

U.S. Department of Homeland Security
500 12th St., SW
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

February 11, 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
Thirteenth Interim Release

Dear Ms. Stevens:

This letter is the thirteenth 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)
- 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

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.

ICE has received 108 pages that were sent to CoreCivic for consultation. After consultation, ICE has determined that portions of the 108 pages will be withheld in part pursuant to FOIA Exemptions 4, 6, 7(C) and, 7(E) as described below. A total of 108 pages have been Bates numbered 2020-ICLI-00042 CoreCivic 0001 through 2020-ICLI-00042 CoreCivic 0108.

FOIA Exemption 4 protects trade secrets and commercial or financial information obtained from a person that is privileged or confidential. Under the U.S. Supreme Court precedent, *Food Marketing Institute v. Argus Leader Media*, 139 S. Ct. 2356 (2019), information will be deemed "confidential" for the purposes of protection under Exemption 4 "at least where commercial or financial information is both customarily and actually treated as private by its owner and provided to the government under an assurance of privacy." *Id.* at 2363. 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,

**KORRINA L
STEWART**

Korrina L. Stewart
Litigation Team Supervisor

Digitally signed by
KORRINA L STEWART
Date: 2022.02.11
07:08:50 -05'00'

Enclosure: 108 pages

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

From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 19, 2014 6:53 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Revised Pricing - South Texas Family Residential Center
Attachments: Revised Pricing Schedule Dilley South Texas - 081914.pdf

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

Attached is a revised pricing schedule that incorporates the design changes requested by ICE and related staffing adjustments. Please note that we have only sent this information to you so please forward as appropriate. We will send the cost justification to you later this evening. We respectfully request a meeting with ICE tomorrow (Wednesday) in the late afternoon to discuss the cost justification. Please let us know if you are available.

Thank you!

Regards,

(b)(6);

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

Senior Director, Proposal Development
CCA - "America's Leader in Partnership Corrections"
10 Burton Hills Blvd.
Nashville, Tennessee 37215
Office: 615-263-(b)(6);
Fax: 615-263-(b)(6);
Email: (b)(6); (b)(7)(C)@cca.com
www.cca.com

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**SOUTH TEXAS FAMILY RESIDENTIAL
CENTER
DILLEY, TEXAS**

CLIN Structure:

Two-Year Base – 731 Days (9/1/14 – 8/31/16)

<u>CLIN #</u>	<u>Description</u>	<u>Unit</u>	<u>Fixed Price</u>
0001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$(b)(4)
0002	2,401 +	Per Resident Per Day	\$
0003	Transportation	First 50,000 miles	\$
0004	Transportation	Per mile after 50,000	\$
0005	Education	Per Month	\$
0006 (9/1/14 – 8/31/15)	Guard Hour Rate	Per Hour	\$
0007 (9/1/15 – 8/31/16)	Guard Hour Rate	Per Hour	\$

* Represents total education costs based on 1,000 participants.

Option 1 – 365 Days (9/1/16 – 8/31/17)

<u>CLIN #</u>	<u>Description</u>	<u>Unit</u>	<u>Fixed Price</u>
1001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$(b)(4)
1002	2,401 +	Per Resident Per Day	\$
1003	Transportation	First 50,000 miles	\$
1004	Transportation	Per mile after 50,000	\$
1005	Education	Per Month	\$

1006 (9/1/16 – 8/31/17)	Guard Hour Rate	Per Hour	\$ (b)(4)
-------------------------	-----------------	----------	-----------

* Represents total education costs based on 1,000 participants.

Option 2 – 365 Days (9/1/17 – 8/31/18)

CLIN #	Description	Unit	Fixed Price
2001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$ (b)(4)
2002	2,401 +	Per Resident Per Day	
2003	Transportation	First 50,000 miles	
2004	Transportation	Per mile after 50,000	
2005	Education	Per Month	
2006 (9/1/17 – 8/31/18)	Guard Hour Rate	Per Hour	

* Represents total education costs based on 1,000 participants.

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

Detention Management Division | Deputy Assistant Director

DHS | ICE | Office of Acquisition Management (OAQ)

801 "I" Street, N.W., Room (b)(6);

Mail Stop 5750

Washington, D.C. 20536-5750

Phone: 202-732-(b)(6);

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

From: (b)(6); (b)(7)(C) [mailto:(b)(6); (b)(7)(C)@cca.com]

Sent: Tuesday, August 19, 2014 10:22 PM

To: (b)(6); (b)(7)(C)

Cc:

Subject: Cost Justification - South Texas Family Residential Center

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

Please see the attached cost justification for the South Texas Family Residential Center. We look forward to meeting with you tomorrow afternoon.

Thank you!

Regards,

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

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

Senior Director, Proposal Development

CCA - "America's Leader in Partnership Corrections"

10 Burton Hills Blvd.

Nashville, Tennessee 37215

Office: 615-263-(b)(6);

Fax: 615-263-(b)(6);

Email: (b)(6); (b)(7)(C)@cca.com

www.cca.com

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Family Residential Center - Dilley, Texas - Cost Justification - Year One

	Monthly Cost	Annual Cost	Description
Cost to Government - CLIN 0001	\$	(b)(4)	
Lease			Lease Expense to Target for Required Modular Facilities to Meet ICE Family Residential Facility Requirement
Facility Staffing			Salary and Benefit Expense: Extensive Use of Contract and TDY Staff Assumed to Facilitate Rapid Pace of Facility Ramp and Operations
Food Service			Resident Food Service Expense, Inclusive of Required Facilities, Under Contract with Target
Staff Housing Services			Required Modular Staff Housing Due to Short-Term Nature of Contract
General & Administrative Expenses			6% of Contract Value Consistent with Company-Wide Average
Contractor Margin			
Risk Management			Property Insurance, Liability Insurance and Self-Insured Enterprise Risk Management Exposure
Income Taxes			Projected Federal and State Income Taxes
Furniture, Fixtures & Equipment			Required FF&E Incremental to the Base Lease
Supplies Expenses			Operating Supplies and Resident Welfare (Resident Clothing & Personal Care Products, Resident Welfare, etc.)
Staffing Services			Agency, Background Screening & Employment Identification Services
Utilities			Projected Utility Expense Based on Utilization of All Modular Facilities
Property Taxes and Revenue Share			Anticipated Property Taxes and Revenue Share for Facilitation of IGSA
Repairs & Maintenance Expense			Estimated Costs Based on Square Footage and Nature of the Expected Physical Plant Outside of Base Lease; Janitorial Services
Total Cost of Services			

Jail Services Cost Statement Cost Sheet for Detention Services

SCHEDULE A			
<p>Instructions: This cost statement should be completed by the local government and submitted to the appropriate Immigration Customs Enforcement (ICE) Detention and Removal Office (DRO) representative for the acquisition of detention services for ICE detainees. Upon request, additional supporting data in addition to that included as part of this cost sheet may be requested. The individual designated in Section V will be contacted by an ICE DRO representative to negotiate a detainee per diem rate and its effective date. Upon completion of negotiations, an Intergovernmental Service Agreement (IGSA) will be issued by ICE DRO and forwarded to the local government for review and signature.</p> <p>OMB Circular No. A-87, as amended 8/29/97, sets forth the principles and standards for determining allowable costs for Federal agreements with state and local governments. A copy of OMB Circular A-87 can be obtained online at: http://www.whitehouse.gov/omb/circulars/a087/a087-all.html.</p> <p>Please note that the per diem rate will include detention services and guard transportation services.</p> <p>If additional guidance is required, please contact the ICE DRO representative at (202) 732-7405.</p>			
SECTION I – GENERAL INFORMATION			
NAME OF JAIL: South Texas Family Residential Center			
PHYSICAL ADDRESS OF JAIL STREET: 1925 W Highway 85			
CITY: Dilley	STATE: Texas	ZIP: 78017	
PHONE NUMBER: N/A			
SECTION II – FINANCIAL DATA SUMMARY			
TOTAL OPERATING COST FOR JAIL:			
A. Time Frame (Fiscal Year)	FROM: Sept 2014	TO: Aug 2015	
ANNUAL COST			
B. Total Personnel Costs (Schedule B – Part I)	\$	(b)(4)	
C. Total Personnel Benefits (Schedule B – Part II)	\$		
D. Total Consultants and Contract Service (Schedule C)	\$		
E. Other Direct Operating Costs (Schedule D)	\$		
F. Indirect Costs (Schedule E)* <i>* A certified cost allocation plan must be submitted if reimbursement for indirect costs is requested.</i>	\$		
G. Equipment Depreciation Costs (Schedule F)	\$		
H. Building Depreciation Costs (Schedule G)	\$		
I. Total Operating Costs (Sum of Schedules B-G)	\$		
TOTAL ACTUAL OPERATING COST FOR PRIOR FISCAL YEAR			
PROPOSED DETAINEE PER DIEM RATE ("Total actual operating cost for prior fiscal year" divided by 365, divided by the total average daily jail population)	\$		

SECTION III – DETAINEE POPULATION INFORMATION				
Time Frame of Detainee Information (Must correspond with time frame Section III/A)		FROM: Sept 2014	TO: Aug 2015	
Detainee Capacity of Facility				
	Male	Female	Juvenile	TOTAL
				2400
Average Daily Population				
Type of Detainee	Male	Female	Juvenile	TOTAL
Federal				2400
Local				
State				
SECTION IV – PER DIEM				
Proposed Monthly Fixed Payment for Provision of 2,400 Beds and Commensurate Services		(b)(4)		
Implied Detainee Per Diem Rate for 2,400 Beds (Average Per Diem for Base Two Year Contract Period)				
Proposed Incremental Unit Price (2,401+ Detainees)				
SECTION V – LOCAL GOVERNMENT CONTACT				
Please provide the name of the individual authorized to represent and to act for the local government in the jail day rate negotiations.				
NAME:		DEPARTMENT/OFFICE:		
TITLE:		STREET:		
PHONE:		CITY:		
FAX:		STATE:	ZIP	
SECTION VI – CERTIFICATION STATEMENT				
This is to certify that, to the best of my knowledge and belief, the data furnished in Schedules B through G are accurate, complete and current, and do not include any unallowable costs prohibited by OMB Circular No. A-87 (Cost Principles for State and Local Governments) or any cost not related to the jail facility as discussed on the Cost Sheet for Detention Services). The records of this agency are available for review and audit by the authorized representative of the U.S. Government to verify any jail per diem rate negotiated.				
SIGNATURE:			DATE: August 20, 2014	
NAME:			TITLE:	

SCHEDULE B				
PART I – PERSONNEL COSTS				
(Direct Costs – Personnel Supporting Detention Facility)				
Instructions: List only those positions directly involved in jail operations and benefiting federal inmates.				
Type of Position	(A) Annual Salary Cost \$	(B) Full Time or Part Time	(C) Number of Positions	(D) Total Salary Cost (A) x (C) = (D) \$
Accountant	(b)(4)	Full Time	1.0	(b)(4)
Accounting Clerk	(b)(4)	Full Time	2.0	(b)(4)
Administrative Clerk	(b)(4)	Full Time	11.0	(b)(4)
Assistant Administrator	(b)(4)	Full Time	3.0	(b)(4)
Assistant Shift Super.	(b)(4)	Full Time	5.0	(b)(4)
Case Manager	(b)(4)	Full Time	26.0	(b)(4)
Chaplain	(b)(4)	Full Time	1.0	(b)(4)
Chief of Security	(b)(4)	Full Time	1.0	(b)(4)
Chief of Unit Mgmt	(b)(4)	Full Time	1.0	(b)(4)
Commissary Supervisor	(b)(4)	Full Time	1.0	(b)(4)
Computer Support Asst.	(b)(4)	Full Time	1.0	(b)(4)
Executive Assistant	(b)(4)	Full Time	1.0	(b)(4)
Facility Administrator	(b)(4)	Full Time	1.0	(b)(4)
Facility HR Generalist	(b)(4)	Full Time	1.0	(b)(4)
Human Resources Asst.	(b)(4)	Full Time	1.0	(b)(4)
Investigator	(b)(4)	Full Time	1.0	(b)(4)
Library Aide	(b)(4)	Full Time	5.0	(b)(4)
Mailroom Clerk	(b)(4)	Full Time	3.0	(b)(4)
Maintenance Worker	(b)(4)	Full Time	1.0	(b)(4)
Manager, Human Resources	(b)(4)	Full Time	1.0	(b)(4)
Manager, Learning and Dev.	(b)(4)	Full Time	1.0	(b)(4)
Manager, Operations Fin.	(b)(4)	Full Time	1.0	(b)(4)
Manager, Quality Assurance	(b)(4)	Full Time	1.0	(b)(4)
Master Scheduler	(b)(4)	Full Time	1.0	(b)(4)
Personnel Investigator	(b)(4)	Full Time	1.0	(b)(4)
Program Facilitator	(b)(4)	Full Time	6.0	(b)(4)
Program Manager	(b)(4)	Full Time	2.0	(b)(4)
Records Clerk	(b)(4)	Full Time	2.0	(b)(4)
Recreation Coordinator	(b)(4)	Full Time	2.0	(b)(4)
Recreation Supervisor	(b)(4)	Full Time	1.0	(b)(4)
Resident Counselor	(b)(4)	Full Time	10.0	(b)(4)
Resident Supervisor	(b)(4)	Full Time	465.0	(b)(4)
Safety Manager	(b)(4)	Full Time	1.0	(b)(4)
Shift Supervisor	(b)(4)	Full Time	5.0	(b)(4)
Sr. Resident Supervisor	(b)(4)	Full Time	22.4	(b)(4)
Unit Manager	(b)(4)	Full Time	5.0	(b)(4)
Warehouse Manager	(b)(4)		1.0	(b)(4)
Warehouse Worker	(b)(4)	Full Time	6.0	(b)(4)
Total Salary Cost		\$	(b)(4)	
FICA Benefits	7.65 %	\$		
Total Salary Cost plus FICA		\$		

(Use continuation sheet if needed.)

SCHEDULE B				
PART II – PERSONNEL COSTS				
(Direct Costs – Personnel Supporting Detention Facility)				
Instructions: Provide name of retirement plans (i.e. N.Y.S. employees retirement system), insurance plans (i.e. Blue Cross/Blue Shield), or unemployment insurance contribution plans for positions listed in Schedule B – Part I).				
	Number of Employees Participating	Total Salary Base	Employer Contribution	Annual Cost (1)
1. Retirement Program(s)				
a. 401k Program	Full-time: 601.4		100% Employer Match up to 5% of Annual Salary	\$ (b)(4)
b.	Part-time:			
2. Insurance Program(s)				
a. Health Insurance	601.4			\$
b. Life Insurance	601.4			\$
c. Auto Liability Insurance	601.4			\$
d. Short-Term Disability Insurance	601.4			\$
e. AD&D Insurance	601.4			\$
3. Other Employee Contribution Plans (i.e. unemployment, worker's compensation)				
a. Unemployment Taxes	Full-time: 601.4			\$
	Part-time:			
b. Workers Compensation	Full-time: 601.4			\$
	Part-time:			

(1) Benefits costs provided represent CCA portion of each benefit item. Employee share not included in cost line items.

SCHEDULE C CONSULTANTS AND CONTRACT SERVICES			
Instructions: List only those services directly involved in jail operations and benefiting federal inmates. Provide a detailed "description of service".			
Type of Service	Description of Service	No. of Contract Employees	Annual Cost
1. Medical			\$
2. Dental			\$
3. Other:	CCA Facility Support Center – Central Management & Facility Support Services – 6% of Contract Value Based on Historical Average Support Costs		(b)(4)
4. Other:			\$
5. Other:			\$
Total Consultants and Contract Services			\$(b)(4)

SCHEDULE D OTHER DIRECT JAIL OPERATING COSTS		
Instructions: List only those costs associated with the operation of the jail that directly benefit federal inmates. Costs associated with local court and law enforcement activities are not allowable costs for the purpose of determining facility operating costs.		
Type of Service	Description	Annual Cost
Lease Expense	Lease Expense for Required Modular Facilities to Meet ICE Family Residential Facility Requirement - Target	(b)(4)
Food – Facilities and Services	Contracted Food Service Cost - Target	
Staff Housing	Modular Staff Housing and Food Service	
Risk Management	Property Insurance, Liability Insurance and Self-Insured Enterprise Risk Management	
Operating Supplies and Resident Welfare	Resident Clothing & Personal Care Products, Facility Supplies, General Resident Welfare and Activities	
Staffing Services	Agency, Background Screening, Employment Identification Services and Other Employment Services	
Utilities	Electric, Gas, Water, Sewer, Refuse and Telephone	
Property Taxes and Revenue Share	Anticipated Property Taxes and Revenue Share for Facilitation of IGSA	
Repairs and Maintenance	Janitorial Services and Repairs & Maintenance Expense Not Covered Under Lease Agreement	
Income Taxes	Federal & State Income Taxes	
Contract Management Services	Contractor Margin	
Total Other Direct Costs		

**SCHEDULE F
 EQUIPMENT COSTS**

Instructions: A listing of equipment that is in the current approved jail operating budget for this contract period may be provided and/or attached to this worksheet for full purchase value consideration. If equipment is depreciated, show total acquisition amount and method used by state, country or city in calculating depreciation. A use allowance not to exceed 6-2/3% of acquisition cost of usable equipment may be substituted in lieu of depreciation. Equipment must be used directly for jail operations. Treatment of these costs must be consistent with local government's method.

A. New Equipment Approved in Current Operating Budget (Use Continuation Sheet if Necessary)

(1) Item Description	(2) Proposed Utilization	(3) No. of Units	(4) Cost per Unit	(5) Enter % of use by the jail (i.e., if equipment is used by several depts.)	(6) Equipment Cost Allowance (4) x (5) x (6)
Technology and Security Electronics	Various	Various		100%	(b)(4)
Furniture	Various	Various		100%	
Programs and Recreation	Various	Various		100%	
Medical & Dental	Various	Various		100%	
Vehicles, Security, Other FF&E	Various	Various		100%	
				%	\$
				%	\$
				%	\$
				Total Current Equipment Costs	\$ (b)(4)
				Equipment Allowance	\$

B. Show Method of Calculating Depreciation of Equipment if 6-2/3% depreciation is not used.

Due to the special purpose nature of assets being deployed and the short term nature of the contract, CCA is depreciating its investment in Furniture, Fixtures & Equipment over the base two year contract period.

Target Cost Justification to Support Lease and Food Service Calculations

Description	TOTAL	Cost Per Man-Night
Office Space and 120-Bed lease and renovations		
Office Space Lease (per SF)		
Office Space	\$ (b)(4)	\$ (b)(4)
Office Space Renovation		
Renovations to Leased Office Buildings	\$	\$
120-Housing Complex Lease		
Housing Complex Lease	\$	\$
120-Housing Complexes Renovation		
Housing Complex Renovations	\$	\$
Walkways		
Raised / Covered Walkways	\$	\$
TV's		
TV in Dorms	\$	\$
TV mounts in Dorms	\$	\$
Bunk Beds & Mattresses		
BunkBeds	\$	\$
Site / Civil Original Bid		
Engineering	\$	\$
Electrical System	\$	\$
Sewer / Domestic Water	\$	\$
Fire Boosing Pumps & Pump House	\$	\$
Earthwork / Grading	\$	\$
Fence w/ entrance Gates	\$	\$
Aggerage (roadways and Parking lot(s))	\$	\$
Fire Sprinkler System / Alarm (building only - no site)	\$	\$
Tioga Kitchen disman-transport-set	\$	\$
Recreational Fields	\$	\$
Additional Site / Civil Work		
Add TV Cable		
TC cabling from server to each dorm	\$	\$
TC cabling from server to office space	\$	\$
Add security system conduit w/ cat 5 cabel		
underground conduit for security system w/ cat-5	\$	\$
Add ADA ramps all dorms and buildings		
ADA Ramps	\$	\$
Add Sidewalks / Interior Roadways		
Sidewalks connection all buildings	\$	\$
Extra "chat" areas	\$	\$
Add fire hydrants		
Fire Hyrandt	\$	\$
Hydrant additinoal water lines	\$	\$
Add lift station		
Lift Station (pumps and extral lines)	\$	\$
Add roadway around perimeter fence to parkinglots and entrance road		

Target Cost Justification to Support Lease and Food Service Calculations

"Chat" road at Entrance	\$	(b)(4)	\$	(b)(4)
Add 100% Generator Back-up with ATS				
Generator (2 Meg each)	\$		\$	
ATS	\$		\$	
Installation	\$		\$	
Genset Pad	\$		\$	
Other				
Land Lease	\$		\$	
Operations				
Operations (kitchen Only)	\$		\$	
Operations (office Cleaning)	\$		\$	
General Conditions				
GC's				
Dumpsters	\$		\$	
Port-a-Johns	\$		\$	
Office Suuplies	\$		\$	
Office Trialer	\$		\$	
Project Management				
Management / Per Diem / Etc.	\$		\$	
Temp Additional				
Temp adder				
Site / Civil Work	\$		\$	
Electrical System	\$		\$	
Plumbing	\$		\$	
Buildings Renovations	\$		\$	
Generators temp	\$		\$	
Buildings Lease	\$		\$	
TOTAL	\$		\$	(b)(4)

Adams, James D

From: (b)(6); (b)(7)(C)@cca.com>
Sent: Wednesday, August 27, 2014 2:34 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Revised cost justification
Attachments: South Texas Family Detention Center - Cost Justification - 082714.pdf; South Texas Family Detention Center - \$70,000,000 Up Front Cost Alternative - 082714.pdf

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

As follow-up to our discussions with you last Friday, Target has provided cost reductions totaling \$26 million over the two year base contract. The first document attached to this email is the revised cost justification that takes these savings into account as well as the removal of the chaplain/religious services from the contract.

The second attached document is a cost justification based on ICE's request to consider the impact of an up-front payment. For an upfront payment of \$70 million, ICE would save \$1.25 million annually over the two year base contract.

Please let us know if you have any questions.

Thanks!

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

[See how CCA is making a difference](#)

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	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2	BED DAY RATE
0001	2,400 beds	Month	12	\$(b)(4)			
0002	Above 2,401 beds						
0003	Transportation	50,000 miles	1	\$			
0004	Transportation	> 50,000 miles	10,000	\$			
0005	Education	per month	12	\$			
0006	Guard Rate	Hour	10,000	\$			
0007	Guard Rate	Hour	10,000	\$			
TOTAL TWO YEARS							

Year One
Year Two

YEAR 3 (OPTION 1)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3
1001	2,400 beds	Month	12	\$(b)(4)	
1002	Above 2,401 beds				
1003	Transportation	50,000 miles	1	\$	
1004	Transportation	> 50,000 miles	10,000	\$	
1005	Education	per month	12	\$	
1006	Guard Rate	Hour	10,000	\$	
YEAR 3					

YEAR 4 (OPTION 2)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4
2001	2,400 beds	Month	12	\$(b)(4)	
2002	Above 2,401 beds				
2003	Transportation	50,000 miles	1	\$	
2004	Transportation	> 50,000 miles	10,000	\$	
2005	Education	per month	12	\$	
2006	Guard Rate	Hour	10,000	\$	
FOUR YEARS					

WITHOUT UPFRONT PAYMENT (NO RAMP UP)

**SOUTH TEXAS FAMILY RESIDENTIAL
CENTER
DILLEY, TEXAS
BASE OFFER**

CLIN Structure:

Two-Year Base – 731 Days (9/1/14 – 8/31/16)

CLIN #	Description	Unit	Fixed Price
0001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$(b)(4)
0002	2,401 +	Per Resident Per Day	
0003	Transportation	First 50,000 miles	
0004	Transportation	Per mile after 50,000	
0005	Education	Per Month	
0006 (9/1/14 – 8/31/15)	Guard Hour Rate	Per Hour	
0007 (9/1/15 – 8/31/16)	Guard Hour Rate	Per Hour	

*JEE JSOS
ATTACHMENT
2*

* Represents total education costs based on 1,000 participants.

Need one paper

Option 1 – 365 Days (9/1/16 – 8/31/17)

CLIN #	Description	Unit	Fixed Price
1001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$(b)(4)
1002	2,401 +	Per Resident Per Day	
1003	Transportation	First 50,000 miles	

ATTACHMENT #1

1004	Transportation	Per mile after 50,000	\$(b)(4)
1005	Education	Per Month	\$
1006 (9/1/16 – 8/31/17)	Guard Hour Rate	Per Hour	\$

* Represents total education costs based on 1,000 participants.

Option 2 – 365 Days (9/1/17 – 8/31/18)

<u>CLIN #</u>	<u>Description</u>	<u>Unit</u>	<u>Fixed Price</u>
2001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$(b)(4)
2002	2,401 +	Per Resident Per Day	\$
2003	Transportation	First 50,000 miles	\$
2004	Transportation	Per mile after 50,000	\$
2005	Education	Per Month	\$
2006 (9/1/17 – 8/31/18)	Guard Hour Rate	Per Hour	\$

* Represents total education costs based on 1,000 participants.

Jail Services Cost Statement Cost Sheet for Detention Services

SCHEDULE A		
<p>Instructions: This cost statement should be completed by the local government and submitted to the appropriate Immigration Customs Enforcement (ICE) Detention and Removal Office (DRO) representative for the acquisition of detention services for ICE detainees. Upon request, additional supporting data in addition to that included as part of this cost sheet may be requested. The individual designated in Section V will be contacted by an ICE DRO representative to negotiate a detainee per diem rate and its effective date. Upon completion of negotiations, an Intergovernmental Service Agreement (IGSA) will be issued by ICE DRO and forwarded to the local government for review and signature.</p> <p>OMB Circular No. A-87, as amended 8/29/97, sets forth the principles and standards for determining allowable costs for Federal agreements with state and local governments. A copy of OMB Circular A-87 can be obtained online at: http://www.whitehouse.gov/omb/circulars/a087/a087-all.html.</p> <p>Please note that the per diem rate will include detention services and guard transportation services.</p> <p>If additional guidance is required, please contact the ICE DRO representative at (202) 732-7405.</p>		
SECTION I – GENERAL INFORMATION		
NAME OF JAIL: South Texas Family Residential Center		
PHYSICAL ADDRESS OF JAIL STREET: 1925 W Highway 85		
CITY: Dilley	STATE: Texas	ZIP: 78017
PHONE NUMBER: N/A		
SECTION II – FINANCIAL DATA SUMMARY		
TOTAL OPERATING COST FOR JAIL:		
A. Time Frame (Fiscal Year)	FROM: Sept 2014	TO: Aug 2015
ANNUAL COST		
B. Total Personnel Costs (Schedule B – Part I)	\$ (b)(4)	
C. Total Personnel Benefits (Schedule B – Part II)	\$	
D. Total Consultants and Contract Service (Schedule C)	\$	
E. Other Direct Operating Costs (Schedule D)	\$	
F. Indirect Costs (Schedule E)* <small>* A certified cost allocation plan must be submitted if reimbursement for indirect costs is requested.</small>	\$	
G. Equipment Depreciation Costs (Schedule F)	\$	
H. Building Depreciation Costs (Schedule G)	\$	
I. Total Operating Costs (Sum of Schedules B-G)	\$	
TOTAL ACTUAL OPERATING COST FOR PRIOR FISCAL YEAR	N/A	
PROPOSED DETAINEE PER DIEM RATE ("Total actual operating cost for prior fiscal year" divided by 365, divided by the total average daily jail population)	\$ (b)(4)	Average Two Year Base)

Copy 1 – ICE DRO HQ
 Copy 2 – Field Office District
 Copy 3 – IGSA File

ATTACHMENT #2

SECTION III – DETAINEE POPULATION INFORMATION				
Time Frame of Detainee Information (Must correspond with time frame Section III/A)	FROM: Sept 2014	TO: Aug 2015		
Detainee Capacity of Facility				
	Male	Female	Juvenile	TOTAL
				2400
Average Daily Population				
Type of Detainee	Male	Female	Juvenile	TOTAL
Federal				2400
Local				
State				
SECTION IV – PER DIEM				
Proposed Monthly Fixed Payment for Provision of 2,400 Beds and Commensurate Services	\$ (b)(4)			
Implied Detainee Per Diem Rate for 2,400 Beds (Average Per Diem for Base Two Year Contract Period)	\$			
Proposed Incremental Unit Price (2,401+ Detainees)	\$			
SECTION V – LOCAL GOVERNMENT CONTACT				
Please provide the name of the individual authorized to represent and to act for the local government in the jail day rate negotiations.				
NAME:	DEPARTMENT/OFFICE:			
TITLE:	STREET:			
PHONE:	CITY:			
FAX:	STATE:	ZIP		
SECTION VI – CERTIFICATION STATEMENT				
This is to certify that, to the best of my knowledge and belief, the data furnished in Schedules B through G are accurate, complete and current, and do not include any unallowable costs prohibited by OMB Circular No. A-87 (Cost Principles for State and Local Governments) or any cost not related to the jail facility as discussed on the Cost Sheet for Detention Services). The records of this agency are available for review and audit by the authorized representative of the U.S. Government to verify any jail per diem rate negotiated.				
SIGNATURE:	DATE: August 20, 2014			
NAME:	TITLE:			

SCHEDULE B				
PART I – PERSONNEL COSTS				
(Direct Costs – Personnel Supporting Detention Facility)				
Instructions: List only those positions directly involved in jail operations and benefiting federal inmates.				
Type of Position	(A) Annual Salary Cost \$	(B) Full Time or Part Time	(C) Number of Positions	(D) Total Salary Cost (A) x (C) = (D) \$
Accountant	(b)(4)	Full Time	1.0	(b)(4)
Accounting Clerk		Full Time	2.0	
Administrative Clerk		Full Time	11.0	
Assistant Administrator		Full Time	3.0	
Assistant Shift Super.		Full Time	5.0	
Case Manager		Full Time	26.0	
Chief of Security		Full Time	1.0	
Chief of Unit Mgmt		Full Time	1.0	
Commissary Supervisor		Full Time	1.0	
Computer Support Asst.		Full Time	1.0	
Executive Assistant		Full Time	1.0	
Facility Administrator		Full Time	1.0	
Facility HR Generalist		Full Time	1.0	
Human Resources Asst.		Full Time	1.0	
Investigator		Full Time	1.0	
Library Aide		Full Time	5.0	
Mailroom Clerk		Full Time	3.0	
Maintenance Worker		Full Time	1.0	
Manager, Human Resources		Full Time	1.0	
Manager, Learning and Dev.		Full Time	1.0	
Manager, Operations Fin.		Full Time	1.0	
Manager, Quality Assurance		Full Time	1.0	
Master Scheduler		Full Time	1.0	
Personnel Investigator		Full Time	1.0	
Program Facilitator		Full Time	6.0	
Program Manager		Full Time	2.0	
Records Clerk		Full Time	2.0	
Recreation Coordinator		Full Time	2.0	
Recreation Supervisor		Full Time	1.0	
Resident Counselor		Full Time	10.0	
Resident Supervisor		Full Time	465.0	
Safety Manager		Full Time	1.0	
Shift Supervisor		Full Time	5.0	
Sr. Resident Supervisor		Full Time	22.4	
Unit Manager		Full Time	5.0	
Warehouse Manager		Full Time	1.0	
Warehouse Worker		Full Time	6.0	
Total Salary Cost		\$ (b)(4)		
(b)(4)				
Total Salary Cost plus FICA		\$		

(Use continuation sheet if needed.)

SCHEDULE B				
PART II – PERSONNEL COSTS				
(Direct Costs – Personnel Supporting Detention Facility)				
Instructions: Provide name of retirement plans (i.e. N.Y.S. employees retirement system), insurance plans (i.e. Blue Cross/Blue Shield), or unemployment insurance contribution plans for positions listed in Schedule B – Part I).				
	Number of Employees Participating	Total Salary Base	Employer Contribution	Annual Cost (1)
1. Retirement Program(s)				
a. 401k Program	Full-time: 600.4		100% Employer Match up to 5% of Annual Salary	\$ (b)(4)
b.	Part-time:			
2. Insurance Program(s)				
a. Health Insurance	600.4			\$
b. Life Insurance	600.4			\$
c. Auto Liability Insurance	600.4			\$
d. Short-Term Disability Insurance	600.4			\$
e. AD&D Insurance	600.4			\$
3. Other Employee Contribution Plans (i.e. unemployment, worker's compensation)				
a. Unemployment Taxes	Full-time: 600.4			\$
	Part-time:			
b. Workers Compensation	Full-time: 600.4			\$
	Part-time:			

(1) Benefits costs provided represent CCA portion of each benefit item. Employee share not included in cost line items.

**SCHEDULE C
 CONSULTANTS AND CONTRACT SERVICES**

Instructions: List only those services directly involved in jail operations and benefiting federal inmates. Provide a detailed "description of service".

Type of Service	Description of Service	No. of Contract Employees	Annual Cost
1. Medical			\$
2. Dental			\$
3. Other:	CCA Facility Support Center – Central Management & Facility Support Services – % of Costs Based on Historical Average Support Costs		\$ (b)(4)
4. Other:			\$
5. Other:			\$
Total Consultants and Contract Services			\$ (b)(4)

SCHEDULE D OTHER DIRECT JAIL OPERATING COSTS		
Instructions: List only those costs associated with the operation of the jail that directly benefit federal inmates. Costs associated with local court and law enforcement activities are not allowable costs for the purpose of determining facility operating costs.		
Type of Service	Description	Annual Cost
Lease Expense	Lease Expense for Required Modular Facilities to Meet ICE Family Residential Facility Requirement - Target	\$ (b)(4)
Food – Facilities and Services	Contracted Food Service Cost - Target	\$
Staff Housing	Modular Staff Housing and Food Service	\$
Risk Management	Property Insurance, Liability Insurance and Self-Insured Enterprise Risk Management	\$
Operating Supplies and Resident Welfare	Resident Clothing & Personal Care Products, Facility Supplies, General Resident Welfare and Activities	\$
Staffing Services	Agency, Background Screening, Employment Identification Services and Other Employment Services	\$
Utilities	Electric, Gas, Water, Sewer, Refuse and Telephone	\$
Property Taxes and Revenue Share	Anticipated Property Taxes and Revenue Share for Facilitation of IGSA	\$
Repairs and Maintenance	Janitorial Services and Repairs & Maintenance Expense Not Covered Under Lease Agreement	\$
Income Taxes	Federal & State Income Taxes	\$
Contract Management Services	Contractor Margin	\$
Total Other Direct Costs		\$

SCHEDULE F EQUIPMENT COSTS

Instructions: A listing of equipment that is in the current approved jail operating budget for this contract period may be provided and/or attached to this worksheet for full purchase value consideration. If equipment is depreciated, show total acquisition amount and method used by state, country or city in calculating depreciation. A use allowance not to exceed 6-2/3% of acquisition cost of usable equipment may be substituted in lieu of depreciation. Equipment must be used directly for jail operations. Treatment of these costs must be consistent with local government's method.

A. New Equipment Approved in Current Operating Budget (Use Continuation Sheet If Necessary)

(1) Item Description	(2) Proposed Utilization	(3) No. of Units	(4) Cost per Unit	(5) Enter % of use by the jail (i.e., if equipment is used by several depts.)	(6) Equipment Cost Allowance (4) x (5) x (6)
Technology and Security Electronics	Various	Various		100%	\$(b)(4)
Furniture	Various	Various		100%	\$
Programs and Recreation	Various	Various		100%	\$
Medical & Dental	Various	Various		100%	\$
Vehicles, Security, Other FF&E	Various	Various		100%	\$
				%	\$
				%	\$
				%	\$
				Total Current Equipment Costs	\$ (b)(4)
				Equipment Allowance	\$

B. Show Method of Calculating Depreciation of Equipment if 6-2/3% depreciation is not used.

Due to the special purpose nature of assets being deployed and the short term nature of the contract, CCA is depreciating its investment in Furniture, Fixtures & Equipment over the base two year contract period.

Target Cost Justification to Support Lease and Food Service Calculations

Description	TOTAL	Cost Per Man-Night
Office Space and 120-Bed lease and renovations		
Office Space Lease (per SF)		
Office Space	\$ (b)(4)	\$ (b)(4)
Office Space Renovation		
Renovations to Leased Office Buildings	\$	\$
120-Housing Complex Lease		
Housing Complex Lease	\$	\$
120-Housing Complexes Renovation		
Housing Complex Renovations	\$	\$
Walkways		
Raised / Covered Walkways	\$	\$
TV's		
TV in Dorms	\$	\$
TV mounts in Dorms	\$	\$
Bunk Beds & Mattresses		
Bunk Beds	\$	\$
Site / Civil Original Bid		
Engineering	\$ (b)(4)	\$ (b)(4)
Electrical System	\$	\$
Sewer / Domestic Water	\$	\$
Fire Boosting Pumps & Pump House	\$	\$
Earthwork / Grading	\$	\$
Fence w/ entrance Gates	\$	\$
Aggregate (roadways and Parking lot(s))	\$	\$
Fire Sprinkler System / Alarm (building only - no site)	\$	\$
Tioga Kitchen disman-transport-set	\$	\$
Recreational Fields	\$	\$
Additional Site / Civil Work		
Add TV Cable		
TC cabling from server to each dorm	\$ -	\$ -
TC cabling from server to office space	\$ -	\$ -
Add security system conduit w/ cat 5 cable		
underground conduit for security system w/ cat-5	\$ -	\$ -
Add ADA ramps all dorms and buildings		
ADA Ramps	\$ (b)(4)	\$ (b)(4)
Add Sidewalks / Interior Roadways		
Sidewalks connection all buildings	\$	\$
Extra "chat" areas	\$	\$
Add fire hydrants		
Fire Hydrant	\$	\$
Hydrant additional water lines	\$	\$
Add lift station		
Lift Station (pumps and extra lines)	\$	\$
Add roadway around perimeter fence to parking lots and entrance road		

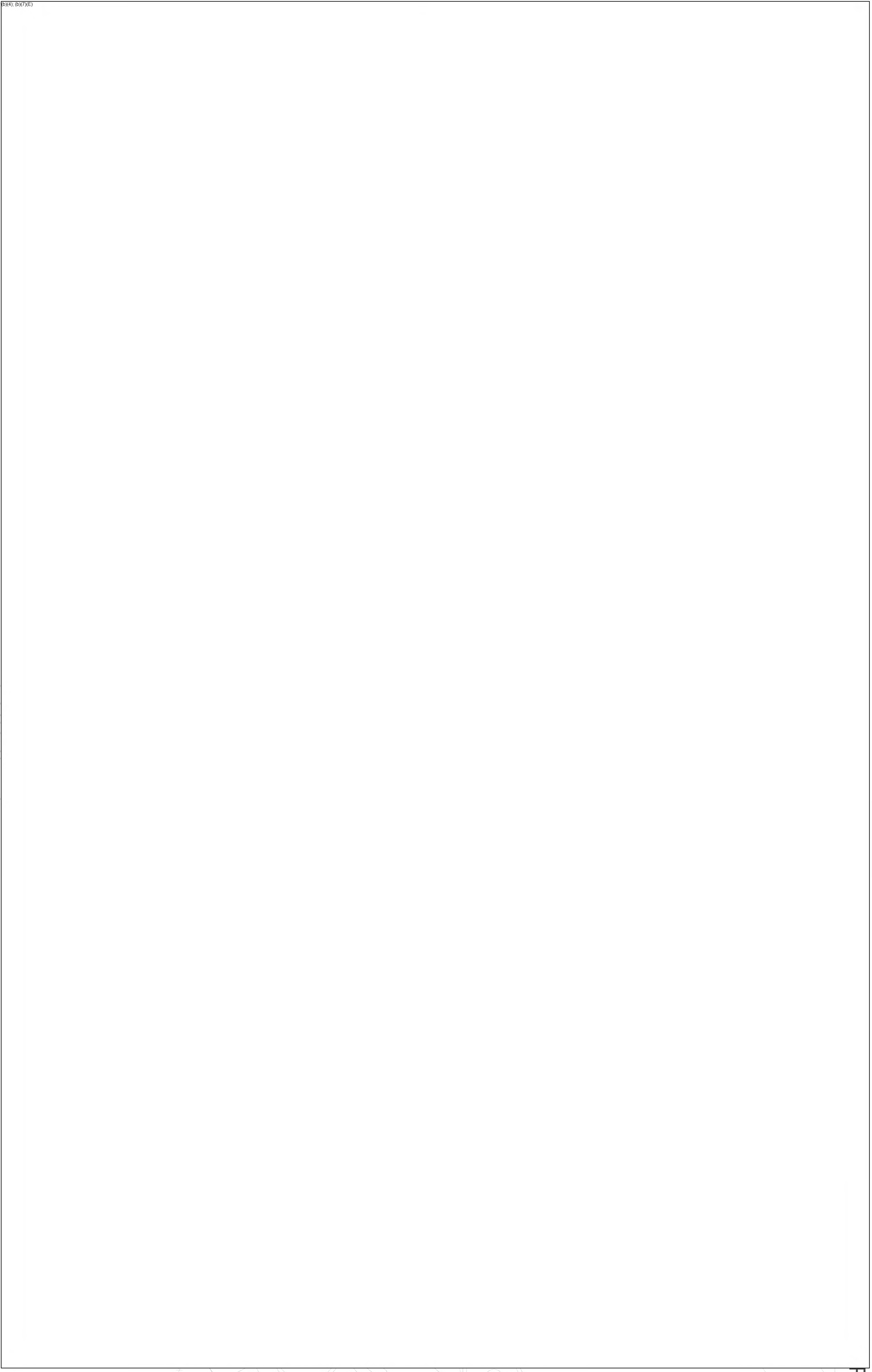
Target Cost Justification to Support Lease and Food Service Calculations

"Chat" road at Entrance	\$	(b)(4)	\$	(b)(4)
Add 100% Generator Back-up with ATS				
Generator (2 Meg each)	\$		\$	
ATS	\$		\$	
Installation	\$		\$	
Genset Pad	\$		\$	
Other				
Land Lease	\$		\$	
Operations				
Operations (kitchen Only)	\$		\$	
Operations (office Cleaning)	\$		\$	
General Conditions				
GC's				
Dumpsters	\$		\$	
Port-a-Johns	\$		\$	
Office Supplies	\$		\$	
Office Trailer	\$		\$	
Project Management				
Management / Per Diem / Etc.	\$		\$	
Temp Additional				
Temp adder				
Site / Civil Work	\$	-	\$	-
Electrical System	\$	-	\$	-
Plumbing	\$	-	\$	-
Buildings Renovations	\$	-	\$	-
Generators temp	\$	-	\$	-
Buildings Lease	\$	-	\$	-
TOTAL	\$	(b)(4)	\$	(b)(4)

****Costs in "temp adder" are included in "Site Civil Original Bid" Pricing**

**South Texas Family Residential Center
Early Termination Payment
Base Offer**

Month	Landlord	Operations	Education	Total
1	\$ (b)(4)	\$ (b)(4)	\$ (b)(4)	\$ (b)(4)
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$
11	\$	\$	\$	\$
12	\$	\$	\$	\$
13	\$	\$	\$	\$
14	\$	\$	\$	\$
15	\$	\$	\$	\$
16	\$	\$	\$	\$
17	\$	\$	\$	\$
18	\$	\$	\$	\$
19	\$	\$	\$	\$
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23	\$	\$	\$	\$
24	\$ -	\$ -	\$ -	\$ -



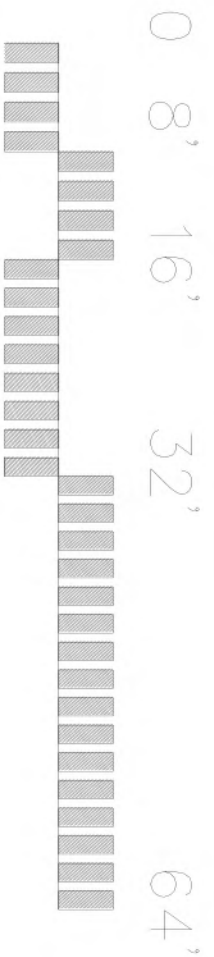
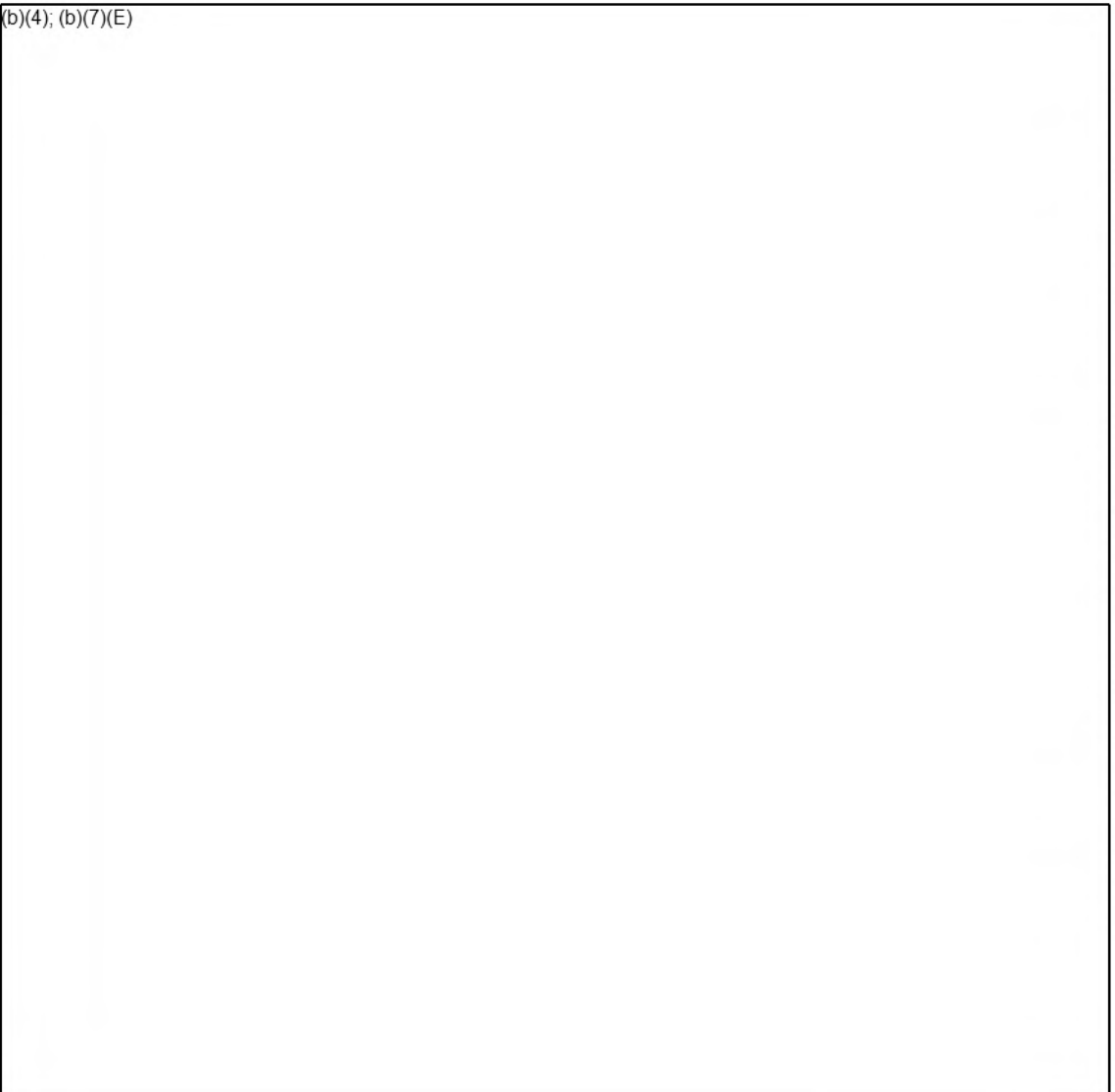
PROPOSED SOLUTION – PHASE 1
FOR THE SOUTH TEXAS FAMILY RESIDENTIAL
CENTER AT DILLEY, TEXAS

SOUTH TEXAS FAMILY RESIDENTIAL CENTER
TOTAL SITE AREA = +/- 50 ACRES

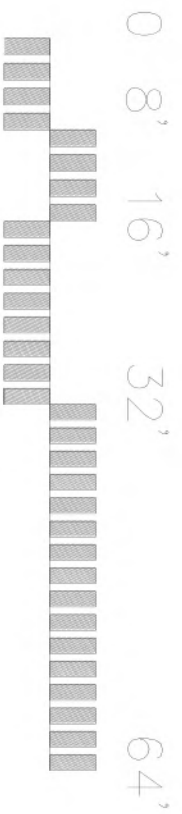
SEPTEMBER 15 2014



TEMP LOBBY/CHECK IN

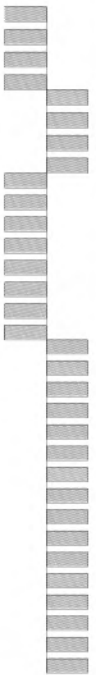
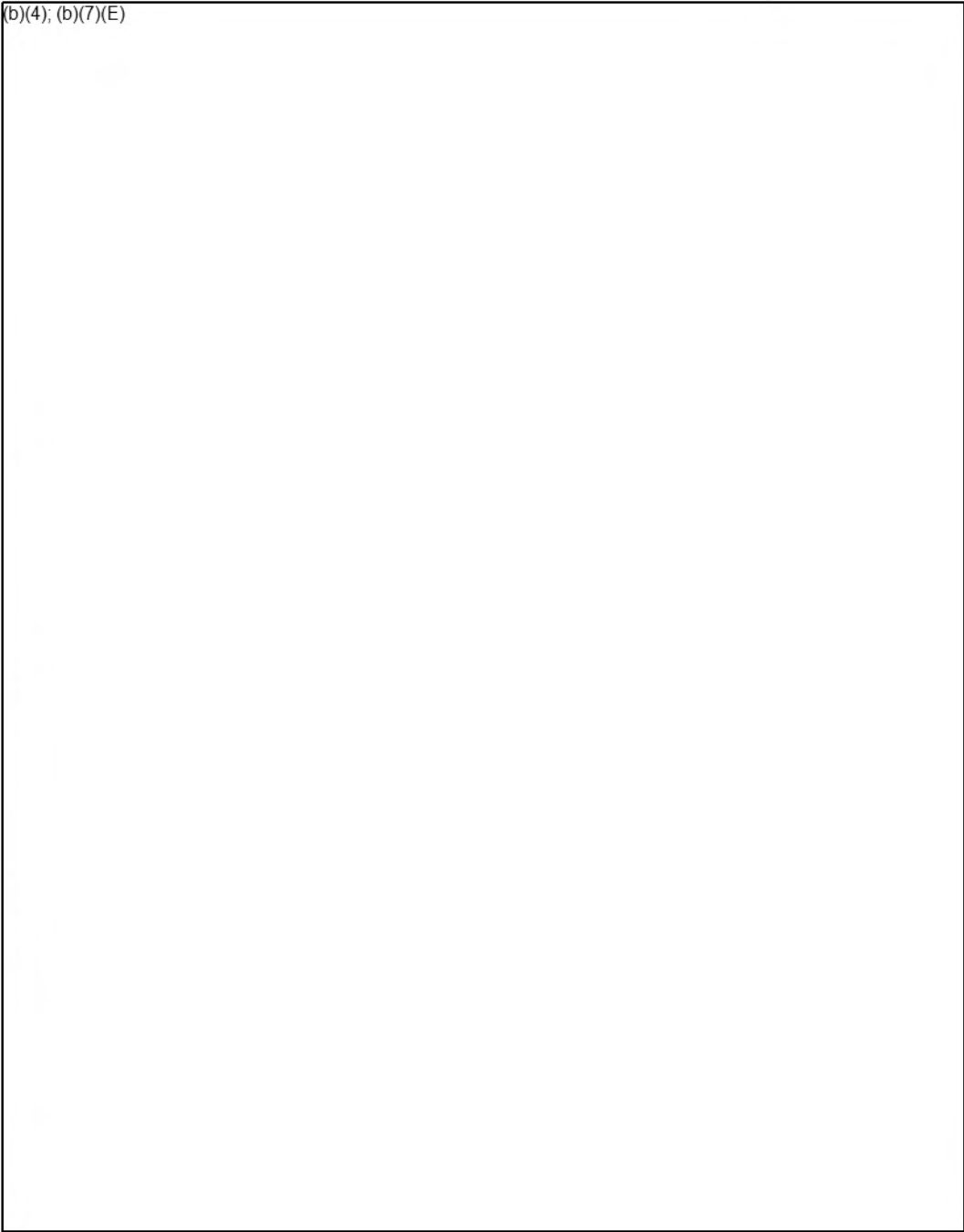


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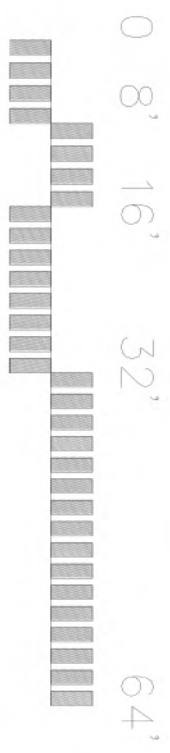
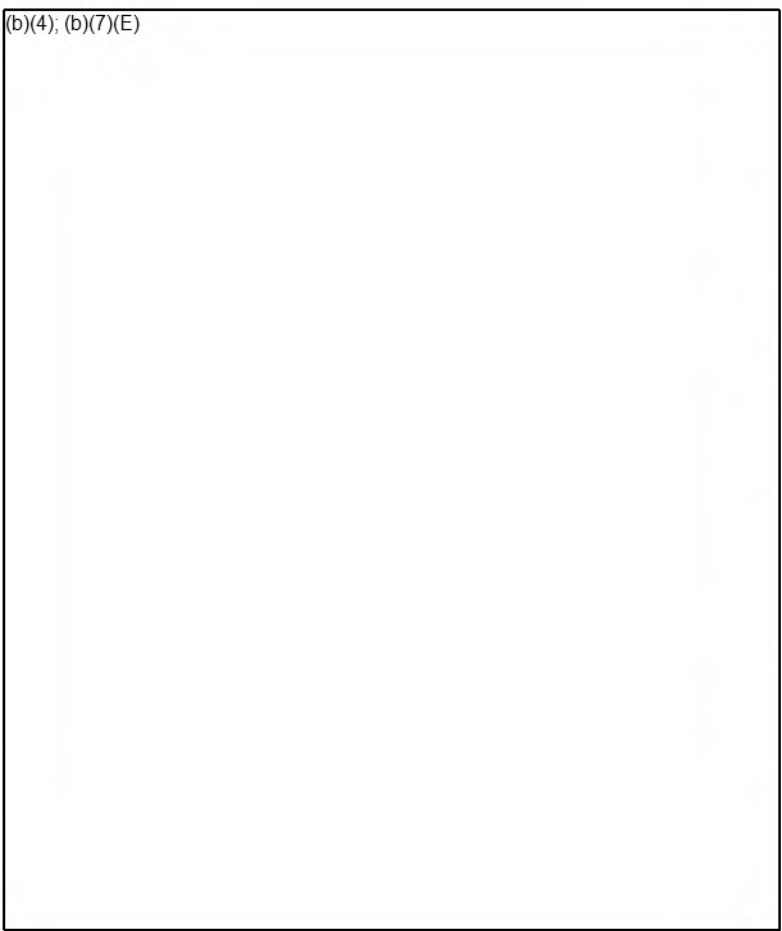


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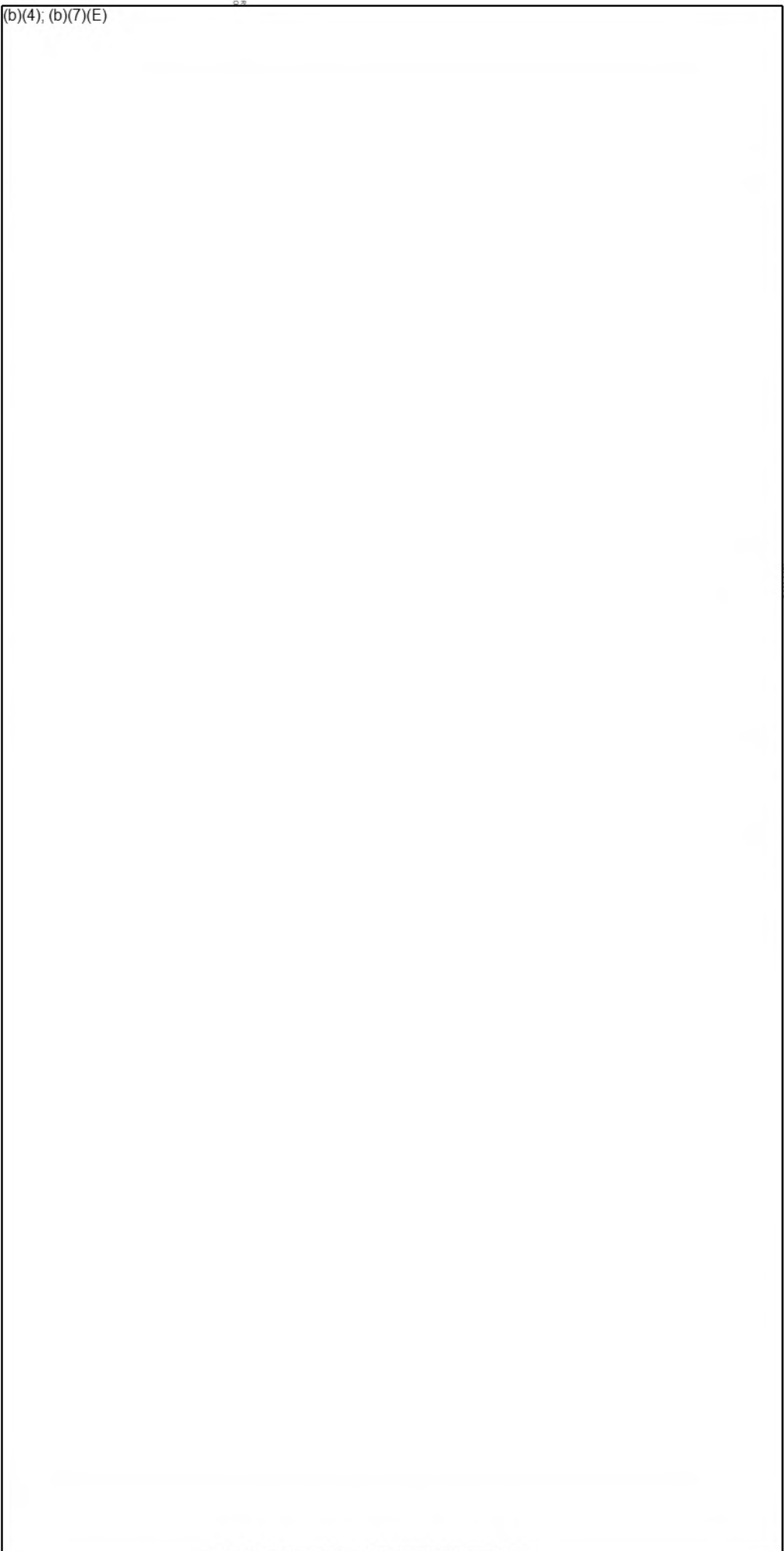


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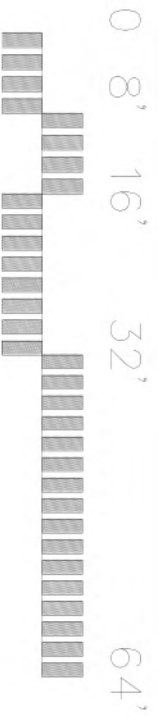


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MAIN

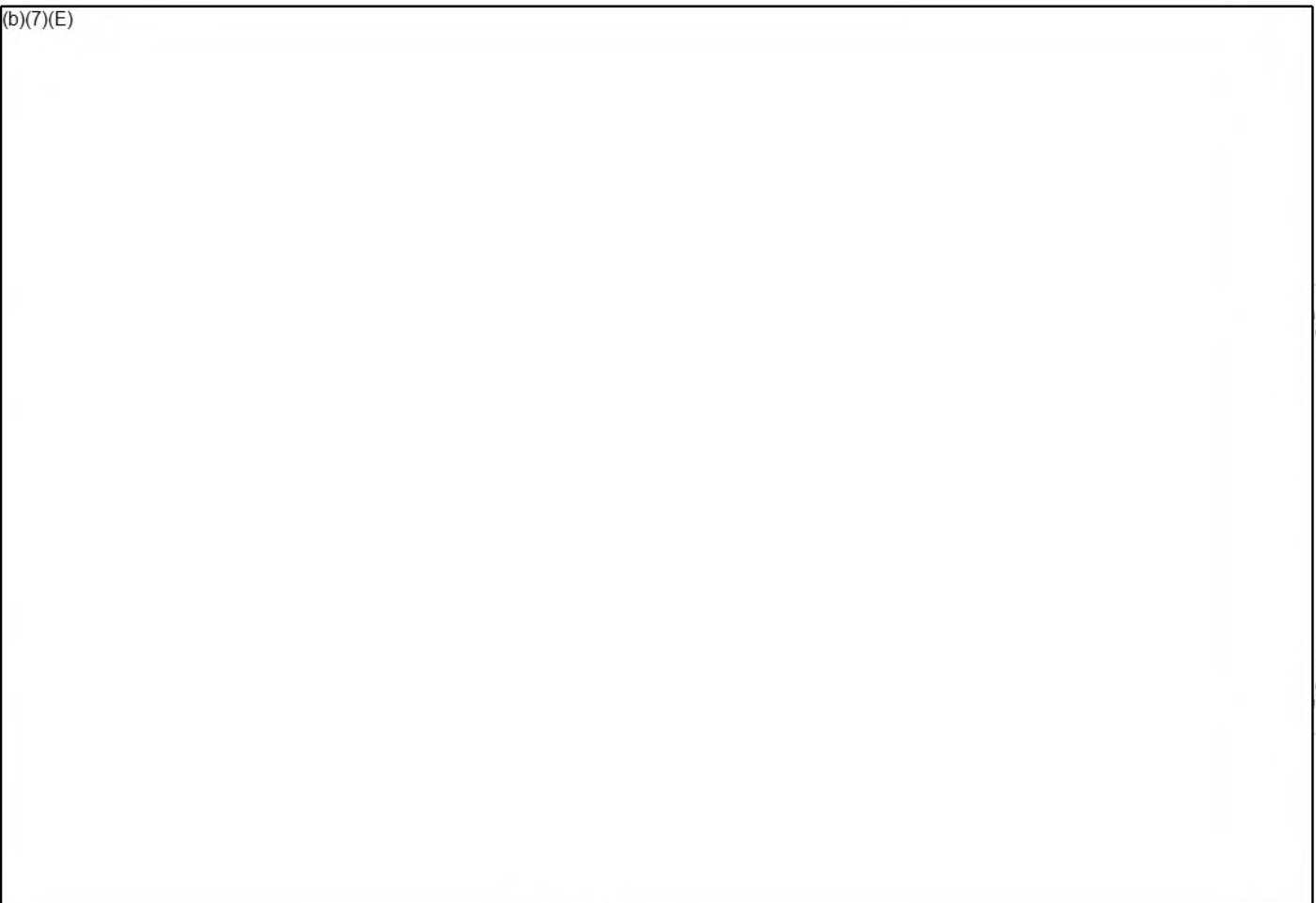


(b)(4); (b)(7)(E)



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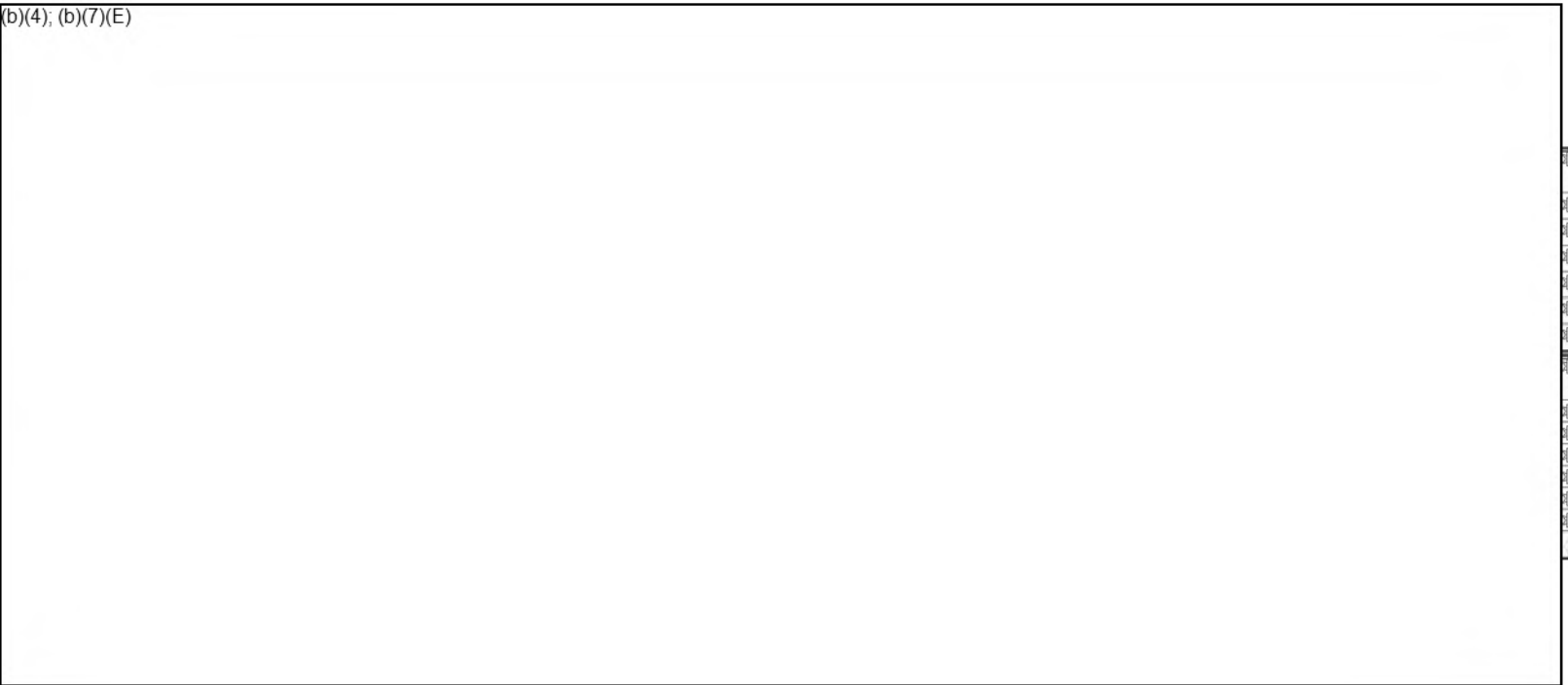
PAGE 7



(b)(4); (b)(7)(E)

PAGE 9

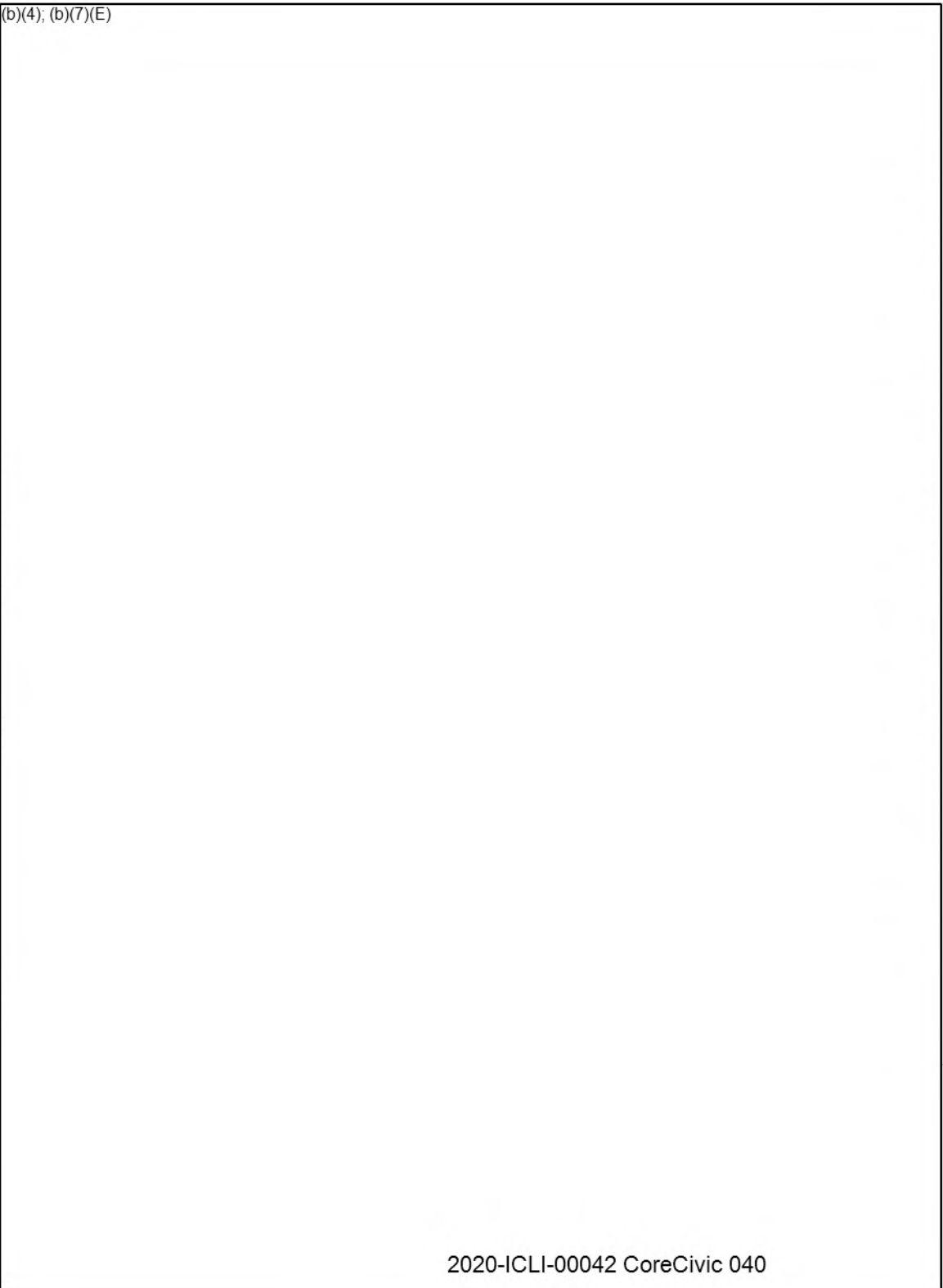
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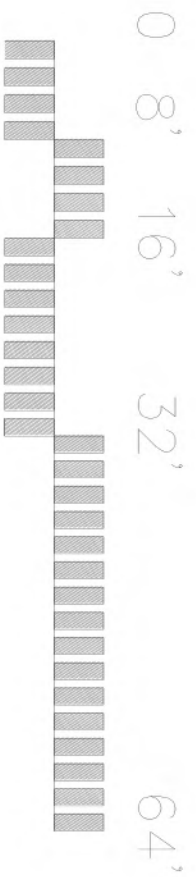
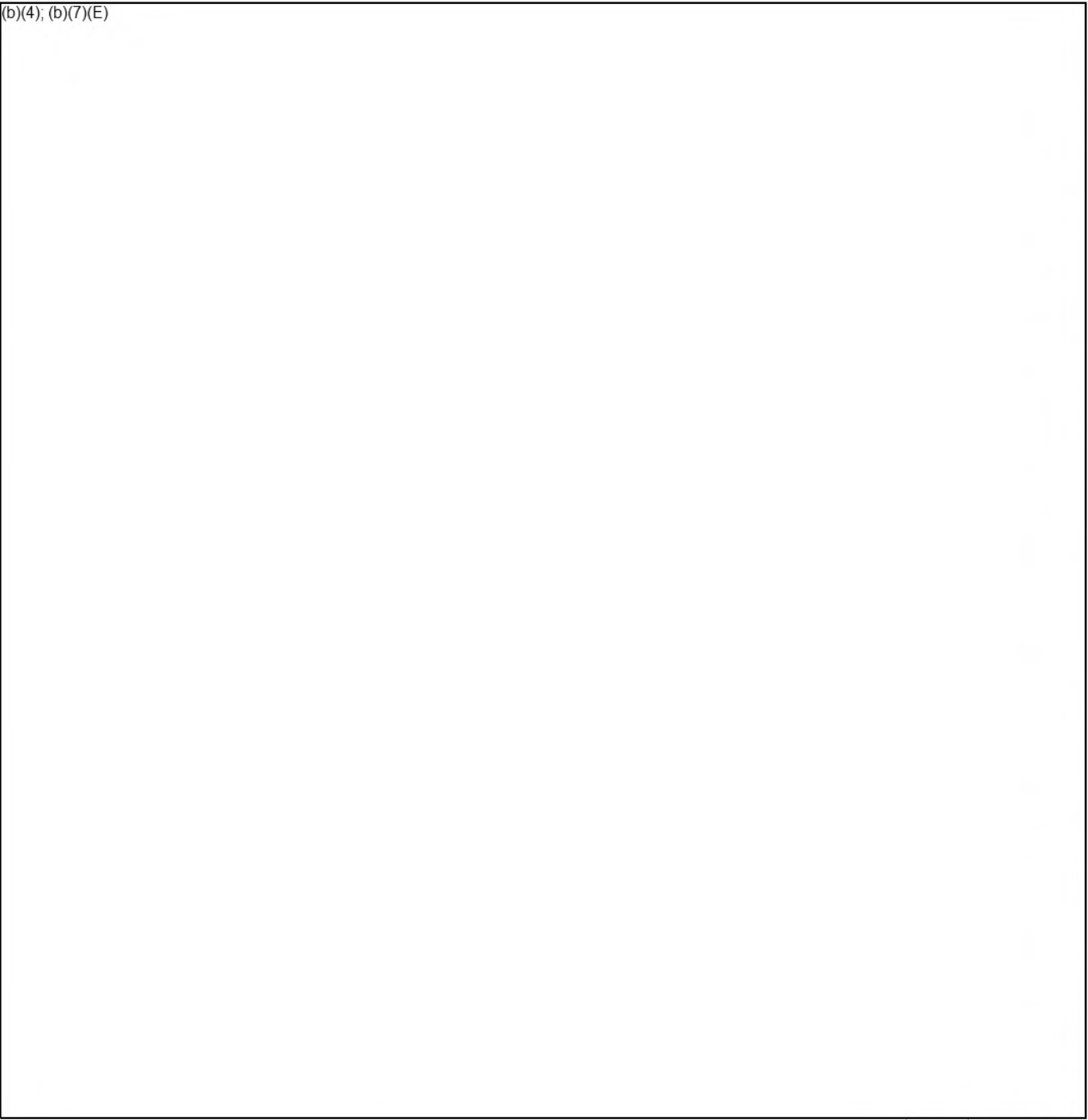
APPROX. 50 PARKING SPACES

ICE PARKING LOT

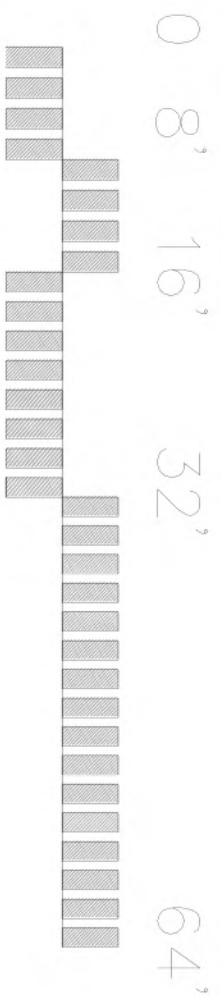
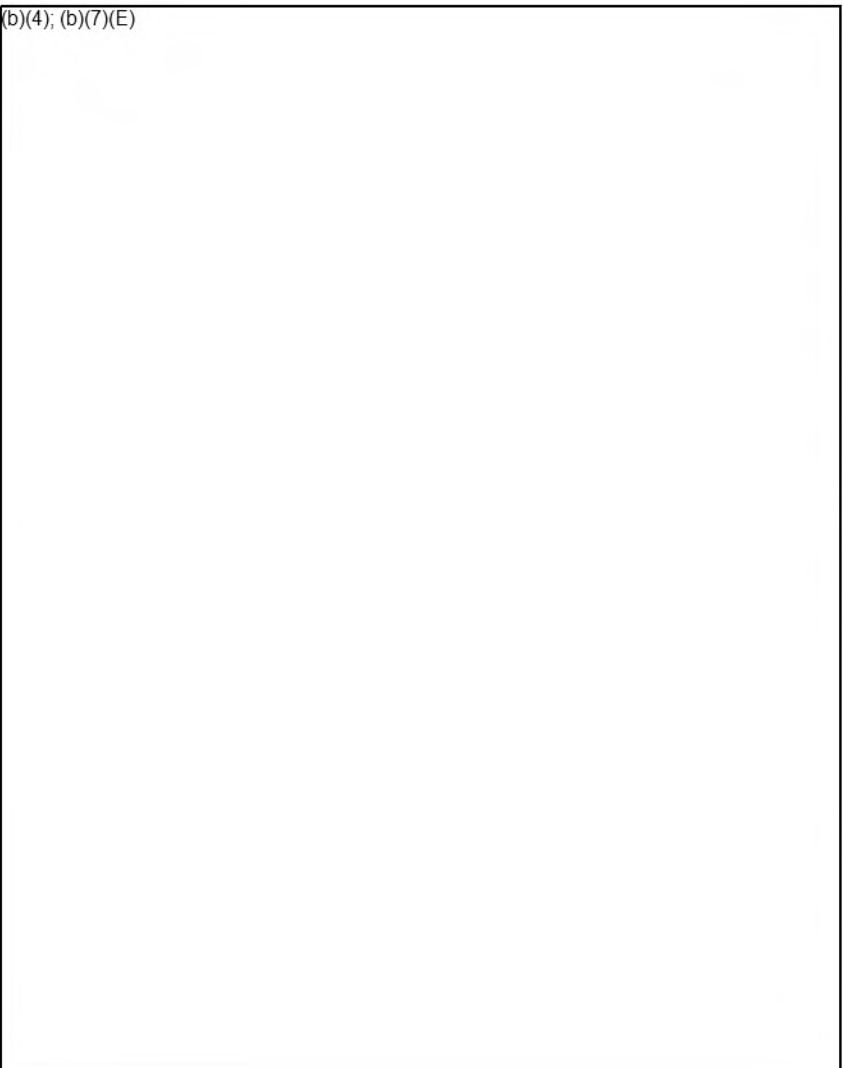
TEMPORARY ICE OFFICES



TEMPORARY CCA OFFICES

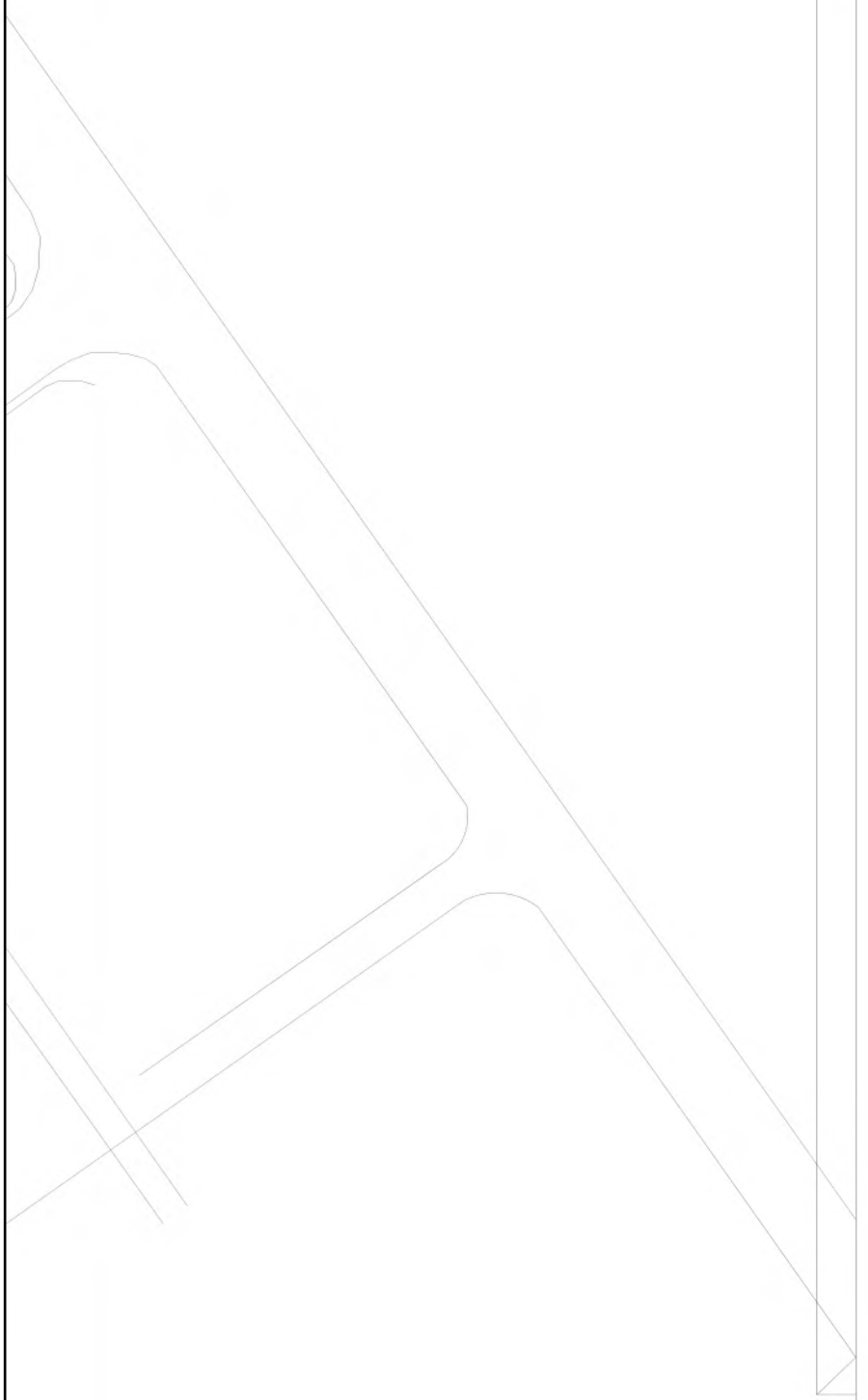
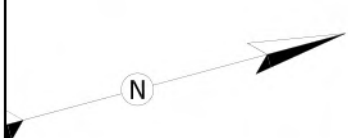


ICE/CCA MDF ROOM



PHASE 2

(B)(4), (B)(7)(E)



PHASE 1

SEPTEMBER 12, 2014

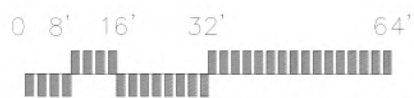


PROPOSED SOLUTION – PHASE 1 & 2
FOR THE SOUTH TEXAS FAMILY RESIDENTIAL
CENTER AT DILLEY, TEXAS

SOUTH TEXAS FAMILY RESIDENTIAL CENTER
TOTAL SITE AREA = +/- 50 ACRES

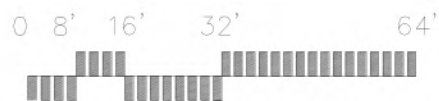
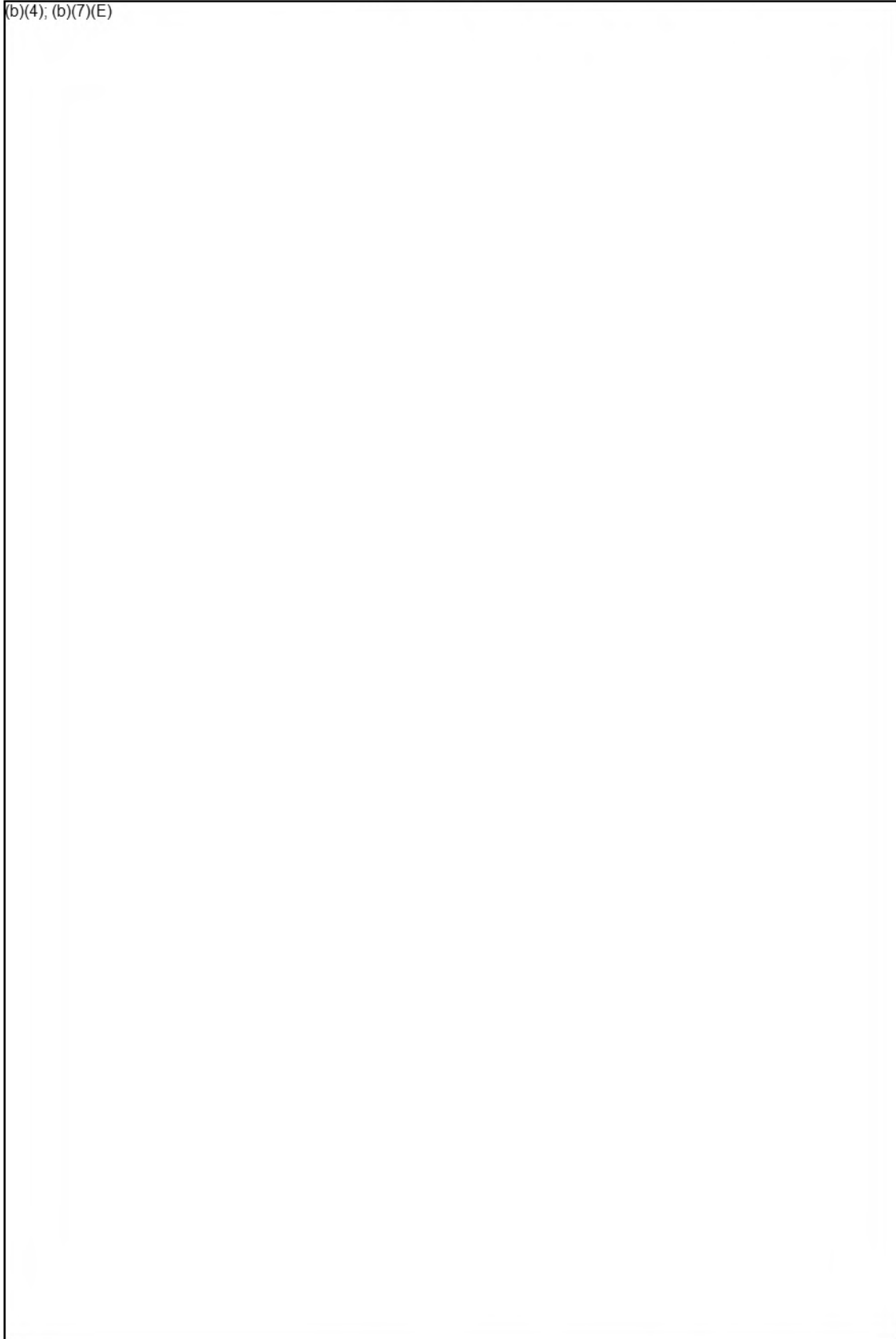


INTAKE/PROCESSING



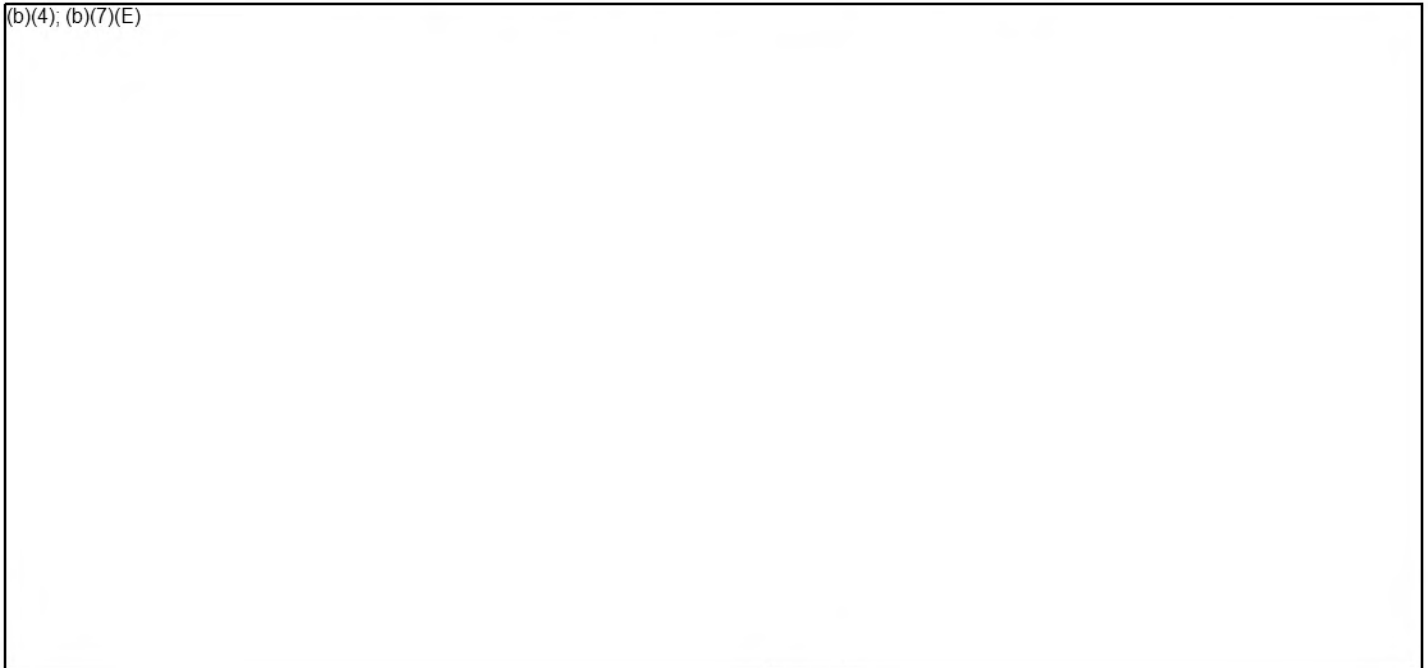
MAIN MEDICAL/ ISOLATION

(b)(4); (b)(7)(E)

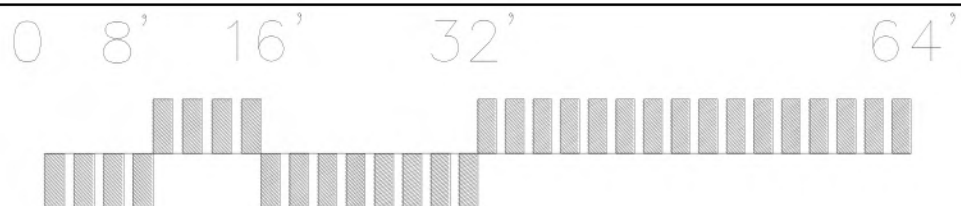
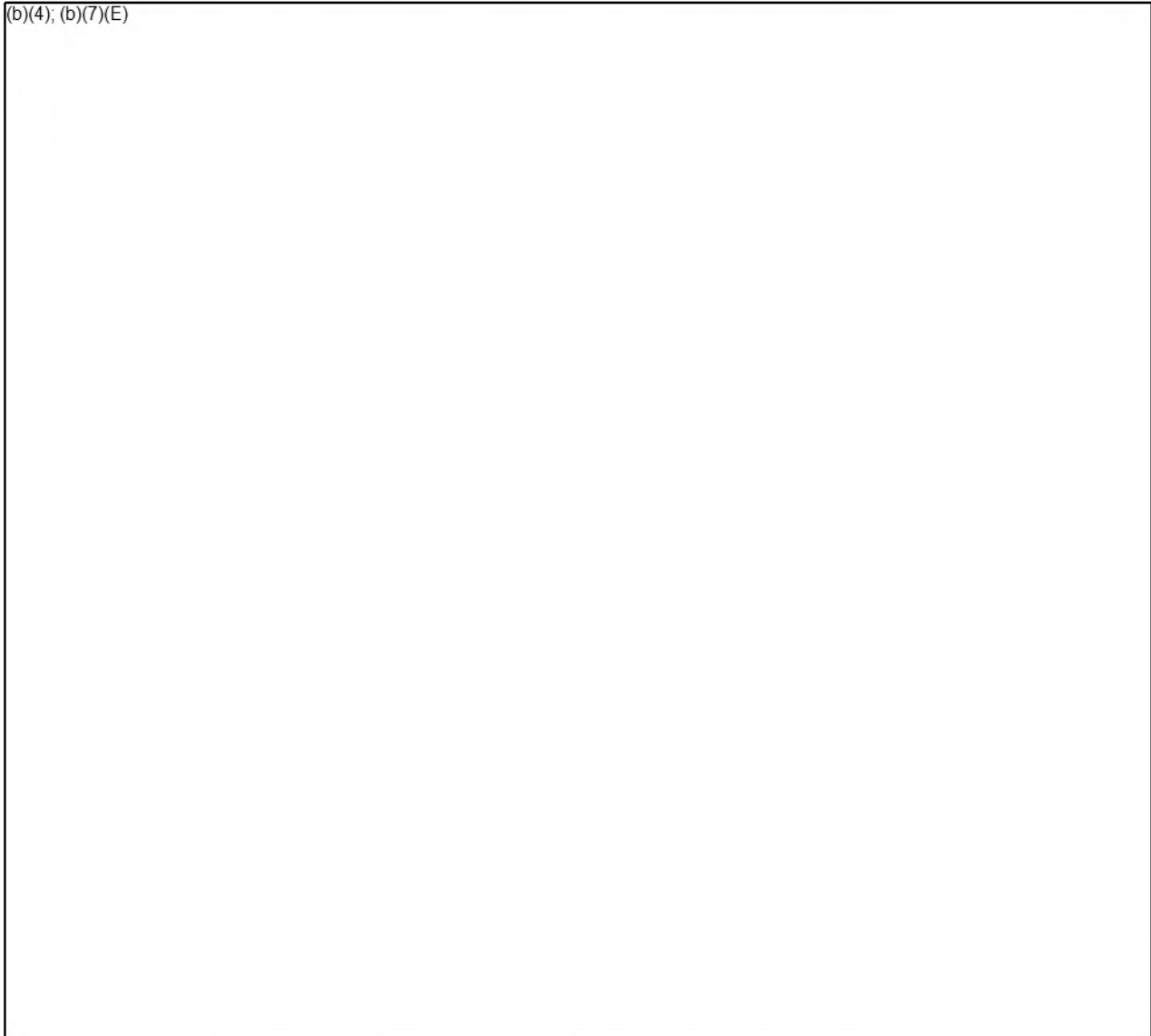


WAREHOUSE/LAUNDRY

(b)(4); (b)(7)(E)



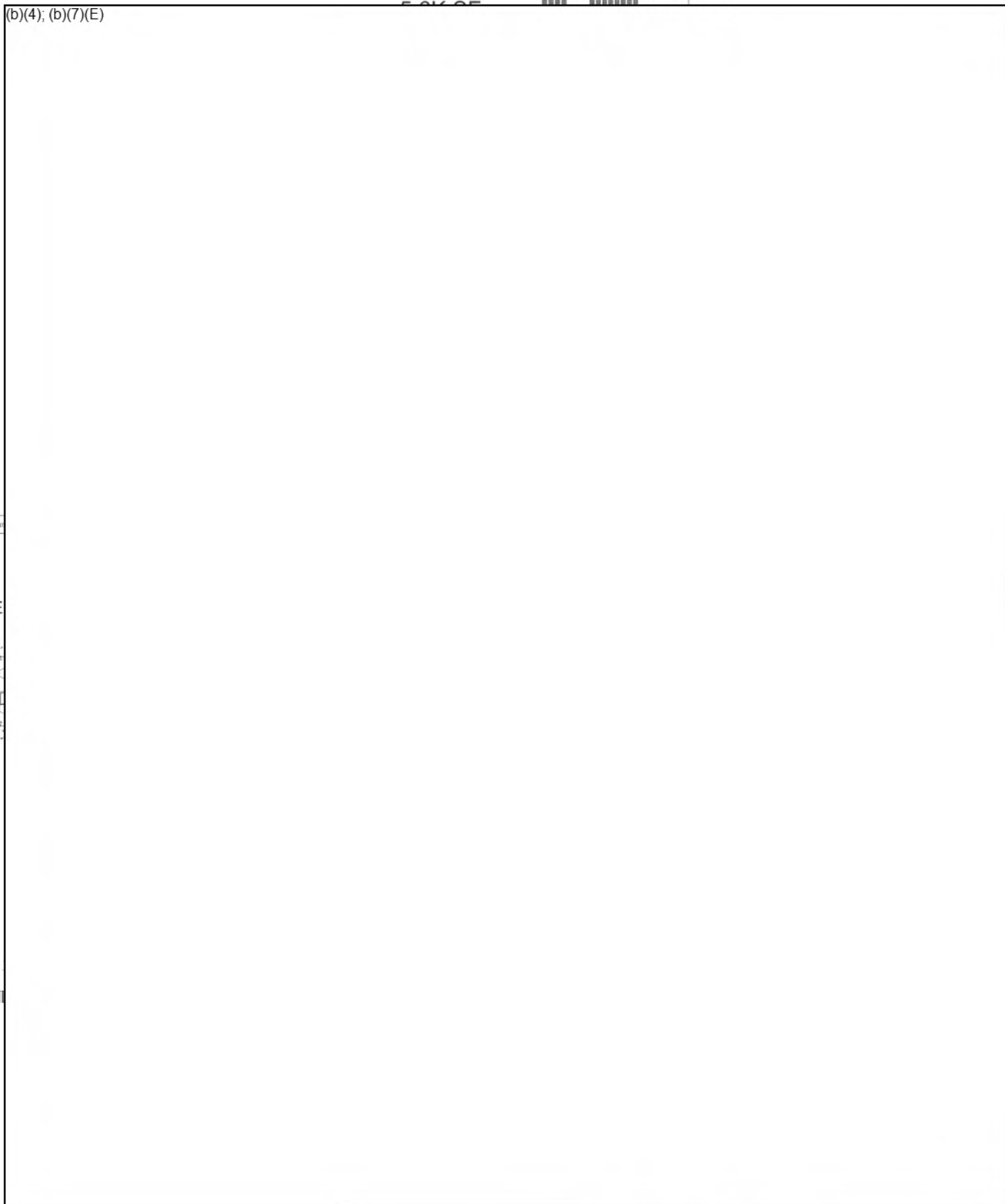
PHASE II LOBBY/CHECK IN



VISITATION

0 8' 16' 32' 64'

(b)(4); (b)(7)(E)



ALL RESIDENTS TO COURTS/CB/VISIT

MONITORE



0 8' 16'



ICE ADMIN/ OPLA

0 8' 16' 32' 64'

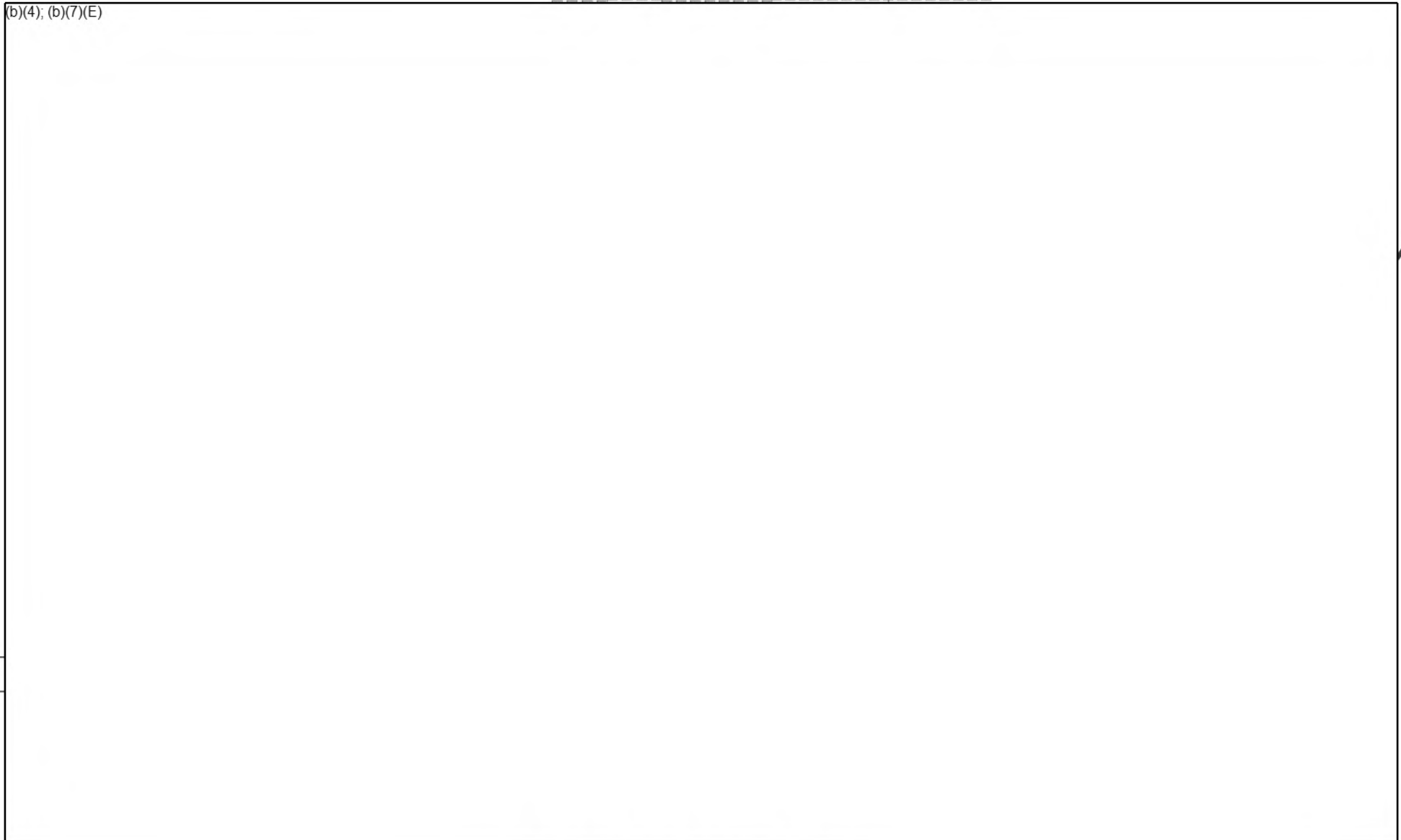
VISITATION

* NEED CHANGING TABLE IN RESTROOM TYPICAL ALL RESTROOMS

0 8' 16' 32' 64'



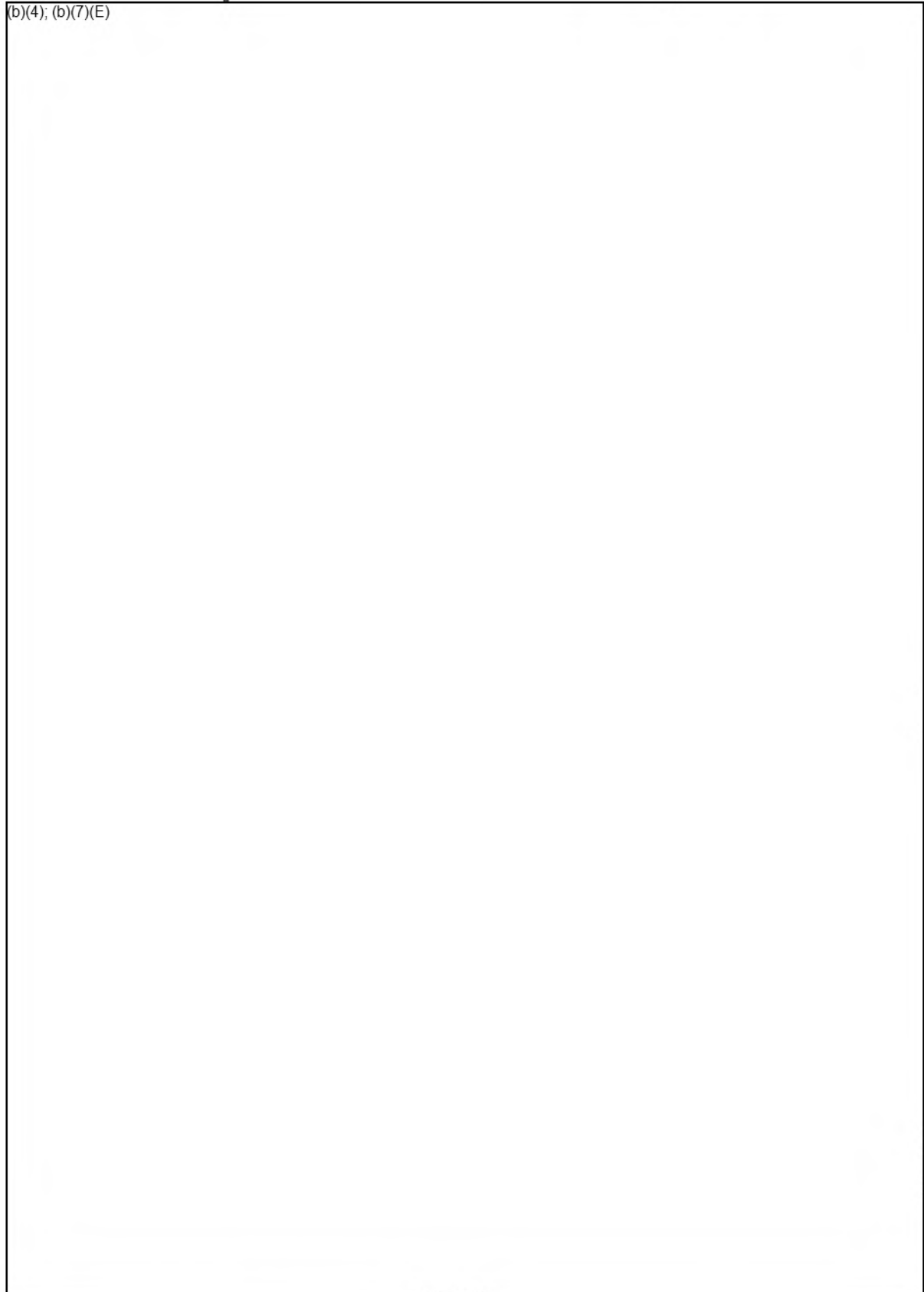
(b)(4); (b)(7)(E)



CA ADMIN

SECONDARY
ENTRY

(b)(4); (b)(7)(E)



MI
OMS TO
NG STAI

ALL RESIDENTS TO COURTS/CIS/VISITATION/MONITORED CARE



EOIR COURTS

* NEED CHANGING TABLE IN RESTROOM TYPICAL ALL RESTROOMS

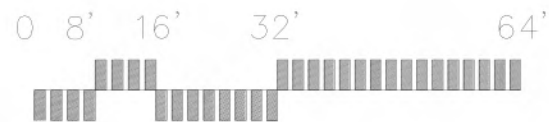


← ALL ICE STAFF ENTRANCE

← ALL ICE STAFF ENTRANCE

Page 10

ICE ADMIN/ OPLA



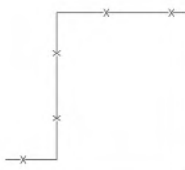


(b)(4); (b)(7)(E)

(b)(4); (b)(7)(E)

(b)(4); (b)(7)(E)

KITCHEN AND DINING

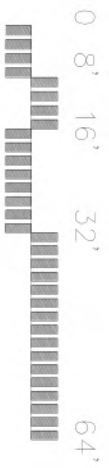


TEACHER OFFICES

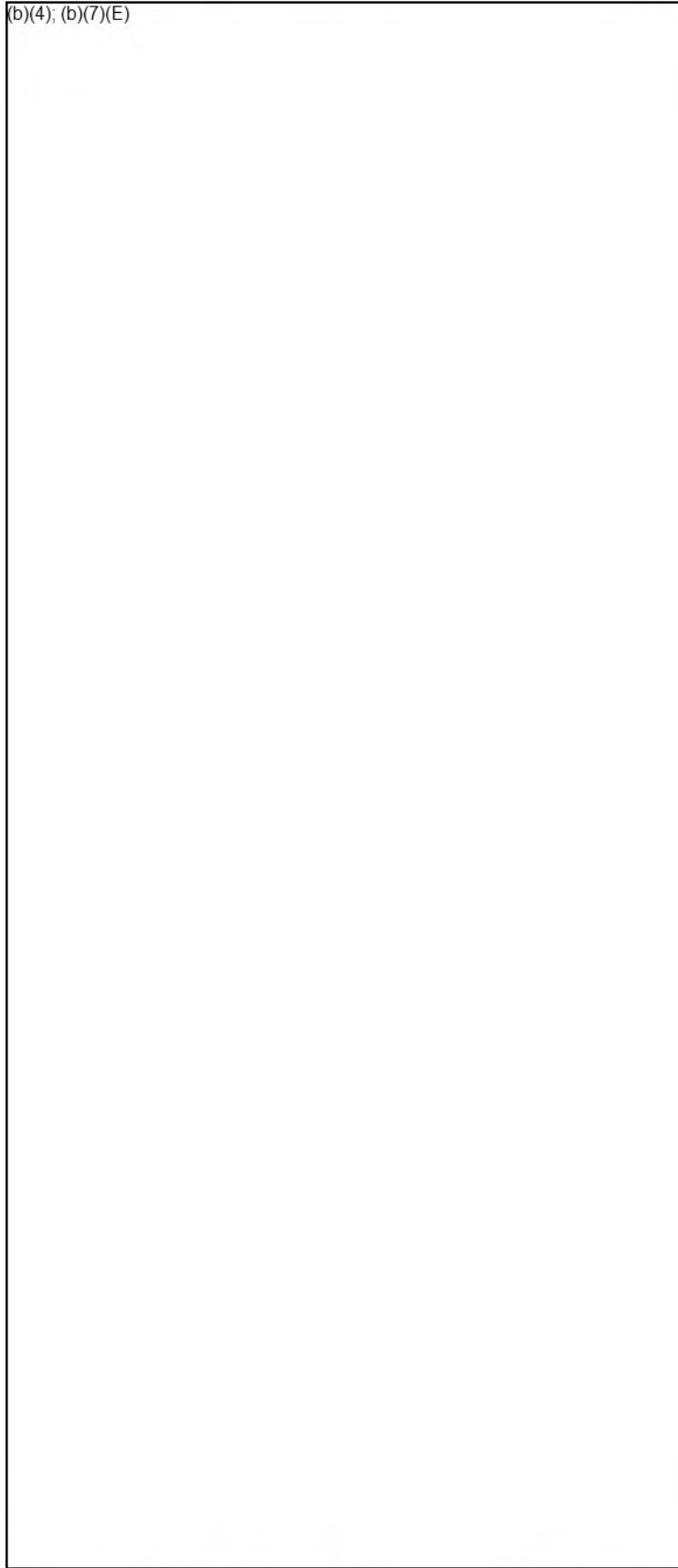
(b)(4); (b)(7)(E)

(b)(4); (b)(7)(E)

EDUCATION



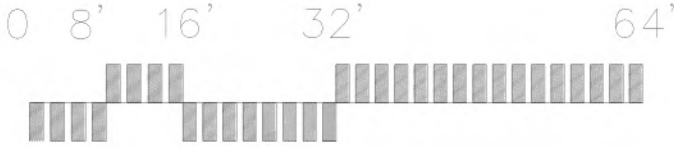
(b)(4); (b)(7)(E)



CHAPELS

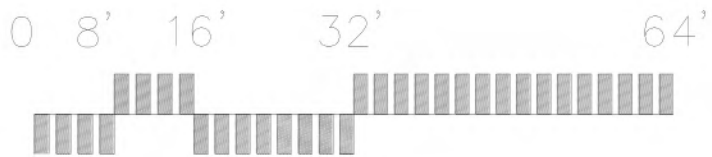
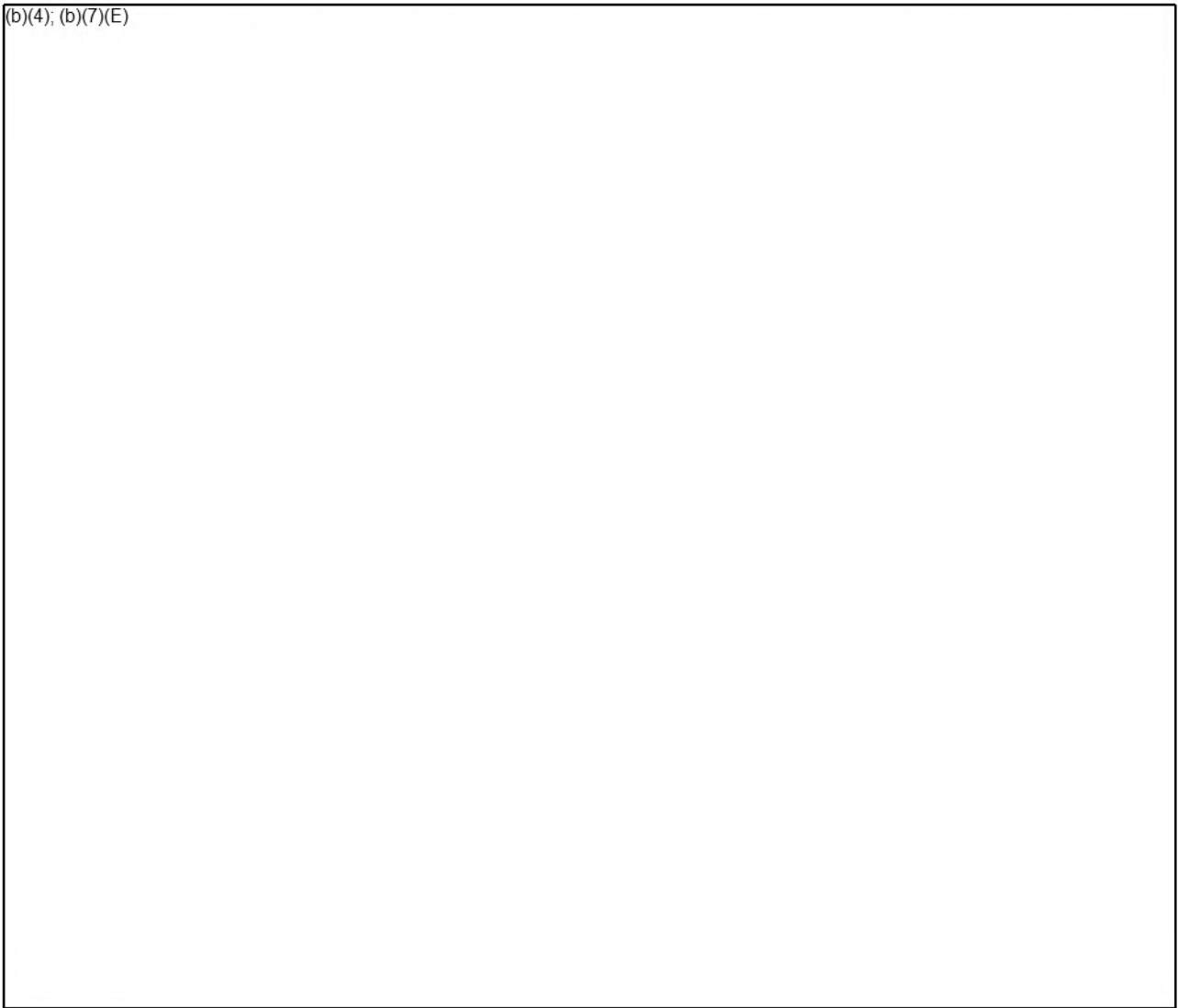
(b)(4); (b)(7)(E)

MOVABLE
PARTITION

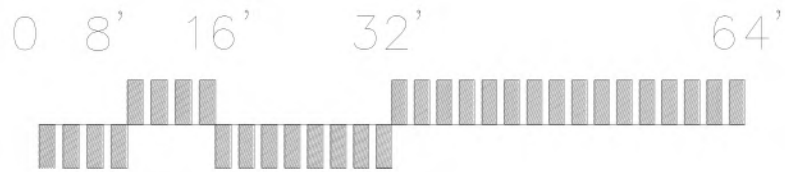
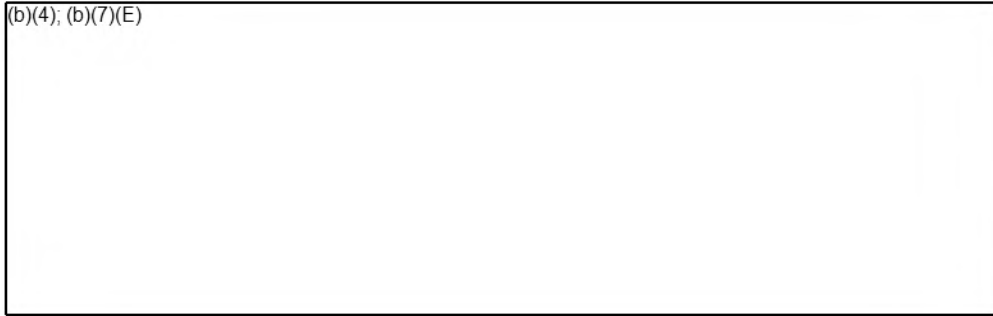


LEISURE LIBRARY/LAW LIBRARY

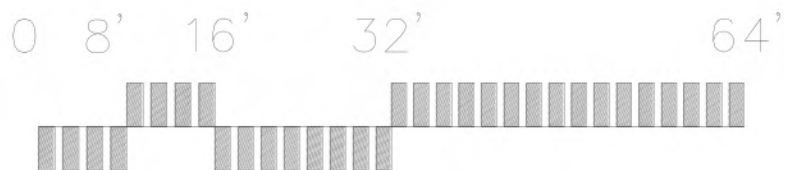
(b)(4); (b)(7)(E)



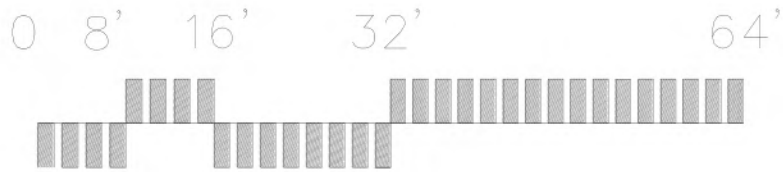
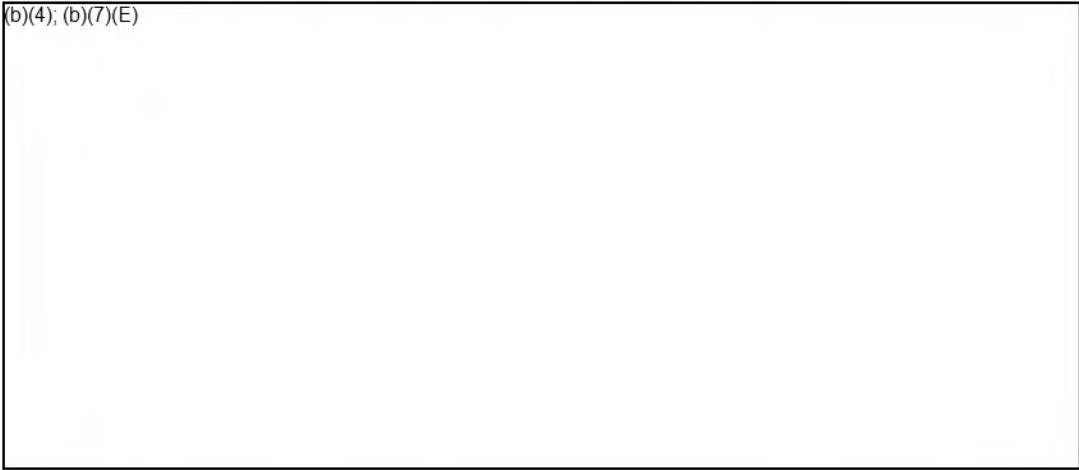
BARBER/BEAUTY SHOP



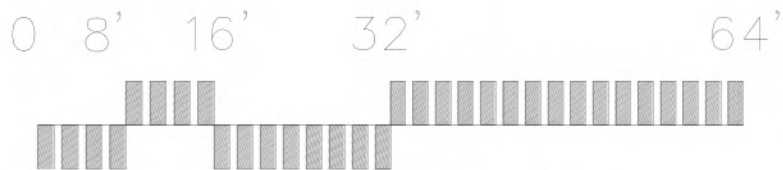
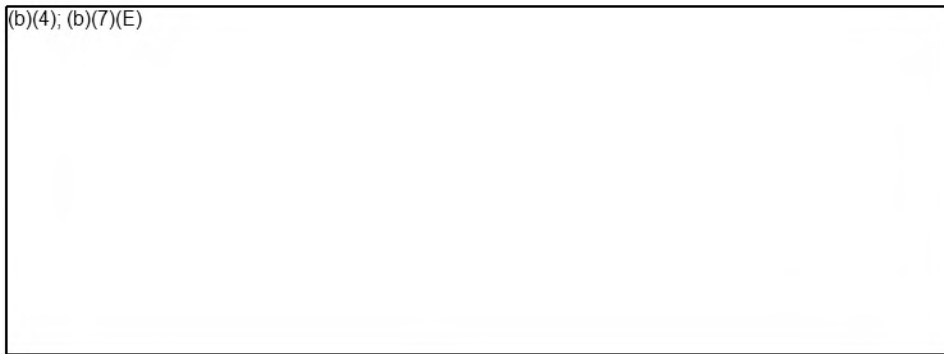
CONVENIENT STORE



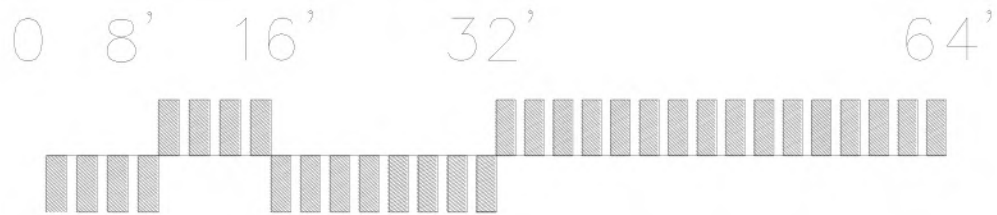
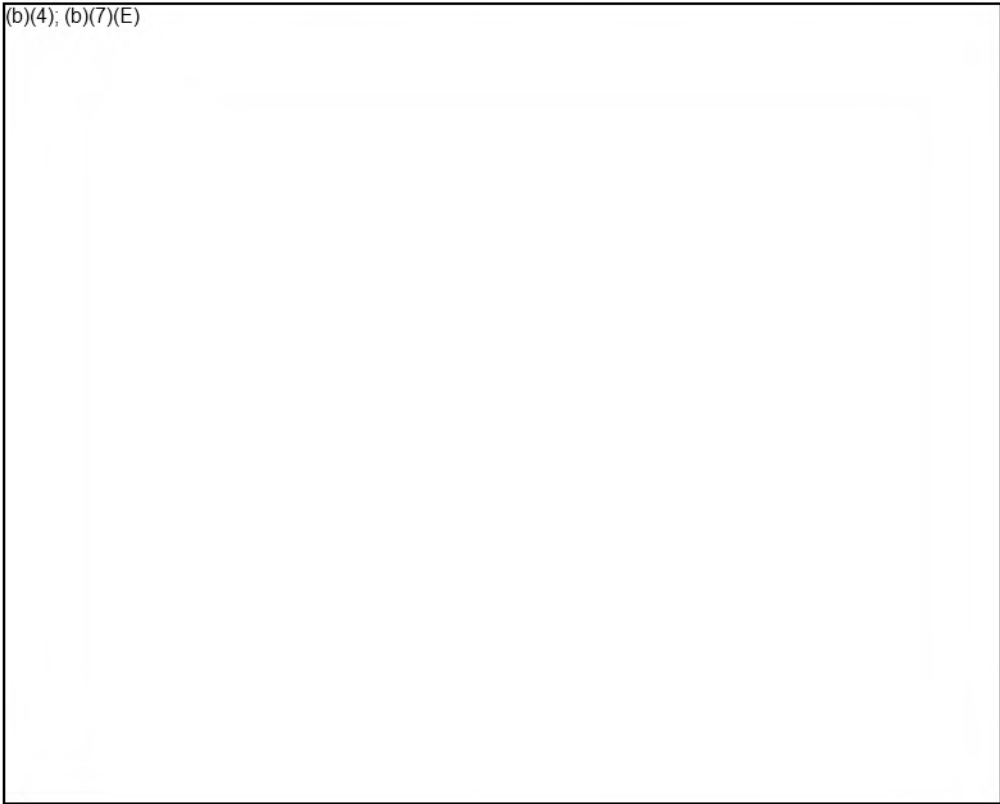
MEDICAL TRIAGE



CCA UNIT MANAGER

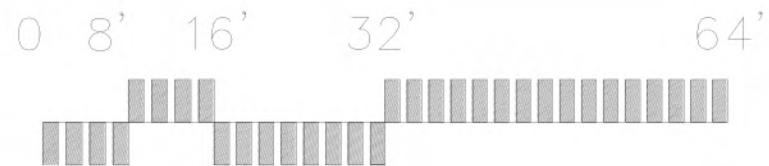


ICE/CCA MDF ROOM



INDOOR GYMNASIUM

(b)(4); (b)(7)(E)



	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2	BED DAY RATE
0001	2,400 beds	Month	12	\$(b)(4)			Year One Year Two Average
0002	> 2,400 beds						
0003	Transportation	50,000 miles	1	\$			
0004	Transportation	> 50,000 miles	10,000	\$			
0005	Education	1,000 children	12	\$			
0006	Guard Rate Rate	Hour	10,000	\$			
0007	Guard rate	Hour	10,000	\$			
0008	Up-front payment						
TOTAL TWO YEARS							

YEAR 3 (OPTION 1)

YEAR 3

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3
1001	2,400 beds	Month	12	\$(b)(4)	
1002	> 2,400 beds				
1003	Transportation	50,000 miles	1	\$	
1004	Transportation	> 50,000 miles	10,000	\$	
1005	Education	1,000 children	12	\$	
1006	Guard Rate	Hour	10,000	\$	
YEAR 3					

YEAR 4 (OPTION 2)

YEAR 4

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4
2001	2,400 beds	Month	12	\$(b)(4); (b)(7)(E)	
2002	Above 2,401 beds				
2003	Transportation	50,000 miles	1	\$	
2004	Transportation	> 50,000 miles	10,000	\$	
2005	Education	1,000 children	12	\$	
2006	Guard Rate	Hour	10,000	\$	
B	4 YRS WITH UPFRONT PAYMENT				
A	4 YRS W/O UPFRONT PAYMENT				
A - B	(b)(4)				

UP FRONT PAYMENT (NO RAMP UP)

**SOUTH TEXAS FAMILY RESIDENTIAL
CENTER
DILLEY, TEXAS
UP-FRONT PAYMENT OFFER**

CLIN Structure:

Two-Year Base – 731 Days (9/1/14 – 8/31/16)

<u>CLIN #</u>	<u>Description</u>	<u>Unit</u>	<u>Fixed Price</u>
0001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$(b)(4)
0002	2,401 +	Per Resident Per Day	\$
0003	Transportation	First 50,000 miles	\$
0004	Transportation	Per mile after 50,000	\$
0005	Education	Per Month	\$
0006 (9/1/14 – 8/31/15)	Guard Hour Rate	Per Hour	\$
0007 (9/1/15 – 8/31/16)	Guard Hour Rate	Per Hour	\$
0008	Up-Front Payment	Lump Sum	\$

See JSCS attachment 6

* Represents total education costs based on 1,000 participants.

Option 1 – 365 Days (9/1/16 – 8/31/17)

<u>CLIN #</u>	<u>Description</u>	<u>Unit</u>	<u>Fixed Price</u>
(b)(4)			

1003	Transportation	First 50,000 miles	\$ (b)(4); (b)(7)(E)	
1004	Transportation	Per mile after 50,000	\$	
1005	Education	Per Month	\$	
1006 (9/1/16 – 8/31/17)	Guard Hour Rate	Per Hour	\$	

* Represents total education costs based on 1,000 participants.

Option 2 – 365 Days (9/1/17 – 8/31/18)

<u>CLIN #</u>	<u>Description</u>	<u>Unit</u>	<u>Fixed Price</u>
2001	Monthly Costs for the South Texas Family Residential Center (up to 2,400 beds)	Per Month	\$ (b)(4); (b)(7)(E)
2002	2,401 +	Per Resident Per Day	
2003	Transportation	First 50,000 miles	
2004	Transportation	Per mile after 50,000	
2005	Education	Per Month	
2006 (9/1/17 – 8/31/18)	Guard Hour Rate	Per Hour	

* Represents total education costs based on 1,000 participants.

Jail Services Cost Statement Cost Sheet for Detention Services

SCHEDULE A		
<p>Instructions: This cost statement should be completed by the local government and submitted to the appropriate Immigration Customs Enforcement (ICE) Detention and Removal Office (DRO) representative for the acquisition of detention services for ICE detainees. Upon request, additional supporting data in addition to that included as part of this cost sheet may be requested. The individual designated in Section V will be contacted by an ICE DRO representative to negotiate a detainee per diem rate and its effective date. Upon completion of negotiations, an Intergovernmental Service Agreement (IGSA) will be issued by ICE DRO and forwarded to the local government for review and signature.</p> <p>OMB Circular No. A-87, as amended 8/29/97, sets forth the principles and standards for determining allowable costs for Federal agreements with state and local governments. A copy of OMB Circular A-87 can be obtained online at: http://www.whitehouse.gov/omb/circulars/a087/a087-all.html.</p> <p>Please note that the per diem rate will include detention services and guard transportation services.</p> <p>If additional guidance is required, please contact the ICE DRO representative at (202) 732-7405.</p>		
SECTION I – GENERAL INFORMATION		
NAME OF JAIL: South Texas Family Residential Center		
PHYSICAL ADDRESS OF JAIL STREET: 1925 W Highway 85		
CITY: Dilley	STATE: Texas	ZIP: 78017
PHONE NUMBER: N/A		
SECTION II – FINANCIAL DATA SUMMARY		
TOTAL OPERATING COST FOR JAIL:		
A. Time Frame (Fiscal Year)	FROM: Sept 2014	TO: Aug 2015
ANNUAL COST		
B. Total Personnel Costs (Schedule B – Part I)	\$ (b)(4)	
C. Total Personnel Benefits (Schedule B – Part II)	\$	
D. Total Consultants and Contract Service (Schedule C)	\$	
E. Other Direct Operating Costs (Schedule D)	\$	
F. Indirect Costs (Schedule E)* <i>* A certified cost allocation plan must be submitted if reimbursement for indirect costs is requested.</i>	\$	
G. Equipment Depreciation Costs (Schedule F)	\$	
H. Building Depreciation Costs (Schedule G)	\$	
I. Total Operating Costs (Sum of Schedules B-G)	\$ 2	
TOTAL ACTUAL OPERATING COST FOR PRIOR FISCAL YEAR		
PROPOSED DETAINEE PER DIEM RATE (“Total actual operating cost for prior fiscal year” divided by 365, divided by the total average daily jail population)	\$	Average Two Year Base)
PROPOSED UP-FRONT PAYMENT (Not Included in Fixed Payment)	\$	

SECTION III – DETAINEE POPULATION INFORMATION				
Time Frame of Detainee Information (Must correspond with time frame Section III/A)	FROM: Sept 2014		TO: Aug 2015	
Detainee Capacity of Facility				
	Male	Female	Juvenile	TOTAL
				2400
Average Daily Population				
Type of Detainee	Male	Female	Juvenile	TOTAL
Federal				2400
Local				
State				
SECTION IV – PER DIEM				
Proposed Up-Front Payment (Not Included in Fixed Payment)	\$ (b)(4)			
Proposed Monthly Fixed Payment for Provision of 2,400 Beds and Commensurate Services	\$			
Implied Detainee Per Diem Rate for 2,400 Beds (Average Per Diem for Base Two Year Contract Period)	\$			
Proposed Incremental Unit Price (2,401+ Detainees)	\$			
SECTION V – LOCAL GOVERNMENT CONTACT				
Please provide the name of the individual authorized to represent and to act for the local government in the jail day rate negotiations.				
NAME:	DEPARTMENT/OFFICE:			
TITLE:	STREET:			
PHONE:	CITY:			
FAX:	STATE:		ZIP	
SECTION VI – CERTIFICATION STATEMENT				
This is to certify that, to the best of my knowledge and belief, the data furnished in Schedules B through G are accurate, complete and current, and do not include any unallowable costs prohibited by OMB Circular No. A-87 (Cost Principles for State and Local Governments) or any cost not related to the jail facility as discussed on the Cost Sheet for Detention Services). The records of this agency are available for review and audit by the authorized representative of the U.S. Government to verify any jail per diem rate negotiated.				
SIGNATURE:			DATE: August 20, 2014	
NAME:			TITLE:	

SCHEDULE B				
PART I – PERSONNEL COSTS				
(Direct Costs – Personnel Supporting Detention Facility)				
Instructions: List only those positions directly involved in jail operations and benefiting federal inmates.				
Type of Position	(A) Annual Salary Cost \$	(B) Full Time or Part Time	(C) Number of Positions	(D) Total Salary Cost (A) x (C) = (D) \$
Accountant	(b)(4)	Full Time	1.0	(b)(4)
Accounting Clerk		Full Time	2.0	
Administrative Clerk		Full Time	11.0	
Assistant Administrator		Full Time	3.0	
Assistant Shift Super.		Full Time	5.0	
Case Manager		Full Time	26.0	
Chief of Security		Full Time	1.0	
Chief of Unit Mgmt		Full Time	1.0	
Commissary Supervisor		Full Time	1.0	
Computer Support Asst.		Full Time	1.0	
Executive Assistant		Full Time	1.0	
Facility Administrator		Full Time	1.0	
Facility HR Generalist		Full Time	1.0	
Human Resources Asst.		Full Time	1.0	
Investigator		Full Time	1.0	
Library Aide		Full Time	5.0	
Mailroom Clerk		Full Time	3.0	
Maintenance Worker		Full Time	1.0	
Manager, Human Resources		Full Time	1.0	
Manager, Learning and Dev.		Full Time	1.0	
Manager, Operations Fin.		Full Time	1.0	
Manager, Quality Assurance		Full Time	1.0	
Master Scheduler		Full Time	1.0	
Personnel Investigator		Full Time	1.0	
Program Facilitator		Full Time	6.0	
Program Manager		Full Time	2.0	
Records Clerk		Full Time	2.0	
Recreation Coordinator		Full Time	2.0	
Recreation Supervisor		Full Time	1.0	
Resident Counselor		Full Time	10.0	
Resident Supervisor		Full Time	(b)(7)(E)	\$3
Safety Manager		Full Time	1.0	
Shift Supervisor		Full Time	5.0	
Sr. Resident Supervisor		Full Time	22.4	
Unit Manager		Full Time	5.0	
Warehouse Manager		Full Time	1.0	
Warehouse Worker		Full Time	6.0	
Total Salary Cost			\$ (b)(4)	
FICA Benefits	7.65 %		\$	
Total Salary Cost plus FICA			\$	

(Use continuation sheet if needed.)

SCHEDULE B				
PART II – PERSONNEL COSTS				
(Direct Costs – Personnel Supporting Detention Facility)				
<i>Instructions:</i> Provide name of retirement plans (i.e. N.Y.S. employees retirement system), insurance plans (i.e. Blue Cross/Blue Shield), or unemployment insurance contribution plans for positions listed in Schedule B – Part I).				
	Number of Employees Participating	Total Salary Base	Employer Contribution	Annual Cost (1)
1. Retirement Program(s)				
a. 401k Program	Full-time: 600.4		100% Employer Match up to 5% of Annual Salary	\$(b)(4)
b.	Part-time:			
2. Insurance Program(s)				
a. Health Insurance	600.4			\$
b. Life Insurance	600.4			\$
c. Auto Liability Insurance	600.4			\$
d. Short-Term Disability Insurance	600.4			\$
e. AD&D Insurance	600.4			\$
3. Other Employee Contribution Plans (i.e. unemployment, worker's compensation)				
a. Unemployment Taxes	Full-time: 600.4			\$
	Part-time:			
b. Workers Compensation	Full-time: 600.4			\$
	Part-time:			

(1) Benefits costs provided represent CCA portion of each benefit item. Employee share not included in cost line items.

**SCHEDULE C
 CONSULTANTS AND CONTRACT SERVICES**

Instructions: List only those services directly involved in jail operations and benefiting federal inmates. Provide a detailed "description of service".

Type of Service	Description of Service	No. of Contract Employees	Annual Cost
1. Medical			\$
2. Dental			\$
3. Other:	CCA Facility Support Center – Central Management & Facility Support Services – % of Costs Based on Historical Average Support Costs		\$ (b)(4)
4. Other:			\$
5. Other:			\$
Total Consultants and Contract Services			\$ (b)(4)

SCHEDULE D OTHER DIRECT JAIL OPERATING COSTS		
Instructions: List only those costs associated with the operation of the jail that directly benefit federal inmates. Costs associated with local court and law enforcement activities are not allowable costs for the purpose of determining facility operating costs.		
Type of Service	Description	Annual Cost
Lease Expense	Lease Expense for Required Modular Facilities to Meet ICE Family Residential Facility Requirement - Target	\$(b)(4)
Food – Facilities and Services	Contracted Food Service Cost - Target	\$
Staff Housing	Modular Staff Housing and Food Service	\$
Risk Management	Property Insurance, Liability Insurance and Self-Insured Enterprise Risk Management	\$
Operating Supplies and Resident Welfare	Resident Clothing & Personal Care Products, Facility Supplies, General Resident Welfare and Activities	\$
Staffing Services	Agency, Background Screening, Employment Identification Services and Other Employment Services	\$
Utilities	Electric, Gas, Water, Sewer, Refuse and Telephone	\$
Property Taxes and Revenue Share	Anticipated Property Taxes and Revenue Share for Facilitation of IGSA	\$
Repairs and Maintenance	Janitorial Services and Repairs & Maintenance Expense Not Covered Under Lease Agreement	\$
Income Taxes	Federal & State Income Taxes	\$
Contract Management Services	Contractor Margin	\$
Total Other Direct Costs		\$

SCHEDULE F EQUIPMENT COSTS

Instructions: A listing of equipment that is in the current approved jail operating budget for this contract period may be provided and/or attached to this worksheet for full purchase value consideration. If equipment is depreciated, show total acquisition amount and method used by state, country or city in calculating depreciation. A use allowance not to exceed 6-2/3% of acquisition cost of usable equipment may be substituted in lieu of depreciation. Equipment must be used directly for jail operations. Treatment of these costs must be consistent with local government's method.

A. New Equipment Approved in Current Operating Budget (Use Continuation Sheet if Necessary)

(1) Item Description	(2) Proposed Utilization	(3) No. of Units	(4) Cost per Unit	(5) Enter % of use by the jail (i.e., if equipment is used by several depts.)	(6) Equipment Cost Allowance (4) x (5) x (6)
Technology and Security Electronics	Various	Various		100%	\$(b)(4)
Furniture	Various	Various		100%	
Programs and Recreation	Various	Various		100%	
Medical & Dental	Various	Various		100%	
Vehicles, Security, Other FF&E	Various	Various		100%	
				%	
				%	
				Total Current Equipment Costs	\$
				Equipment Allowance	\$

B. Show Method of Calculating Depreciation of Equipment if 6-2/3% depreciation is not used.

Due to the special purpose nature of assets being deployed and the short term nature of the contract, CCA is depreciating its investment in Furniture, Fixtures & Equipment over the base two year contract period.

**South Texas Family Residential Center
Early Termination Payment
Up-Front Payment Offer**

Month	Landlord	Operations	Education	Total
1	(b)(4)			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2
0001	Monthly Costs up	Month			\$ (b)(4)	
0002	Above 2,401 beds					
0003	Transportation	50,000 miles	1	\$(b)(4)	\$	
0004	Transportation	> 50,000 miles	10,000	\$	\$	
0005	Education	1,000 students	12	\$	\$	
0006	Guard Rate	Hour	10,000	\$	\$	
0007	Guard Rate	Hour	10,000	\$	\$	
TOTAL TWO YEARS					\$	\$

YEAR 3 (OPTION 1)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3
1001	Montly Costs up	Month	12	\$(b)(4)	
1002	Above 2,401 beds				
1003	Transportation	50,000 miles	1	\$	
1004	Transportation	> 50,000 miles	10,000	\$	
1005	Education	1,000 students	12	\$	
1006	Guard Rate	Hour	10,000	\$	

YEAR 3

YEAR 4 (OPTION 2)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4
2001	Montly Costs up	Month	12	\$(b)(4)	
2002	Above 2,401 beds				
2003	Transportation	50,000 miles	1	\$	
2004	Transportation	> 50,000 miles	10,000	\$	
2005	Education	1,000 students per month	12	\$	
2006	Guard Rate	Hour	10,000	\$	

RAMP UP NO

UP FRONT PAYMENT

\$(b)(4)

YEAR 4

FOUR YEARS

Attachment 11

2020-ICLI-00042 CoreCivic 074 \$

Month

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

(b)(4)

Month

- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24

\$
\$
\$
\$
\$
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\$
\$
\$

(b)(4)

RAMP UP
WITHOUT
RAMP UP

SAVINGS
FROM
RAMP UP

\$
\$
\$

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

From: (b)(6); (b)(7)(C)@cca.com>
Sent: Friday, September 05, 2014 6:15 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Ramp Pricing

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

In response to your question below, please see the following information and let us know if you have any questions. We are happy to arrange a conference call to discuss further if needed.

- CCA has carefully considered the request of ICE to provide a discount to the fixed payment during the ramp period and we would propose the following monthly payment schedule for consideration:

Assuming no up-front payment:

- o Month 1: \$(b)(4)
- o Month 2: \$(b)(4)
- o Month 3: \$(b)(4)
- o Month 4: \$(b)(4)
- o Months 5-24: \$(b)(4) (each month in accordance with the pricing schedules previously provided)

Assuming \$70.0 million up-front payment:

- o Month 1: \$(b)(4)
- o Month 2: \$(b)(4)
- o Month 3: \$(b)(4)
- o Month 4: \$(b)(4)
- o Months 5-24: \$(b)(4) (each month in accordance with the pricing schedules previously provided)

This discount provides ICE with a 50% reduction in CCA's portion of the fixed payment (excluding target-related costs that are fixed beginning at the initiation of the contract) for months one and two and a 25% reduction in CCA's portion of the fixed payment for months three and four. On a cumulative basis, this reduction would provide ICE with \$20,295,687 in savings during the ramp period. We believe this schedule appropriately balances ICE's desire to see a reduction in the fixed payment during the ramp period with CCA's ability to take additional risk based on currently known variables.

- Separately, to the extent that ICE wishes to increase the upfront payment over \$70.0 million in the upfront payment option, CCA would propose that these funds be used to reduce in the monthly fixed payment that ICE would otherwise pay, allocated over the period to be agreed between ICE and CCA.

Attachment 11

For example, if ICE wished to pay an additional \$20.0 million up front, this amount could be used to reduce payments over the 24 month base period by (b)(4) per month. If ICE would rather spread this discount over a shorter period, for example the ramp period, this could also be considered.

Thanks!

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

From: (b)(6); (b)(7)(C) [mailto:(b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Friday, September 05, 2014 10:31 AM

To: (b)(6); (b)(7)(C)

Cc:

Subject: RE: Ramp Plan

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

If we were to account for **both** Target's upfront non-recurring cost and yours and pay it upfront, could the CLIN pricing be "restructured" to reflect the ramp up schedule below? Having a very hard time selling the lump sum fixed amount every month regardless of the population.

Sincerely,

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

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

Detention Management Division | Deputy Assistant Director

DHS | ICE | Office of Acquisition Management (OAQ)

801 "I" Street, N.W., Room (b)(6);

Mail Stop 5750

Washington, D.C. 20536-5750

Phone: 202-732-(b)(6);

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

From: (b)(6); (b)(7)(C) [mailto:(b)(6); (b)(7)(C)@cca.com]

Sent: Friday, September 05, 2014 11:13 AM

To: (b)(6); (b)(7)(C)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2
0001	Montly Costs up	Month			\$ (b)(4)	(b)(4)
0002	> 2,400 beds					
0003	Transportation	50,000 miles	1	\$(b)(4)	\$	
0004	Transportation	> 50,000 miles	10,000	\$	\$	
0005	Education	1,000 children	12	\$	\$	
0006	Fully burdened Guard Rate	Hour	10,000	\$	\$	
0007	rate	Hour	10,000	\$	\$	
0008	Up-front payment				\$	
TOTAL TWO YEARS					\$	\$

YEAR 3 (OPTION 1)

YEAR 3

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	YEAR 3
1001	Montly Costs up	Month	12	\$(b)(4)	\$ (b)(4)	\$ (b)(4)
1002	> 2,400 beds				\$	\$
1003	Transportation	50,000 miles	1	\$	\$	
1004	Transportation	> 50,000 miles	10,000	\$	\$	
1005	Education	1,000 children	12	\$	\$	
1006	Rate	Hour	10,000	\$	\$	
YEAR 3					\$	\$

YEAR 4 (OPTION 2)

YEAR 4

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	YEAR 4
2001	Montly Costs up	Month	12	\$(b)(4)	\$ (b)(4)	\$ (b)(4)
2002	Above 2,401 beds				\$	\$
2003	Transportation	50,000 miles	1	\$	\$	
2004	Transportation	> 50,000 miles	10,000	\$	\$	
2005	Education	1,000 children	12	\$	\$	
2006	Fully burdened Guard Rate	Hour	10,000	\$	\$	
YEAR 4					\$	\$

B RAMP UP 4 YRS WITH UPFRONT PAYMENT
A RAMP UP 4 YRS W/O UPFRONT PAYMENT

Month		Month	
1	\$ (b)(4)	13	\$ (b)(4)
2	\$	14	\$
3	\$	15	\$
4	\$	16	\$
5	\$	17	\$
6	\$	18	\$
7	\$	19	\$
8	\$	20	\$
9	\$	21	\$
10	\$	22	\$
11	\$	23	\$
12	\$	24	\$
	\$		\$

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

From: (b)(6); (b)(7)(C)
Sent: Monday, September 08, 2014 5:45 PM
To: (b)(6); (b)(7)(C)
Subject: Thoughts?
Attachments: Ramp up and upfront alternatives.pdf

Analysis of pricing and cost proposed for modification of City of Eloy, AZ IGSA

To meet an urgent requirement in South Texas for family residential detention services, CCA and ICE have been exchanging proposals, statements of work, and questions and answers. This is still an iterative process of fine-tuning the requirement and understanding cost. The purpose of this document is to summarize where we are as of September 9, 2014 in terms of four potential solutions and what needs to be done in order to award by September 12, 2014.

CLIN Structure:

Year #1 and #2 (2 Year guarantee)

- 0001 Up to 2,400 beds guaranteed per month
- 0002 Bed day rate above 2,400 beds
- 0003 50,000 miles of transportation guaranteed per year
- 0004 Price per mile above 50,000 miles
- 0005 Education for 1,000 students per month
- 0006 Fully burdened guard rate Year 1
- 0007 Fully burdened guard rate Year 2

Year #3 (Option Year #1)

- 1001 Up to 2,400 beds guaranteed per month
- 1002 Bed day rate above 2,400 beds
- 1003 50,000 miles of transportation guaranteed per year
- 1004 Price per mile above 50,000 miles
- 1005 Education for 1,000 students per month
- 1007 Fully burdened guard rate Year 3

Year #4 (Option Year # 2)

- 2001 Up to 2,400 beds guaranteed per month
- 2002 Bed day rate above 2,400 beds
- 2003 50,000 miles of transportation guaranteed per year

- 2004 Price per mile above 50,000 miles
- 2005 Education for 1,000 students per month
- 2007 Fully burdened guard rate Year 3

CCA in accordance with the CLIN structure above has submitted four alternatives as follows:

- | | |
|--|--------------|
| 1. No upfront payment and no ramp up | Attachment 1 |
| 2. Upfront payment (\$70,000,000) and no ramp up | Attachment 2 |
| 3. No upfront payment with ramp up | Attachment 3 |
| 4. Upfront payment (\$70,000,000) with ramp up | Attachment 4 |

Currently alternatives 3 and 4 are under consideration because they result in savings over alternatives 1 and 2 without any degradation of services delivered. The table below identifies the cost associated with 2,400 beds, transportation and estimated additional guards:

Total cost

	<u>Alternative 1</u> No upfront payment No ramp up	<u>Alternative 2</u> Upfront payment No ramp up	<u>Alternative 3</u> No upfront payment With ramp up	<u>Alternative 4</u> Upfront payment With Ramp up
2 Year Base	\$(b)(4)	\$(b)(4)	\$(b)(4)	\$(b)(4)
Year 3 (Opt 1)	\$	\$	\$	\$
Year 4 (Opt 2)	\$	\$	\$	\$
Total	\$	\$	\$	\$

*DB \$ 5,000,000
Potential from bundling*

There are savings associated with upfront payment and Ramp up as follows:

SAVINGS from:

Upfront payment	(Alternative 3 less Alternative 4)	\$(b)(4)
Ramp up	(Alternative 2 less Alternative 4)	
SAVINGS		

Note: For detail on how the four alternatives were calculated, please refer to the attachments referenced above. Alternative 4 is the best deal monetarily for the Government.

CCA has submitted some written justification for the two year base. There would appear to be room to negotiate, make a counter-offer.

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

Detention Management Division | Deputy Assistant Director
 DHS | ICE | Office of Acquisition Management (OAQ)
 801 "I" Street, N.W., Room (b)(6);

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2	BED DAY RATE	
0001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)	\$(b)(4)	Year One
0002	Above 2,401 beds							Year Two
0003	Transportation	50,000 miles	1	\$	\$	\$		
0004	Transportation	> 50,000 miles	10,000	\$	\$	\$		
0005	Education	per month	12	\$	\$	\$		
0006	Guard Rate	Hour	10,000	\$	\$	\$		
0007	Guard Rate	Hour	10,000	\$	\$	\$		
TOTAL TWO YEARS					\$	\$		

YEAR 3 (OPTION 1)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	
1001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)
1002	Above 2,401 beds					
1003	Transportation	50,000 miles	1	\$	\$	
1004	Transportation	> 50,000 miles	10,000	\$	\$	
1005	Education	per month	12	\$	\$	
1006	Guard Rate	Hour	10,000	\$	\$	
YEAR 3					\$	

YEAR 4 (OPTION 2)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	
2001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)
2002	Above 2,401 beds					
2003	Transportation	50,000 miles	1	\$	\$	
2004	Transportation	> 50,000 miles	10,000	\$	\$	
2005	Education	per month	12	\$	\$	
2006	Guard Rate	Hour	10,000	\$	\$	
FOUR YEARS					\$	

WITHOUT UPFRONT PAYMENT (NO RAMP UP)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2	BED DAY RATE	
0001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)	\$(b)(4)	Year One Year Two Average
0002	> 2,400 beds							
0003	Transportation	50,000 miles	1	\$	\$	\$		
0004	Transportation	> 50,000 miles	10,000	\$	\$	\$		
0005	Education	1,000 children	12	\$	\$	\$		
0006	Guard Rate	Hour	10,000	\$	\$	\$		
0007	Guard rate	Hour	10,000	\$	\$	\$		
0008	Up-front payment				\$	\$		
TOTAL TWO YEARS					\$	\$		

YEAR 3 (OPTION 1)

YEAR 3

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	
1001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)
1002	> 2,400 beds					
1003	Transportation	50,000 miles	1	\$	\$	
1004	Transportation	> 50,000 miles	10,000	\$	\$	
1005	Education	1,000 children	12	\$	\$	
1006	Guard Rate	Hour	10,000	\$	\$	
YEAR 3					\$	

YEAR 4 (OPTION 2)

YEAR 4

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	
2001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)
2002	Above 2,401 beds					
2003	Transportation	50,000 miles	1	\$	\$	
2004	Transportation	> 50,000 miles	10,000	\$	\$	
2005	Education	1,000 children	12	\$	\$	
2006	Guard Rate	Hour	10,000	\$	\$	
4 YRS WITH UPFRONT PAYMENT					\$	
(b)(4)						
A						
A - B						

UP FRONT PAYMENT (NO RAMP UP)

ATTACHMENT 2

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2
0001	Monthly Costs up	Month			\$ (b)(4)	\$ (b)(4)
0002	Above 2,401 beds					
0003	Transportation	50,000 miles	1	\$ (b)(4)	\$	\$
0004	Transportation	> 50,000 miles	10,000	\$	\$	\$
0005	Education	1,000 students	12	\$	\$	\$
0006	Guard Rate	Hour	10,000	\$	\$	\$
0007	Guard Rate	Hour	10,000	\$	\$	\$
TOTAL TWO YEARS					\$	\$

YEAR 3 (OPTION 1)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	
1001	Monthly Costs up	Month	12	\$ (b)(4)	\$ (b)(4)	(b)(4)
1002	Above 2,401 beds					
1003	Transportation	50,000 miles	1	\$	\$	
1004	Transportation	> 50,000 miles	10,000	\$	\$	
1005	Education	1,000 students	12	\$	\$	
1006	Guard Rate	Hour	10,000	\$	\$	
YEAR 3					\$	

YEAR 4 (OPTION 2)

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	
2001	Monthly Costs up	Month	12	\$ (b)(4)	\$ (b)(4)	(b)(4)
2002	Above 2,401 beds					
2003	Transportation	50,000 miles	1	\$	\$	
2004	Transportation	> 50,000 miles	10,000	\$	\$	
2005	Education	1,000 students per month	12	\$	\$	
2006	Guard Rate	Hour	10,000	\$	\$	
YEAR 4					\$	
RAMP UP NO UP FRONT PAYMENT					\$	
FOUR YEARS					\$	

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2
0001	Montly Costs up	Month			\$ (b)(4)	\$ (b)(4)
0002	> 2,400 beds					
0003	Transportation	50,000 miles	1	\$ (b)(4)	\$	\$
0004	Transportation	> 50,000 miles	10,000	\$	\$	\$
0005	Education	1,000 children	12	\$	\$	\$
0006	Fully burdened Guard Rate	Hour	10,000	\$	\$	\$
0007	rate	Hour	10,000	\$	\$	\$
0008	Up-front payment				\$	\$
	TOTAL TWO YEARS				\$	\$

YEAR 3 (OPTION 1)

YEAR 3

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	
1001	Montly Costs up	Month	12	\$ (b)(4)	\$ (b)(4)	\$ (b)(4)
1002	> 2,400 beds					\$
1003	Transportation	50,000 miles	1	\$	\$	\$
1004	Transportation	> 50,000 miles	10,000	\$	\$	\$
1005	Education	1,000 children	12	\$	\$	\$
1006	Rate	Hour	10,000	\$	\$	\$
	YEAR 3				\$	\$

YEAR 4 (OPTION 2)

YEAR 4

	DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	
2001	Montly Costs up	Month	12	\$ (b)(4)	\$ (b)(4)	\$ (b)(4)
2002	Above 2,401 beds					\$
2003	Transportation	50,000 miles	1	\$	\$	\$
2004	Transportation	> 50,000 miles	10,000	\$	\$	\$
2005	Education	1,000 children	12	\$	\$	\$
2006	Fully burdened Guard Rate	Hour	10,000	\$	\$	\$
B	RAMP UP 4 YRS WITH UPFRONT PAYMENT				\$	\$
A	RAMP UP 4 YRS W/O UPFRONT PAYMENT				\$	\$
A - B	SAVINGS				\$	\$

DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2
0001 Monthly Costs up	Month			\$(b)(4)	\$(b)(4)
0002 > 2,400 beds					
0003 Transportation	50,000 miles	1	\$(b)(4)	\$	\$
0004 Transportation	> 50,000 miles		\$	\$	\$
0005 Education	1,000 children	12	\$	\$	\$
0006 Fully burdened Guard Rate	Hour	10,000	\$	\$	\$
0007 rate	Hour	10,000	\$	\$	\$
0008 Up-front payment				\$	\$
TOTAL TWO YEARS				\$	\$

CONTRACTOR	PROPOSAL	GOVERNMENT	OBJECTIVE
Month 1	Month 1	Month 1	Month 1
Month 2	Month 2	Month 2	Month 2
Month 3	Month 3	Month 3	Month 3
Month 4	Month 4	Month 4	Month 4
Month 5	Month 5	Month 5	Month 5
Month 6	Month 6	Month 6	Month 6
Month 7	Month 7	Month 7	Month 7
Month 8	Month 8	Month 8	Month 8
Month 9	Month 9	Month 9	Month 9
Month 10	Month 10	Month 10	Month 10
Month 11	Month 11	Month 11	Month 11
Month 12	Month 12	Month 12	Month 12
Bed Day Rate >2,400 beds	Bed Day Rate >2,400 beds	Bed Day Rate >2,400 beds	Bed Day Rate >2,400 beds

YEAR 3 (OPTION 1)				YEAR 3		
DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	YEAR 3	YEAR 3
1001 Monthly Costs up	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)	\$(b)(4)
1002 > 2,400 beds						
1003 Transportation	50,000 miles	1	\$	\$	\$	\$
1004 Transportation	> 50,000 miles		\$	\$	\$	\$
1005 Education	1,000 children	12	\$	\$	\$	\$
1006 Rate	Hour		\$	\$	\$	\$
YEAR 3				\$	\$	\$

YEAR 4 (OPTION 2)				YEAR 4		
DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	YEAR 4	YEAR 4
2001 Monthly Costs up	Month	12	\$(b)(4)	\$(b)(4)	\$(b)(4)	\$(b)(4)
2002 Above 2,401 beds						
2003 Transportation	50,000 miles	1	\$	\$	\$	\$
2004 Transportation	> 50,000 miles	10,000	\$	\$	\$	\$
2005 Education	1,000 children	12	\$	\$	\$	\$
2006 Fully burdened Guard Rate	Hour	10,000	\$	\$	\$	\$
YEAR 4				\$	\$	\$

Notional
 Year 1
 Year 2

ATTACHMENT 1

RAMP UP 4 YRS WITH UPFRONT PAYMENT

SECTION I - GENERAL INFORMATION

Name of Jail: South Texas Family Residential Center

Physical Address of Jail Street: 1925 W. Highway 85

City: Dilley

State: Texas

Zip: 78017

Phone Number: 336-570 (b)(6);

SECTION II - FINANCIAL DATA SUMMARY

TOTAL OPERATING COST FOR JAIL:

A. Time Frame (Fiscal Year)	From: (Month/Year): Sep-2014	To: (Month/Year): Aug-2015	GOVERNMENT OBJECTIVE
ANNUAL COST			
B. Total Personnel Costs (Schedule B - Part I)	\$	(b)(4)	\$ 45,373,296.89
C. Total Personnel Benefits (Schedule B - Part II)	\$	(b)(4)	\$ 9,420,281.57
	\$ (b)(4)		\$ 54,793,578.46
D. Total Consultants and Contract Service (Schedule C)	\$		\$ 14,882,399.61
E. Other Direct Operating Costs (Schedule D)	\$		\$ 149,428,866.00
F. Indirect Costs (Schedule E)* <i>*A certified cost allocation plan must be submitted if reimbursement for indirect costs are requested.</i>	\$		
G. Equipment Depreciation Costs (Schedule F)	\$		\$ 7,829,247.50
H. Building Depreciation Costs (Schedule G)	\$		
I. Total Operating Costs (Sum of Schedules B-G)	\$		\$ 226,934,091.58
TOTAL ACTUAL OPERATING COST FOR PRIOR FISCAL YEAR	\$		
PROPOSED DETAINEE PER DIEM RATE (*Total actual operating cost for prior fiscal year" divided by 365, divided by the total average daily jail population)	\$		\$ 259.06

30 % reduction plus 10% incr
20.76% Keeping proportion
27.16% Keeping proportion

*Proposed Upfront payment

\$ 70,000,000.00 \$ 70,000,000.00

days avg pop
365 2400

0 \$ 20,253,757.13 \$ 18,911,174.30

SECTION III DETAINEE POPULATION INFORMATION

Time Frame of Detainee Information (Must correspond with time frame Section II/A)	FROM: (Month/Year) 2006	July	To: (Month/Year) June 2007
---	----------------------------	------	-------------------------------

Detainee Capacity of Facility

	Male	Female	Juvenile	TOTAL
	0	0	0	2400
	0			0.00
Adjusted Total				2400

Average Daily Population

Type of Detainee	Male	Female	Juvenile	TOTAL
Federal	0	0	0	2400
Local	0	0	0	0
State	0	0	0	0
Total	0	0	0	0

SECTION IV - PER DIEM

Proposed Up-Front	\$ 70,000,000	\$ 70,000,000.00
Proposed Monthly Fixed Payment for Provision of 2,400 Beds and Commensurate Services:	\$ (b)(4)	\$ 226,934,091.58
Implied Detainee Per Diem Rate for 2,400 Beds (Average Per Diem for Base Two Year Contract		\$ 259.06
Proposed Incremental Unit Price (2,401 + Detainees)		\$ 259.06

SECTION V - LOCAL GOVERNMENT CONTACT

Please provide the name of the individual authorized to represent and act for the local government in he jail day rate negotiations.

me:	DEPARTMENT/OFFICE:
TITLE:	STREET:
PHONE:	CITY:
FAX:	STATE: ZIP:

SECTION VI - CERTIFICATION STATEMENT

This is to certify that, to the best of my knowledge and belief, the data furnished in Schedules B through G are accurate, complete and current, and do not include any unallowable costs prohibited by OMB Circular No. A-87 (Cost Principles for State abd Local Governments) or any cost not related to the jail facility as discussed on the Cost Sheet for Detention Services). The records of this agency are available for review and audit by the authorized representative of the U.S. Government to verify any jail per diem rate negotiated.

Signature:	Date: August 20, 2014
Name:	Title:

SCHEDULE B PART 1 - PERSONNEL COSTS (Direct Costs - Personnel Supporting Detention Facility)					GOVERNMENT OBJECTIVE	
Instructions: List only those positions directly involved in jail operations and benefiting federal inmates.					Removal of 30% Markup	Addition of 10% Markup
Type of Position	(A) Annual Salary Cost \$	(B) Full Time or Part Time	(C.) Number of Position	(D) Total Salary Cost (A) x (C.) = (D) \$	130%	110%
Accountant	\$(b)(4)	Full Time	1.0	\$(b)(4)	\$ 68,500.77	\$ 75,350.85
Accounting Clerk	\$	Full Time	2.0	\$	\$ 94,655.38	\$ 104,120.92
Administrative Clerk	\$	Full Time	11.0	\$	\$ 452,108.46	\$ 497,319.31
Assistant Administrator	\$	Full Time	3.0	\$	\$ 345,618.46	\$ 380,180.31
Assistant Shift Super.	\$	Full Time	5.0	\$	\$ 411,003.85	\$ 452,104.23
Case Manager	\$	Full Time	26.0	\$	\$ 1,942,940.00	\$ 2,137,234.00
Chaplain	\$	Full Time	1.0	\$	\$ 71,614.62	\$ 78,776.08
Chief of Security	\$	Full Time	1.0	\$	\$ 99,637.69	\$ 109,601.46
Chief Of Unit Mgmt	\$	Full Time	1.0	\$	\$ 99,637.69	\$ 109,601.46
Commissary Supervisor	\$	Full Time	1.0	\$	\$ 56,046.15	\$ 61,650.77
Computer Support Asst.	\$	Full Time	1.0	\$	\$ 62,273.08	\$ 68,500.38
Executive Assistant	\$	Full Time	1.0	\$	\$ 90,919.23	\$ 100,011.15
Facility Administrator	\$	Full Time	1.0	\$	\$ 155,683.85	\$ 171,252.23
Facility HR Generalist	\$	Full Time	1.0	\$	\$ 68,500.77	\$ 75,350.85
Human Resource Asst.	\$	Full Time	1.0	\$	\$ 47,327.69	\$ 52,060.46
Investigator	\$	Full Time	1.0	\$	\$ 77,841.54	\$ 85,625.69
Library Aide	\$	Full Time	5.0	\$	\$ 224,184.62	\$ 246,603.08
Mailroom Clerk	\$	Full Time	3.0	\$	\$ 123,302.31	\$ 135,632.54
Maintenance Worker	\$	Full Time	1.0	\$	\$ 62,273.08	\$ 68,500.38
Manager, Human Resource	\$	Full Time	1.0	\$	\$ 87,183.08	\$ 95,901.38
Manager, Learning and Dev.	\$	Full Time	1.0	\$	\$ 77,841.54	\$ 85,625.69
Manager, Operations Fin.	\$	Full Time	1.0	\$	\$ 87,183.08	\$ 95,901.38
Manager, Quality Assurance	\$	Full Time	1.0	\$	\$ 77,841.54	\$ 85,625.69
Master Scheduler	\$	Full Time	1.0	\$	\$ 49,818.46	\$ 54,800.31
Personnel Investigator	\$	Full Time	1.0	\$	\$ 59,160.00	\$ 65,076.00
Program Facilitator	\$	Full Time	6.0	\$	\$ 317,593.85	\$ 349,353.23
Program Manager	\$	Full Time	2.0	\$	\$ 199,275.38	\$ 219,202.92
Record Clerk	\$	Full Time	2.0	\$	\$ 82,201.54	\$ 90,421.69
Recreation Coordinator	\$	Full Time	2.0	\$	\$ 124,546.15	\$ 137,000.77
Recreation Supervisor	\$	Full Time	1.0	\$	\$ 69,746.15	\$ 76,720.77
Resident Counselor	\$	Full Time	10.0	\$	\$ 697,461.54	\$ 767,207.69
Resident Supervisor	\$	Full Time	(b)(7)(E)	\$	\$ 28,956,980.77	#####
Safety Manager	\$	Full Time	1.0	\$	\$ 71,614.62	\$ 78,776.08
Shift Supervisor	\$	Full Time	5.0	\$	\$ 454,596.15	\$ 500,055.77
Sr. Resident Supervisor	\$	Full Time	22.4	\$	\$ 1,562,313.85	\$ 1,718,545.23
Unit Manager	\$	Full Time	5.0	\$	\$ 454,596.15	\$ 500,055.77
Warehouse Manager	\$	Full Time	1.0	\$	\$ 71,614.62	\$ 78,776.08
Warehouse Worker	\$	Full Time	6.0	\$	\$ 261,549.23	\$ 287,704.15
Total Salary Cost:				\$	\$ 38,317,186.92	#####
FICA Benefits		7.65%		\$	\$ 2,931,264.80	\$ 3,224,391.28
Total Salary Cost plus FICA				\$	\$ 41,248,451.72	#####

SCHEDULE C

CONSULTANTS AND CONTRACT SERVICES

Instructions: List only those services directly involved in jail operations and benefiting federal inmates. Provide a detailed "description of service".

Type of Service	Description of Service	No. of Contract Employees	Annual Cost
1. Medical			\$ -
2. Dental			\$ -
3. Other:	CCA Facility Support Center-Central management & Facility Support Services-6% of Contract Value Based on Historical Average Support Costs		\$ (b)(4)
4. Other:			\$ -
5. Other:			\$ -
Total Consultants and Contract Services			\$ (b)(4)

SCHEDULE D

OTHER DIRECT JAIL OPERATING COSTS

Instructions: List only those costs associated with the operation of the jail that directly benefit federal inmates. Costs associated with local court and law enforcement activities are not allowable costs for the purpose of determining facility operating costs.

Type of Service	Description	Annual Cost	
Lease Expense	Lease Expense for Required Modular Facilities to Meet ICE Family Residential Facility Requirement-Target	\$ (b)(4)	\$ 52,297,200.00
Food-Facilities and Service	Contracted Food Service Cost-Target	\$	\$ 28,382,400.00
Staff Housing	Modular Staff Housing and Food Service	\$	\$ 26,136,534.00
Risk Management	Property Insurance, Liability Insurance and Self-Insured Enterprise Risk Management	\$	\$ 9,436,664.00
Operating Supplies and Resident Welfare	Resident Clothing & Personal Care Product, Facility Supplies, General Resident Welfare and Activities	\$	\$ 6,377,212.00
Staff Services	Agency, Background Screening, Employment Identification Services and Other Employment Services	\$	\$ 3,131,735.00
Utilities	Electric, Gas, Water, Sewer, Refuse and Telephone	\$	\$ 3,043,290.00
Property Taxes and Revenue Share	Anticipated Property Taxes and Revenue Share for Facilitation of IGSA	\$	\$ 875,143.00
Repairs and Maintenance	Janitorial Services and Repairs & Maintenance Expense Not Covered Under Lease Agreement	\$	\$ 681,000.00
Income Taxes	Federal & State Income Taxes	\$	\$ 9,067,688.00
Contract Management	Contractor Margin	\$	\$ 10,000,000.00
Telephone and Communications		\$	-
Equipment under \$5,000 (Please use Schedule F for equipment over \$5,000.)			
Credits (e.g., telephone credits, insurance rebates, recoveries or indemnities on losses commissary income)		\$	-
Other	Repairs & Maintenance	\$	-
Other	Insurance and Bonds	\$	-
Other	All others (includes ICE related costs)	\$	-
Total Other Direct Costs		\$ (b)(4)	\$ 149,428,866.00

SCHEDULE E

COST ALLOCATION PLANS/INDIRECT COST PROPOSALS

Instructions: If you intend to claim central service costs you must provide a cost allocation plan. See OMB Circular A-87, Attachment C. Similarly, if you intend to claim indirect costs you must provide an indirect cost proposal. An indirect cost is any cost not directly identified with a single, final cost objective and is not subject to treatment as a direct cost. See OMB Circular A-87, Attachment E.

(A) Type of Service Provided	(B) Organization Providing Service	(C) No. of Employees Involved	(D) Total Cost of Salaries and Benefits	(E) % of Time Spent in Support of Jail Operations	(F) Allowable Indirect Cost (D) x (E) = (F)
See Cost Allocation Plan to Detention			\$ -		\$ -
Indirect Costs			\$ -		\$ -
Alloc. Vehicle Costs			\$ -		\$ -
Alloc. Technology			\$ -	0.00%	\$ -
Alloc. Insurance			\$ -	0.00%	\$ -
Alloc. Prem & equip.			\$ -	0.00%	\$ -
All other Alloc. To Sheriff's Office			\$ -	0.00%	\$ -
Dedicated Employees from facilities maintenance			\$ -	0.00%	\$ -
Total					\$ -

Instructions: A listing of equipment that is in the current approved jail operating budget for this contract period may be provided and/or attached to this worksheet for full purchase value consideration. If equipment is depreciated, show total acquisition amount and method used by state, country or city in calculating depreciation. A use allowance not to exceed 6-2/3% of acquisition cost of usable equipment may be substituted in lieu of depreciation. Equipment must be used directly for jail operations. Treatment of these costs must be consistent with local government's method.

A. New Equipment Approved in Current Operating Budget (Use Continuation Sheet if Necessary)

-1 Item Description	-2 Proposed Utilization	-3 No. of Units	-4 Cost per Unit	-5 Enter % of use by the jail (i.e., If equipment is used by several depts.)	-6 Equipment Cost Allowance (4) x (5) x (6)	
Technology and Security Electronics	Various	Various	\$ -	100.00%	(b)(4)	
Furniture	Various	Various	\$ -	100.00%		
Programs and Recreation	Various	Various	\$ -	100.00%		
Medical & Dental	Various	Various	\$ -	100.00%		
vehicles, Security, Other FF&E	Various	Various	\$ -	100.00%		
			\$ -			
			\$ -	0.00%		
			\$ -			
				Total Current Equipment Costs		\$
				Equipment Allowance (6-2/3% of above)		\$ \$

B. Show Method of Calculating Depreciation of Equipment if 6-2/3% depreciation is not used.

SCHEDULE G BUILDING DEPRECIATION

Instructions: Provide an explanation of method used by state, county or city to depreciate buildings. Show date of construction; cost of construction (cost of land/site is not allowable); numbers of years in depreciation cycle. Note that federal assistance revenues used for building construction are considered offsetting revenues and are to be subtracted from cost of construction. In lieu of building depreciation an annual use allowance of 2% of acquisition cost may be substituted. Treatment of these costs must be consistent with local government's method. If claiming debt service arising from construction or renovation of a facility, please specify in "other" below.

Part I – Depreciation Computation

Facility	Year of Construction	Original Construction Cost	Annual Depreciation Claimed*
Main Building	1986	\$ -	\$ -
Additions(s)	2007	\$ -	\$ -
Annex	2004	\$ -	\$ -
Other (Please specify): Finance Interest Expense		\$ -	\$ -
Other (Please specify)		\$ -	\$ -
Subtotal		\$ -	\$ -
Less Federal Assistance Revenues or Grants including Awards under Cooperative Agreement Program			\$ -
Total			\$ -
* Generally 2% of original construction cost.			

Part II – Method of calculating depreciation used by state, county or city (i.e., specify depreciation method if 2% depreciation allowance is not utilized by the state, county, or city.)

**SCHEDULE H
HOURLY STATIONARY GUARD SERVICES RATE**

Instructions: List only those positions that will perform the stationary guard services. Qualified law enforcement or correctional officer personnel employed by the jail facility under their policies, procedure and practices should only perform these services. Provide annual cost of benefits to include retirement plans (i.e. N.Y.S. employees retirement system), insurance plans (i.e. Blue Cross/Blue Shield), or unemployment insurance contribution plans for positions listed.

The stationary guard services are not to be included in the total operating costs. These services are required for detainees attending off site court proceedings or who are committed to a medical facility.

Title of Position	(A) Annual Salary Cost \$	(B) Full Time or Part Time	(C) Number of Positions	(D) Total Salary Base (A) x (C) = (D) \$	(E) Annual Cost of Benefits \$	(F) Total Salary Cost (D) + (E) = (F) \$	(G) Hourly Rate (F)/2080 = (G) \$ \$

DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 1	YEAR 2
0001 Montly Costs up	Month			\$ (b)(4)	\$ (b)(4)
0002 > 2,400 beds					
0003 Transportation	50,000 miles	1	\$(b)(4)	\$	\$
0004 Transportation	> 50,000 miles	10,000	\$	\$	\$
0005 Education	1,000 children	12	\$	\$	\$
0006 Fully burdened Guard Rate	Hour	10,000	\$	\$	\$
0007 rate	Hour	10,000	\$	\$	\$
0008 Up-front payment				\$	\$
TOTAL TWO YEARS				\$	\$

YEAR 3 (OPTION 1)

YEAR 3

DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 3	YEAR 3
1001 Montly Costs up	Month	12	\$(b)(4)	\$ (b)(4)	\$ (b)(4)
1002 > 2,400 beds					\$
1003 Transportation	50,000 miles	1	\$	\$	\$
1004 Transportation	> 50,000 miles	10,000	\$	\$	\$
1005 Education	1,000 children	12	\$	\$	\$
1006 Rate	Hour	10,000	\$	\$	\$
YEAR 3				\$	\$

YEAR 4 (OPTION 2)

YEAR 4

DESCRIPTION	UNITS	QTY	UNIT PRICE	YEAR 4	YEAR 4
2001 Montly Costs up	Month	12	\$(b)(4)	\$ (b)(4)	\$ (b)(4)
2002 Above 2,401 beds					\$
2003 Transportation	50,000 miles	1	\$	\$	\$
2004 Transportation	> 50,000 miles	10,000	\$	\$	\$
2005 Education	1,000 children	12	\$	\$	\$
2006 Fully burdened Guard Rate	Hour	10,000	\$	\$	\$
YEAR 4				\$	\$

RAMP UP 4 YRS WITH UPFRONT PAYMENT

B

CONTRACTOR		PROPOSAL		GOVERNMENT		OBJECTIVE	
Month		Month		Month		Month	
1	\$ (b)(4)	13	\$ (b)(4)	1	\$ 13,488,528.00	13	\$ 18,911,174.30
2	\$	14	\$	2	\$ 13,488,528.00	14	\$ 18,911,174.30
3	\$	15	\$	3	\$ 13,488,528.00	15	\$ 18,911,174.30
4	\$	16	\$	4	\$ 16,871,143.00	16	\$ 18,911,174.30
5	\$	17	\$	5	\$ 16,871,143.00	17	\$ 18,911,174.30
6	\$	18	\$	6	\$ 18,911,174.30	18	\$ 18,911,174.30
7	\$	19	\$	7	\$ 18,911,174.30	19	\$ 18,911,174.30
8	\$	20	\$	8	\$ 18,911,174.30	20	\$ 18,911,174.30
9	\$	21	\$	9	\$ 18,911,174.30	21	\$ 18,911,174.30
10	\$	22	\$	10	\$ 18,911,174.30	22	\$ 18,911,174.30
11	\$	23	\$	11	\$ 18,911,174.30	23	\$ 18,911,174.30
12	\$	24	\$	12	\$ 18,911,174.30	24	\$ 18,911,174.30
	\$		\$		\$ 206,586,090.10		\$ 226,934,091.60
Bed Day Rate	\$		\$	Bed Day Rate	\$ 235.83		\$ 258.35
>2,400 beds	\$		\$	>2,400 beds	\$ 258.35		\$ 258.35

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

From: (b)(6); (b)(7)(C)
Sent: Friday, September 12, 2014 8:59 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Ramp Plan change
Attachments: RAMP UP PLAN change.pdf

See modified ramp up plan changing 30 days to 45 days. This is caused by CCA's subcontractor Target, who doesn't want to start off on this contract on the wrong foot, unable to meet the 30 days. CCA has reduced by \$3,382,615 month 4.

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

Detention Management Division | Deputy Assistant Director
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6);
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6);
Email: (b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C) [mailto:(b)(6); (b)(7)(C) @cca.com]
Sent: Thursday, September 11, 2014 9:51 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Ramp Plan change

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

Attached is the Ramp Plan with the change from 30 to 45 days in the first bullet as discussed with Brian and Lucibeth. We made one other change and it is in the second paragraph. We changed "60 days after the Start Date" to "for the first permanent neighborhood." It does not change the ramp plan. It only makes the explanation clearer and more accurate in accordance with the definition of "Start Date."

Please let us know if you have any questions.

Thanks!

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

Attachment 15

See how CCA is making a difference

(i) This e-mail and any files transmitted with it are confidential and intended solely for the use of the intended recipient(s). If you have received this e-mail in error, please notify the sender immediately and delete this e-mail and any associated files from your system. (ii) Views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of Corrections Corporation of America. (iii) The recipient should check this e-mail and any attachments for the presence of viruses. The company accepts no liability for errors or omissions caused by e-mail transmission or any damage caused by any virus transmitted by or with this e-mail. This email has been scanned for content and viruses by the McAfee Email Security System

RAMP UP PLAN:

The term "Start Date" starts the calendar. "Start Date" is defined as the later of ICE and CCA signing an award document which precipitates the IGA amendment being sent to Eloy, a COTR being assigned to the contract for purposes of initiating the background clearance process, necessary permits being received or the date which CCA is allowed on site per NEPA clearance.

Note, the first group (temporary beds) is limited to 480 because Target can only construct 480 beds of the new housing modular design for the first permanent neighborhood and if more than 480 are in the temporary beds CCA would not be able to move all residents from the cottages (temporary beds) to the new housing modulars.

2,400 beds consist of five housing neighborhoods of 480 beds each.

- 45 days after Start Date, CCA will accept the first 480 into the temporary beds;
- 90 days after Start Date, CCA will open the first permanent 480 bed neighborhood and CCA will move the 480 residents from the temporary beds into the first permanent beds;
- 120 days after Start Date, CCA will open the second permanent 480 bed neighborhood and CCA will be ready to accept an additional 480 residents (total count of 960);
- 150 days after Start Date, CCA will open the third permanent 480 bed neighborhood and CCA will be ready to accept an additional 480 residents (total count 1440);
- 180 days after Start Date, CCA will open the fourth permanent 480 bed neighborhood and CCA will be ready to accept an additional 480 residents (total count 1920);
- 210 days after Start Date, CCA will open the fifth permanent 480 bed neighborhood and CCA will be ready to accept the final 480 residents (total count 2400).

Option Yr 2				UNIT	Total Amount
DESCRIPTION	UNITS	QTY	PRICE		
2001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)
2002	> 2,400 beds				
2003	Transportation	50,000 miles	1	\$	\$
2004	Transportation	> 50,000 miles	10,000	\$	\$
2005	Education	1,000 children	12	\$	\$
2006	Fully burdened Guard Rate	Hour	10,000	\$	\$
					Bed Day Rate \$ (b)(4)
					>2,400 beds \$
YEAR 3				\$	

Option Yr 3				UNIT	Total Amount
DESCRIPTION	UNITS	QTY	PRICE	YEAR 4	
3001	2,400 beds	Month	12	\$(b)(4)	\$(b)(4)
3002	Above 2,401 beds				
3003	Transportation	50,000 miles	1	\$	\$
3004	Transportation	> 50,000 miles	10,000	\$	\$
3005	Education	1,000 children	12	\$	\$
3006	Fully burdened Guard Rate	Hour	10,000	\$	\$
					Bed Day Rate \$ (b)(4)
					>2,400 beds \$
RAMP UP 4 YRS WITH UPFRONT PAYMENT					
B	ATTACHMENT 1			\$	

DESCRIPTION	UNITS	QTY	UNIT PRICE	Total Amount	Month	Monthly rate	
0001 Monthly Cost	Month				1	(b)(4)	
					2		
0002 > 2,400 beds					3		
					4		
0003 Transportation	50,000 miles	1	\$(b)(4)	\$(b)(4)	5		
					6		
0004 Transportation	> 50,000 miles	10,000	\$	\$	7		
					8		
0005 Education	1,000 children	12	\$	\$	9		
					10		
0006 Guard Rate Rate	Hour	10,000	\$	\$	11		
					12		
					>2,400 beds	\$	
				Total Amount	Month	Monthly rate	
1001 Monthly Cost	Month		\$		13	(b)(4)	
					14		
1002 > 2,400 beds					15		
					16		
1003 Transportation	50,000 miles	1	\$	\$(b)(4)	17		
					18		
1004 Transportation	> 50,000 miles	10,000	\$	\$	19		
					20		
1005 Education	1,000 children	12	\$	\$	21		
					22		
1006 Guard Rate Rate	Hour	10,000	\$	\$	23		
					24		
					Bed Day Rate	\$	
					>2,400 beds	\$	
				Total Amount	Months		
2001 2,400 beds	Month	12	\$		25 - 36	(b)(4)	
2002 > 2,400 beds							
2003 Transportation	50,000 miles	1	\$	\$(b)(4)			
2004 Transportation	> 50,000 miles	10,000	\$	\$			
2005 Education	1,000 children	12	\$	\$			
Fully burdened							
2006 Guard Rate	Hour	10,000	\$	\$	Bed Day Rate		
					>2,400 beds		
				Total Amount	Months		
3001 Monthly Costs up	Month	12	\$		37 - 48		(b)(4)
3002 Above 2,401 beds							
3003 Transportation	50,000 miles	1	\$	\$(b)(4)			
3004 Transportation	> 50,000 miles	10,000	\$	\$			
3005 Education	1,000 children	12	\$	\$			
Fully burdened							
3006 Guard Rate	Hour	10,000	\$	\$	Bed Day Rate		
					>2,400 beds		
				Total Amount	Months		

Attachment 16

DESCRIPTION	UNITS	QTY	UNIT PRICE	Total Amount	Month	Monthly rate
0001 Monthly Cost	Month				1	<div style="border: 1px solid black; padding: 5px;">(b)(4)</div>
					2	
0002 > 2,400 beds					3	
					4	
0003 Transportation	50,000 miles	1	\$(b)(4)	\$(b)(4)	5	
					6	
0004 Transportation	> 50,000 miles	10,000	\$	\$	7	
					8	
0005 Education	1,000 children	12	\$	\$	9	
					10	
0006 Guard Rate rate	Hour	10,000	\$	\$	11	
					12	
>2,400 beds						\$

DESCRIPTION	UNITS	QTY	UNIT PRICE	Total Amount	Month	Monthly rate
1001 Monthly Cost	Month		\$		13	<div style="border: 1px solid black; padding: 5px;">(b)(4)</div>
					14	
1002 > 2,400 beds					15	
					16	
1003 Transportation	50,000 miles	1	\$	\$(b)(4)	17	
					18	
1004 Transportation	> 50,000 miles	10,000	\$	\$	19	
					20	
1005 Education	1,000 children	12	\$	\$	21	
					22	
1006 Guard Rate Rate	Hour	10,000	\$	\$	23	
					24	
Bed Day Rate						\$
>2,400 beds						\$

DESCRIPTION	UNITS	QTY	UNIT PRICE	Total Amount	Months	Monthly rate
2001 2,400 beds	Month	12	\$(b)(4)		25 - 36	<div style="border: 1px solid black; padding: 5px;">(b)(4)</div>
2002 > 2,400 beds						
2003 Transportation	50,000 miles	1	\$	\$(b)(4)		
2004 Transportation	> 50,000 miles	10,000	\$	\$		
2005 Education	1,000 children	12	\$	\$		
Fully burdened						
2006 Guard Rate	Hour	10,000	\$	\$	Bed Day Rate	
					>2,400 beds	

DESCRIPTION	UNITS	QTY	UNIT PRICE	Total Amount	Months	Monthly rate
3001 Monthly Costs up	Month	12	\$(b)(4)		37 - 48	<div style="border: 1px solid black; padding: 5px;">(b)(4)</div>
3002 Above 2,401 beds						
3003 Transportation	50,000 miles	1	\$	\$(b)(4)		
3004 Transportation	> 50,000 miles	10,000	\$	\$		
3005 Education	1,000 children	12	\$	\$		
Fully burdened						
3006 Guard Rate	Hour	10,000	\$	\$	Bed Day Rate	
					>2,400 beds	

ATTACHMENT 1

**SOUTH TEXAS FAMILY RESIDENTIAL CENTER
Dilley, TX**

STAFF DEPLOYMENT BY SHIFT & POSITION

(b)(4); (b)(5); (b)(7)(E)

MANAGEMENT / SUPPORT	Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff
-----------------------------	--------------------------	-----------------	------------------	------------------	------------------	---------------------	---------------	----------------------	--------------------

(b)(4); (b)(5); (b)(7)(E)

SECURITY OPERATIONS - 8HR SHIFTS	Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff
---	--------------------------	-----------------	------------------	------------------	------------------	---------------------	---------------	----------------------	--------------------

(b)(4); (b)(5); (b)(7)(E)

SOUTH TEXAS FAMILY RESIDENTIAL CENTER
Dilley, TX

SECURITY OPERATIONS - 8HR SHIFTS									
Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff	
(b)(4); (b)(5); (b)(7)(E)									

UNIT MANAGEMENT									
Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff	
(b)(4); (b)(5); (b)(7)(E)									

MAINTENANCE									
Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff	
(b)(4); (b)(5); (b)(7)(E)									

SERVICES									
Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff	
(b)(4); (b)(5); (b)(7)(E)									

SOUTH TEXAS FAMILY RESIDENTIAL CENTER
Dilley, TX

PROGRAMS	Post / Assignment	Job Code	1st Shift	2nd Shift	3rd Shift	Days Covered	Hrs/PP	Relief Factor	Total Staff
(b)(4); (b)(5); (b)(7)(E)									

**Positions hired under a contractual or fee basis for services rendered.*

SOUTH TX2400 - 07/08/2016

*** Salaries and benefits reimbursed from Commissary receipts*

POSITION SUMMARY
(b)(4); (b)(5); (b)(7)(E)