)(4)3. CLIN 4002F in the amount of (b)(4)LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4)CHANGES FOR LINE ITEM NUMBER: 4002A Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (h)(4) Continued ...

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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (C) (D) (E) (F) (B) Discount Terms: (b)(4)Period of Performance: 09/28/2019 to 09/27/2020 Change Item 4001A to read as follows (amount shown is the obligated amount): (b)(4)Detention Bed Days, Guaranteed Minimum Beds, (b)(4) 4001A (b)(4)Change Item 4002A to read as follows (amount shown is the obligated amount): (b)(4)4002A Transportation Fixed Flat Rate for (b)(4) Vehicles. These vehicles are: (b)(4)1. Buses 2. ) Transporters 3. Utility Vehicle. 4. ADA Van 5. Vans. Unit of Issue MO is equivalent to Month. Change Item 4002F to read as follows (amount shown is the obligated amount): (b)(4)4002F Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford Oregon. For Yakima, Washington: (b)(4) For Medford, Oregon: (b)(4)

AMENDMENT OF SOLICITATION/MODIF	ICATION OF CONTRACT	CONTRACT ID COD	E	PAGE OF PAGE	S
		A DECUMENTAL POLICE D	50.110	1	4
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE R		ROJECT NO. (If app	licable)
P00004 6. ISSUED BY COI	See Block 16C	7. ADMINISTERED BY (If other		E  - 0- //-	
ICEDETENT MNGTDETENT CONTR IMMIGRATION AND CUSTOMS EN OFFICE OF ACQUISITION MANA 24000 AVILA ROAD (b)(6); LAGUNA NIGUEL CA 92677	ACT-LAG FORCEMENT	ICEDETENT MNGTDE IMMIGRATION AND OFFICE OF ACQUIS 24000 AVILA ROAD ATTN (b)(6): (b)(7)(C	TENT CONTRACT-CUSTOMS ENFORCITION MANAGEMED (b)(6):	-LAG CEMENT	C-LAGUNA
8. NAME AND ADDRESS OF CONTRACTOR (No., s	troot county State and 7ID Code)	LAGUNA NIGUEL CA			
GEO GROUP INC THE 621 NW 53RD ST (h)(6): BOCA RATON FL 334878242	acet, county, clate and £11 county	9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CC HSCEDM-15-D-001 70CDCR19FR0000	ONTRACT/ORDER NO. 015 059		
CODE	FACILITY CODE	10B. DATED (SEE ITEM 13)			
CODE 6127064650000		06/27/2019  O AMENDMENTS OF SOLICITATION			
Offers must acknowledge receipt of this amendme Items 8 and 15, and returning separate letter or telegram which includes a refere THE PLACE DESIGNATED FOR THE RECEIPT (virtue of this amendment you desire to change an reference to the solicitation and this amendment, a	copies of the amendment; (b) By acknown copies of the solicitation and amendment nu DF OFFERS PRIOR TO THE HOUR AND offer already submitted, such change mand is received prior to the opening hour a	wledging receipt of this amendment or imbers. FAILURE OF YOUR ACKNO DATE SPECIFIED MAY RESULT IN by be made by telegram or letter, prov	n each copy of the offer subr DWLEDGEMENT TO BE RE REJECTION OF YOUR OFI ided each telegram or letter	mitted; or (c) By ECEIVED AT FER If by	
12. ACCOUNTING AND APPROPRIATION DATA (If	required) Ne	et Increase:	(b)(4)		
See Schedule	O MODIFICATION OF CONTRACTS/ORD				
C. THIS SUPPLEMENTAL AGREEN	RACT/ORDER IS MODIFIED TO REFLEC RTH IN ITEM 14, PURSUANT TO THE AI IENT IS ENTERED INTO PURSUANT TO		S (such as changes in payin	ng office,	
D. OTHER (Specify type of modifica  X Funding	tion and authority)			7	
E. IMPORTANT: Contractor X is no	t. is required to sign this document	and return	copies to the issuing office		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 612706465 .	ON (Organized by UCF section headings,	including solicitation/contract subject	t matter where feasible.)		
COTR POC: (h)(6):/h)/7)(C)	*	e-mail address,			
(b)(6):(b)(7)(C) @ice	.dhs.gov				
Finance POC: (b)(6); (b)(7)(C)	, e-	-mail address, (b)(6)	): @ice.dh	ns.gov	
Alternate POC: (b)(6); (b)(7)(0	2)	email address,			
b)(6); (b)(7)(C) gice.dhs.		Cinali addiess,			
· The Period of Performance	is September 28, 2019	9 through September	27, 2020.		
Continued					
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	of the document referenced in Item 9 A or	10A, as heretofore changed, remains 16A, NAME, AND TITLE OF CO (b)(6); (b)(7)(C)			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED				
(Signature of person authorized to sign)		(Signature of Co	ntracting Officer)	-	
NSN 7540-01-152-8070				RD FORM 30 (REV	. 10-83)

Previous edition unusable

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

NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (C) (D) (E) (A) (B) (F) Performance of this task order is at the Tacoma Northwest Detention Center, 1623 E J St., Tacoma, WA 98421 This task order is funded in the amount of CLINs funded are: (b)(4)1. CLIN 4001A in the amount of (b)(4)2. CLIN 4001B in the amount of (b)(4)3. CLIN 4002A in the amount of (b)(4)4. CLIN 4002B in the amount of (b)(4)5. CLIN 4002F in the amount of (b)(4)6. CLIN 4003 in the amount of |(b)(4)|LIST OF CHANGES: Reason for Modification: Funding Only Action Total Amount for this Modification: (b)(4) New Total Amount for this Award: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4001A Total Amount changed from (b)(4)(b)(4)Obligated Amount for this Modification: (b)(4)(b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: 4001B Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: b)(4) (b)(7)(E)Amount: (b)(4) CHANGES FOR LINE ITEM NUMBER: Total Amount changed from (b)(4) (b)(4)Obligated Amount for this Modification: Continued ...

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00004
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(4)  (b)(7)(E)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002B  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4002F  Total Amount changed from (b)(4)  (b)(4)  Obligated Amount for this Modification: (b)(4)  (b)(7)(E)  Amount: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4003  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)  Obligated Amount for this Modification: (b)(4)  CHANGES FOR LINE ITEM NUMBER: 4003  Total Amount changed from (b)(4)  Obligated Amount for this Modification: (b)(4)  Period of Performance: 09/28/2019 to 09/27/2020			(E)	
4001A	Change Item 4001A to read as follows (amount shown is the obligated amount):  Detention Bed Days, Guaranteed Minimum Beds, (b)(4)  (b)(4)				(b)(4)
4001B	Change Item 4001B to read as follows(amount shown is the obligated amount):  Detention Bed Days, Above Guaranteed Minimum.  Continued				(b)(4)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-15-D-00015/70CDCR19FR0000059/P00004
 PAGE 4
 OF 4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 4002A to read as follows(amount shown				
	is the obligated amount):				
				1-40	
4002A	Transportation Fixed Flat Rate for (b)(4)				(b)(4)
	Vehicles. These vehicles are:				
	1. (b)(4) Buses				
	1. (b)(4) Buses 2. Transporters				
	3. Utility Vehicle.				
	4. ADA Van				
	5 Vans.				
	Unit of Issue MO is equivalent to Month.			140	
				18	
	Change Item 4002B to read as follows(amount shown				
	is the obligated amount):				
4000D	Patiented Prod Cost for Valida			118	(b)(4)
4002B	Estimated Fuel Cost for Vehicles.				(2)(1)
				110	
	Change Item 4002F to read as follows(amount shown is the obligated amount):				
	To the obligated amount,.				
1000=				18	(b)(4)
4002F	Transportation Fixed and Flat Rate including vehicles for Yakima Washington and Medford				(0)(4)
	Oregon.			110	
	(1) (4)				
	For Yakima, Washington: (b)(4)				
	For Medford, Oregon: (b)(4)				
	,				
	Change Item 4003 to read as follows(amount shown				
	is the obligated amount):			110	
4003	Detainee Volunteer Wages for the Detainee Work				(b)(4)
	Program.			117	(0)(4)

		0	RDER FOR SU	PPLIES OR SEI	RVICES				PAGE	OF PAGES
IMPORTANT:	Mark all	packages and papers with	contract and/or o	der numbers.					1	9
1. DATE OF OR		2. CONTRACT NO. (If any) HSCEDM-15-D-00			6. SHIP TO:					
05/20/20	20	HSCEDM-15-D-00	015		a. NAME	OF CC	NSIGNEE			
3. ORDER NO.			4 PEOUISITION/	REFERENCE NO.						
70CDCR20	FR000	0031	192120FSE		ICE E	NFO:	RCEMENT REMO	VAL		
5. ISSUING OFFICE (Address correspondence to) ICEDETENT MNGTDETENT CONTRACT-LAG IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT				b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6);						
24000 AV	ILA R	OAD (b)(6);								
LAGUNA N	IIGUEL	CA 92677			c. CITY WASHI	NGT	ON		d. STATE	e. ZIP CODE 20536
7. TO:	-				f. SHIP VI	Α				
a. NAME OF CO							8. TY	PE OF ORDER		
b. COMPANY N	AME				a. PU	RCHA	1,		X b. DELIVER	Y
c. STREET ADD	RESS	S.D. S.LW.			REFERE				b. beliver	
4955 TEC	CHNOLO	GY WAY							_	instructions on the
									everse, this deli- subject to instruc	tions contained on
					Please fur	rnish th	ne following on the terms		his side only of t ssued subject to	
					and condi	tions s	pecified on both sides of			above-numbered
d. CITY BOCA RAT	ON		e. STATE	f. ZIP CODE 33431	7,772		n the attached sheet, if elivery as indicated.		contract.	
		PROPRIATION DATA					NING OFFICE			
See Sche		CATION (Check appropriate	hov(es))		ICE E	NFO.	RCEMENT REMO	VAL	12. F.O.B. PO	INT
f. SERVIC VETER	AN-OWNE		ED SMALL BUSINES R THE WOSB PROC		h. EDWOSB /L NO.	21.	15. DELIVER TO F.O.B. ON OR BEFORE (Date 0 9 / 2 7 / 2 0 2 1		16. DISCOU	(b)(4)
				17. SCHEDULE	(See reverse for	Reiec	tions)			(8)(4)
			A Description		QUANTITY	1	UNIT			QUANTITY
ITEM NO.		SUPPLIES	OR SERVICES		ORDERED	UNIT (d)		AMOL		ACCEPTED
(a)	DUNS	Number: 612706	(b) 4.65		(c)	(u)	(e)	(f)		(g)
		rumber. orz. oc	100						3 T	
	(b)(6): (b)(6):	POC: (b)(6):(b)(7)(c) e-mail add (b)(7)(C)		.gov						
	18. SHIP	PPING POINT		19. GROSS SHIPPIN	IG WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.
				21. MAIL INVOICE TO:						pages)
	a. NAME  DHS ICE								(b)(4)	
SEE BILLING INSTRUCTIONS ON REVERSE	b. STRE (or P.O.	BOX) BU	RLINGTON FI BOX 1620	NANCE CENTE				(b)(4)		17(i) GRAND TOTAL
	c. CITY				d. STATE e. ZIP CODE			E (0)(4)		」   ▼
	W.	ILLISTON			VI		05495-1620			
22. UNITED AMERIC	STATES C A BY (Sig						23. NAME (Typed) (b)(6); TITLE: CONTRACTING	6/ORDERING OFF	ICER	
AUTUODIZED E	20100415	DEDDODI ICTION				_				

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

PAGE NO

2

/20/2	020 HSCEDM-15-D-00015		70C	DCR20FR0000031	
EM NO.	SUPPLIES/SERVICES (b)	QUANTITY UNIT ORDERED (c) (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTIT ACCEPTE (g)
(a)	Finance POC: (b)(6): (b)(7)(C) (b)(6): e-mail address, (b)(6): @ice.dhs.gov  Alternate POC: (b)(6); (b)(7)(C) (b)(6): email address, (b)(6): (b)(7)(C) @ice.dhs.gov  The Period of Performance is September 28, 2020 through September 27, 2021.  Performance of this task order is at the Tacoma Northwest Detention Center, 1623 E J St., Tacoma, WA 98421  . This new task order is funded in the amount of (b)(4) CLINs funded are:  1. CLIN 5001A in the amount of (b)(4)  2. CLIN 5002B in the amount of (b)(4)  4. CLIN 5002F in the amount of (b)(4)	ORDERED (d)	PRICE (e)	(f)	ACCEPTE (g)
)1A	5. CLIN 5003 in the amount of (b)(4) . Period of Performance: 09/28/2020 to 09/27/2021  Detention Bed Days, Guaranteed Minimum Beds, (b)(4)			(b)(4)	]
	Accounting Info: (b)(7)(E)  Funded: (b)(4)				
)2A	Transportation Fixed Flat Rate for (b)(4) Continued			(b)(4)	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			(b)(4)	1

#### 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. HSCEDM-15-D-00015 70CDCR20FR0000031 05/20/2020 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (f) (a) (c) (e) (g) (b)(4)These vehicles are: (b)(4)2. Transporters 3. Utility Vehicle. 4. ADA Van 5. Van. Accounting Info: (b)(7)(E)Funded: (b)(4)(b)(4)5002B Estimated Fuel Cost for Vehicles. Contractor shall not exceed the amount shown without prior approval by the Contracting Officer. This is a Not-To-Exceed of (b)(4)Accounting Info: (b)(7)(E)Funded: (b)(4)5002F Transportation Fixed and Flat Rate (b)(4)including vehicles for Yakima Washington and Medford Oregon. (b)(4)For Yakima, Washington: (b)(4)For Medford, Oregon: (b)(4) Accounting Info: (b)(7)(E)Funded: (b)(4)Continued ...

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

OPTIONAL FORM 348 (Rev. 4/2006)

(b)(4)

# ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

DATE OF ORE		ORDER NO.							
)5/20/20	020 HSCEDM-15-D-00015			70CI	CR20FR0000031				
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)			
	OPTION YEAR 5: September 28, 2020 through September 27, 2021.								
5003	Detainee Volunteer Wages for the Detainee Work Program. Reimbursement for this line item will be at the actual cost of (b)(4)  (b)(4)  Contractor shall not exceed the amount shown without prior approval by the Contracting Officer.  Accounting Info: (b)(7)(E)				(b)(4)				
	Funded: (b)(4) . Contractor Invoicing Instructions:								
	Service Providers/Contractors shall use these procedures when submitting an invoice.								
	1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email to:								
	(b)(6); (b)(7)(C) @ice.dhs.gov								
	Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the "bill to" address shown below:	1.6							
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE - ERO - FOD -FSE Williston, VT 05495-1620					; ; ;			
	Note: the Service Provider's or Contractor's 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 Continued								
					(b)(7)(E)				

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

PAGE NO 5

TE OF ORD	HSCEDM-15-D-00015				ORDER NO. 70CDCR20FR0000031		
EM NO.	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUNT (f)	QUANTIT ACCEPTE (g)	
(α)	shall be notated on every invoice submitted	(0)	(4)	(0)	(1)	(9)	
	to ensure prompt payment provisions are						
	met. The ICE program office identified in		l I			ì	
	the task order/contract shall also be		i i				
	notated on every invoice.						
	2. Content of Invoices: Each invoice					1	
	submission shall contain the following						
	information:						
	(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					1	
	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	İ	ll			1	
	Number;				1		
	(iii) Invoice date and invoice number;						
	(iv) Agreement (Contract number					1	
	(iv) Agreement/Contract number,						
	contract line item number and, if						
	applicable, the order number;						
	(v) Description, quantity, unit of						
	measure, unit price and extended price of						
	the items delivered;						
	(vi) Shipping number and date of						
	shipment, including the bill of lading						
	number and weight of shipment if shipped on					1	
	Government bill of lading;						
	(vii) Terms of any discount for prompt						
	payment offered;						
	(viii) Remit to Address;						
	(ix) Name, title, and phone number of						
	Continued					1	
	100000000000000000000000000000000000000						
		1					

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

(b)(4)

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

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

PAGE NO 6

M NO.	SUPPLIES/SERVICES	QUANTITY	LINIT	UNIT	AMOUNT	QUANTI
		ORDERED		PRICE		ACCEPT
a)	(b) person to notify in event of defective	(c)	(d)	(e)	(f)	(g)
	invoice; and					
	invoice, and					
	3. Invoice Supporting Documentation. In					
	order to ensure payment, the vendor must					
	also submit supporting documentation to the					
	Contracting Officer's Representative (COR)					
	identified in the contract as described					
	below. Supporting documentation shall be					
	submitted to the COR or contract Point of					
	Contact (POC) identified in the contract or					
	task order with all invoices, as					
	appropriate. See paragraph 4 for details					
	regarding the safeguarding of information.					
	Invoices without documentation to support					
	invoiced items, containing charges for					
	items outside the scope of the contract, or		1 1			
	not based on the most recent contract base					
	or modification rates will be considered					
	improper and returned for resubmission.					
	Supporting documentation requirements					
	include:					
	(i). Firm Fixed Price Items (items not					
	subject to any adjustment on the basis of	- 4 (1)				
	the contractor's cost experience, such as					
	pre-established monthly guaranteed minimums	la la				
	for detention or transportation): do not					
	require detailed supporting documentation					
	unless specifically requested by the					
	Government.					
	(ii). Fixed Unit Price Items (items					
	for allowable incurred costs, such as					
	detention and/or transportation services					
	with no defined minimum quantities, stationary guard or escort services,					
	transportation mileage or other Minor				1	
	Charges such as sack lunches and detainee					
	wages): shall be fully supported with	1				
	documentation substantiating the costs					
	and/or reflecting the established price in				1	1
	the contract and submitted in .pdf format.					
	(iii). Detention Services (other than					
	firm fixed price):					1
	Continued					1
	. •					
					(b)(4)	

## ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

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

PAGE NO

7

05/20/20		CONTRACT NO. HSCEDM-15-D-00015	00015			ORDER NO. 70CDCR20FR0000031			
ITEM NO.		SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (a)		
05/20/20	che by ide that app liss num pro namite for expall that shall and res guar.	HSCEDM-15-D-00015			70C UNIT	DCR20FR0000031			
	Con	Safeguarding Information: As a stinued				(b)(4)			

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

PAGE NO 8

IMPORTANT: Mark all packages and papers with contract and/or order numbers. CONTRACT NO. DATE OF ORDER ORDER NO. 05/20/2020 HSCEDM-15-D-00015 70CDCR20FR0000031

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
(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 individual's name				(f)	
	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:					
	Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately.					
	• Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.					
	Use shredders when discarding paper documents containing Sensitive PII.					
	• Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at					
	(b)(7)(E)					
	march2012.pdf for more information on and/or examples of Sensitive PII.  5. If you have questions regarding payment, Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/H))				(b)(4)	

# 9 **SCHEDULE - CONTINUATION** IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 70CDCR20FR0000031 HSCEDM-15-D-00015 05/20/2020 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY PRICE (e) ACCEPTED (g) ORDERED (d) (a) (f) (c) please contact ICE Financial Operations at (b)(6): (b)(7)(C) or by e-mail at (b)(6); (b)(7)(C) @ice.dhs.gov TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) (b)(4)

**ORDER FOR SUPPLIES OR SERVICES** 

PAGE NO