

<b>AWARD/CONTRACT</b>		1. This Contract is a Rated Order under the Defense Priorities and Allocations System (DPAS) - Code of Federal Regulations - at 15 CFR 700.		RATING		PAGE OF PAGES 1 70	
2. CONTRACT (Procurement, Instruction, Identification) NUMBER 70CDCR25D00000007				3. EFFECTIVE DATE See Block 20C		4. REQUISITION/PURCHASE REQUEST/PROJECT NUMBER	
5. ISSUED BY CODE 70CDCR		6. ADMINISTERED BY (If other than Item 5) CODE ICE/DCR		ICE/Detention Compliance & Removals ICE Office of Acquisition Management 500 12th St SW Washington DC 20024		SCD-C	
DETENTION COMPLIANCE AND REMOVALS ICE Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024							

7. NAME AND ADDRESS OF CONTRACTOR (Number, Street, County, State and ZIP Code)  GEO GROUP INC THE ATTN [REDACTED] 4955 TECHNOLOGY WAY BOCA RATON FL 334313367		8. DELIVERY <input type="checkbox"/> FREE ON BOARD (FOB) ORIGIN <input checked="" type="checkbox"/> OTHER (See below)		9. DISCOUNT FOR PROMPT PAYMENT  Net 30	
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10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN		ITEM	
CODE JMLKZZ1NL2Z6		FACILITY CODE	

11. SHIP TO/MARK FOR CODE		12. PAYMENT WILL BE MADE BY CODE ICE/ERO/FOD/FNE WWW.IPP.GOV	
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13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION UNDER THE UNITED STATES CODE AT: <input type="checkbox"/> 10 U.S.C. 3204 (a) <input type="checkbox"/> 41 U.S.C. 3304 (a)		14. ACCOUNTING AND APPROPRIATION DATA See Schedule									
15A. ITEM NUMBER		15B. SUPPLIES/SERVICES		15C. QUANTITY		15D. UNIT		15E. UNIT PRICE		15F. AMOUNT	
Continued											

15G. TOTAL AMOUNT OF CONTRACT			
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(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1-2	X	I	CONTRACT CLAUSES	44-69
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	3-35	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS			
X	C	DESCRIPTION/SPECIFICATIONS/WORK STATEMENT	36	X	J	LIST OF ATTACHMENTS	70
X	D	PACKAGING AND MARKING	37	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	38		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	39		L	INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	40		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	41-43				

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 1 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)		18. <input type="checkbox"/> SEALED-BID AWARD (Contractor is not required to sign this document.) Your bid on Solicitation Number [REDACTED] including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your bid, and (b) this award/contract. No further contractual document is necessary. (Block 18 should be checked only when awarding a sealed-bid contract.)	
19. NAME GEO GROUP BY [REDACTED] (Signature)		20A. NAME OF CONTRACTING OFFICER [REDACTED]	
19C. DATE SIGNED 2-26-25		20C. DATE SIGNED 02/26/2025	

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>UEI: JMLKZZ1NL2Z6</p> <p>COR: [REDACTED], [REDACTED]</p> <p>Contracting Officer: [REDACTED], [REDACTED]</p> <p>Contract Specialist: [REDACTED], [REDACTED]</p> <p>This is a hybrid firm-fixed price (FFP) and labor hour (LH) Indefinite Delivery / Indefinite Quantity (IDIQ) contract to provide alien detention and transportation for the ERO Newark Area of Responsibility at Delaney Hall located at 451 Doremus Ave, Newark, NJ 07105-4893.</p> <p>The contractor shall provide services in accordance with Section C, Performance Work Statement (PWS) and all other terms and conditions set forth in this IDIQ.</p> <p>All services shall be furnished in compliance with the regulations/policies/standards included within the IDIQ.</p> <p>All IDIQ terms and conditions flow down to any Task Orders placed against the contract.</p> <p>Scope of work changes must be submitted in writing and approved by a warranted ICE Contracting Officer. Any work conducted outside the scope of the terms of this contract will be at the contractor's own risk.</p> <p>The applicable Department of Labor Wage Determination will be updated on an annual basis. If a Wage Determination or CBA incorporation results in an increase to service employee wages, the contractor must submit an SCA request for equitable adjustment and provide sufficient documentation to the Contracting Officer's satisfaction in accordance with FAR 52.222-41.</p> <p>All ordering of services under this IDIQ and funding for such orders will be provided on subsequent task orders.</p> <p>In accordance with Section B.3 Minimum and Maximum Quantities, the IDIQ maximum ceiling was calculated by applying an increase of 40% to the total proposed value. This was achieved by increasing the ceiling for each proposed CLIN by Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>40%. Although the ceiling was increased, the contractor shall submit invoices for each CLIN as defined on the task order in accordance with the CLIN tables defined in Section B.2 Contract Pricing.</p> <p>Period of Performance: 03/01/2025 to 02/29/2040</p> <p>Detention Services</p> <p>Detention Services for [REDACTED] total detainees at a monthly rate of [REDACTED]</p> <p>The total ceiling has increased:</p> <p>From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2025 to 02/28/2026</p>				
0002	<p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees at a monthly rate of [REDACTED]</p> <p>The total ceiling has increased:</p> <p>From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2025 to 02/28/2026</p>				
0003	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ [REDACTED]/hour</p> <p>The total ceiling has increased:</p> <p>From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2025 to 02/28/2026</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
 GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0004	Transportation Mileage Rate -  Reimbursable at a rate of \$ /mile  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$  Period of Performance: 03/01/2025 to 02/28/2026				
0005	Detainee Volunteer Work Program  Reimbursable at a rate of /day  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$  Period of Performance: 03/01/2025 to 02/28/2026				
0006	60 Day Transition Period  One time cost at price of \$  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2025 to 02/28/2026				
0101	Detention Services  Detention Services for total detainees at a monthly rate of \$  The total ceiling has increased:  From: \$ 0.00 By: \$ Continued ...				

NAME OF OFFEROR OR CONTRACTOR  
 GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0102	<p>To: \$ [REDACTED]            Obligated Amount: \$0.00            Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2026 to 02/28/2027</p> <p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees            at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased:            From: \$ 0.00            By: \$ [REDACTED]            To: \$ [REDACTED]            Obligated Amount: \$0.00            Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2026 to 02/28/2027</p>				
0103	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ [REDACTED]/hour</p> <p>The total ceiling has increased:            From: \$ 0.00            By: \$ [REDACTED]            To: \$ [REDACTED]            Obligated Amount: \$0.00            Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2026 to 02/28/2027</p>				
0104	<p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ [REDACTED]/mile</p> <p>The total ceiling has increased:            From: \$ 0.00            By: \$ [REDACTED]            To: \$ [REDACTED]            Obligated Amount: \$0.00            Award Type: Cost            Total Estimated Cost: \$ [REDACTED]</p> <p>Period of Performance: 03/01/2026 to 02/28/2027</p>				
0105	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of [REDACTED]/day            Continued ...</p>				

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GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0201	<p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p> <p>Period of Performance: 03/01/2026 to 02/28/2027</p> <p>Detention Services</p> <p>Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2027 to 02/29/2028</p>				
0202	<p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2027 to 02/29/2028</p>				
0203	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ [REDACTED]/hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour Continued ...</p>				



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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0204	<p>Period of Performance: 03/01/2027 to 02/29/2028</p> <p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ [REDACTED] mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p>				
0205	<p>Period of Performance: 03/01/2027 to 02/29/2028</p> <p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ [REDACTED]/day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p>				
0301	<p>Period of Performance: 03/01/2027 to 02/29/2028</p> <p>Detention Services</p> <p>Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p>				
0302	<p>Period of Performance: 03/01/2028 to 02/28/2029</p> <p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees at a monthly rate of [REDACTED] Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2028 to 02/28/2029</p>				
0303	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ <span style="background-color: black; color: black;">XXXXXX</span>/hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXX</span> Obligated Amount: \$0.00 Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2028 to 02/28/2029</p>				
0304	<p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ <span style="background-color: black; color: black;">XXXXXX</span>/mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXX</span> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <span style="background-color: black; color: black;">XXXXXX</span></p> <p>Period of Performance: 03/01/2028 to 02/28/2029</p>				
0305	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ <span style="background-color: black; color: black;">XXXXXX</span>/day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXX</span> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <span style="background-color: black; color: black;">XXXXXX</span></p> <p>Period of Performance: 03/01/2028 to 02/28/2029 Continued ...</p>				



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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0401	Detention Services  Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]  The total ceiling has increased:  From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2029 to 02/28/2030				
0402	Additional Capacity For Detention Services  Detention Serices for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]  The total ceiling has increased:  From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2029 to 02/28/2030				
0403	Guard Hours Rate  Guard services at a rate of \$ [REDACTED]/hour  The total ceiling has increased:  From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour  Period of Performance: 03/01/2029 to 02/28/2030				
0404	Transportation Mileage Rate -  Reimbursable at a rate of \$ [REDACTED]/mile  The total ceiling has increased:  From: \$ 0.00 By: \$ [REDACTED] Continued ...				

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GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0405	<p>To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Cost  Total Estimated Cost: \$ [REDACTED]    Period of Performance: 03/01/2029 to 02/28/2030    Detainee Volunteer Work Program    Reimbursable at a rate of [REDACTED]/day    The total ceiling has increased:  From: \$ 0.00  By: \$ [REDACTED]  To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Cost  Total Estimated Cost: \$ [REDACTED]    Period of Performance: 03/01/2029 to 02/28/2030</p>				
0501	<p>Detention Services    Detention Services for [REDACTED] total detainees at  a monthly rate of \$ [REDACTED]    The total ceiling has increased:  From: \$ 0.00  By: \$ [REDACTED]  To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Firm-fixed-price    Period of Performance: 03/01/2030 to 02/28/2031</p>				
0502	<p>Additional Capacity For Detention Services    Detention Serices for [REDACTED] total detainees  at a monthly rate of \$ [REDACTED]    The total ceiling has increased:  From: \$ 0.00  By: \$ [REDACTED]  To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Firm-fixed-price    Period of Performance: 03/01/2030 to 02/28/2031</p>				
0503	<p>Guard Hours Rate  Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Guard services at a rate of \$ [REDACTED]/hour  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour  Period of Performance: 03/01/2030 to 02/28/2031				
0504	Transportation Mileage Rate -  Reimbursable at a rate of \$ [REDACTED]/mile  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]  Period of Performance: 03/01/2030 to 02/28/2031				
0505	Detainee Volunteer Work Program  Reimbursable at a rate of \$ [REDACTED]/day  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]  Period of Performance: 03/01/2030 to 02/28/2031				
0601	Detention Services  Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Continued ...				

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GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0602	<p>Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2031 to 02/29/2032</p> <p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00</p> <p>Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2031 to 02/29/2032</p>				
0603	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ [REDACTED]/hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00</p>				
0604	<p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ [REDACTED]/mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00</p> <p>Award Type: Cost</p> <p>Total Estimated Cost: \$ [REDACTED]</p> <p>Period of Performance: 03/01/2031 to 02/29/2032</p>				
0605	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ [REDACTED]/day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0701	<p>To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Cost  Total Estimated Cost: \$ [REDACTED]    Period of Performance: 03/01/2031 to 02/29/2032    Detention Services    Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]    The total ceiling has increased:  From: \$ 0.00  By: \$ [REDACTED]  To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Firm-fixed-price    Period of Performance: 03/01/2032 to 02/24/2033</p>				
0702	<p>Additional Capacity For Detention Services    Detention Serices for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]    The total ceiling has increased:  From: \$ 0.00  By: \$ [REDACTED]  To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Firm-fixed-price    Period of Performance: 03/01/2032 to 02/24/2033</p>				
0703	<p>Guard Hours Rate    Guard services at a rate of \$ [REDACTED]/hour    The total ceiling has increased:  From: \$ 0.00  By: \$ [REDACTED]  To: \$ [REDACTED]  Obligated Amount: \$0.00  Award Type: Labor-hour    Period of Performance: 03/01/2032 to 02/24/2033</p>				
0704	<p>Transportation Mileage Rate -    Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Reimbursable at a rate of \$ /mile  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$  Period of Performance: 03/01/2032 to 02/24/2033				
0705	Detainee Volunteer Work Program  Reimbursable at a rate of \$ /day  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$  Period of Performance: 03/01/2032 to 02/24/2033				
0801	Detention Services  Detention Services for total detainees at a monthly rate of \$  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2033 to 02/28/2034				
0802	Additional Capacity For Detention Services  Detention Serices for total detainees at a monthly rate of \$  The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Continued ...				



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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0803	<p>Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2033 to 02/28/2034</p> <p>Guard Hours Rate</p> <p>Guard services at a rate of \$ [REDACTED]/hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour</p>				
0804	<p>Period of Performance: 03/01/2033 to 02/28/2034</p> <p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ [REDACTED]/mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p>				
0805	<p>Period of Performance: 03/01/2033 to 02/28/2034</p> <p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ [REDACTED]/day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p>				
0901	<p>Period of Performance: 03/01/2033 to 02/28/2034</p> <p>Detention Services</p> <p>Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
GEO GROUP INC THE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">[REDACTED]</span> To: \$ <span style="background-color: black; color: black;">[REDACTED]</span> Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2034 to 02/28/2035</p>				
0902	<p>Additional Capacity For Detention Services</p> <p>Detention Serices for <span style="background-color: black; color: black;">[REDACTED]</span> total detainees at a monthly rate of \$ <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">[REDACTED]</span> To: \$ <span style="background-color: black; color: black;">[REDACTED]</span> Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2034 to 02/28/2035</p>				
0903	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ <span style="background-color: black; color: black;">[REDACTED]</span>/hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">[REDACTED]</span> To: \$ <span style="background-color: black; color: black;">[REDACTED]</span> Obligated Amount: \$0.00 Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2034 to 02/28/2035</p>				
0904	<p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ <span style="background-color: black; color: black;">[REDACTED]</span>/mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">[REDACTED]</span> To: \$ <span style="background-color: black; color: black;">[REDACTED]</span> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Period of Performance: 03/01/2034 to 02/28/2035</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0905	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ /day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$</p> <p>Period of Performance: 03/01/2034 to 02/28/2035</p>				
1001	<p>Detention Services</p> <p>Detention Services for total detainees at a monthly rate of \$</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2035 to 02/29/2036</p>				
1002	<p>Additional Capacity For Detention Services</p> <p>Detention Serices for total detainees at a monthly rate of \$</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2035 to 02/29/2036</p>				
1003	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ /hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ To: \$ Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1004	<p>Obligated Amount: \$0.00 Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2035 to 02/29/2036</p> <p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ [REDACTED] mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p> <p>Period of Performance: 03/01/2035 to 02/29/2036</p>				
1005	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ [REDACTED]/day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p> <p>Period of Performance: 03/01/2035 to 02/29/2036</p>				
1101	<p>Detention Services</p> <p>Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2036 to 02/28/2037</p>				
1102	<p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	at a monthly rate of \$ <div></div> The total ceiling has increased: From: \$ 0.00 By: \$ <div></div> To: \$ <div></div> Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2036 to 02/28/2037				
1103	Guard Hours Rate  Guard services at a rate of \$ <div></div> /hour  The total ceiling has increased: From: \$ 0.00 By: \$ <div></div> To: \$ <div></div> Obligated Amount: \$0.00 Award Type: Labor-hour  Period of Performance: 03/01/2036 to 02/28/2037				
1104	Transportation Mileage Rate -  Reimbursable at a rate of \$ <div></div> /mile  The total ceiling has increased: From: \$ 0.00 By: \$ <div></div> To: \$ <div></div> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <div></div>  Period of Performance: 03/01/2036 to 02/28/2037				
1105	Detainee Volunteer Work Program  Reimbursable at a rate of \$ <div></div> /day  The total ceiling has increased: From: \$ 0.00 By: \$ <div></div> To: \$ <div></div> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <div></div>  Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1201	Period of Performance: 03/01/2036 to 02/28/2037  Detention Services  Detention Services for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price				
1202	Period of Performance: 03/01/2037 to 02/28/2038  Additional Capacity For Detention Services  Detention Serices for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price				
1203	Period of Performance: 03/01/2037 to 02/28/2038  Guard Hours Rate  Guard services at a rate of \$ [REDACTED]/hour  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour				
1204	Period of Performance: 03/01/2037 to 02/28/2038  Transportation Mileage Rate -  Reimbursable at a rate of \$ [REDACTED]/mile  The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] Continued ...				



NAME OF OFFEROR OR CONTRACTOR  
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	To: \$ ██████████ Obligated Amount: \$0.00				
1205	Detainee Volunteer Work Program  Reimbursable at a rate of \$ ████████/day  The total ceiling has increased: From: \$ 0.00 By: \$ ██████████ To: \$ ██████████ Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ ██████████  Period of Performance: 03/01/2037 to 02/28/2038				
1301	Detention Services  Detention Services for ████████ total detainees at a monthly rate of \$\$ ██████████  The total ceiling has increased: From: \$ 0.00 By: \$ ██████████ To: \$ ██████████ Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2038 to 02/28/2039				
1302	Additional Capacity For Detention Services  Detention Serices for ██████████ total detainees at a monthly rate of \$ ██████████  The total ceiling has increased: From: \$ 0.00 By: \$ ██████████ To: \$ ██████████ Obligated Amount: \$0.00 Award Type: Firm-fixed-price  Period of Performance: 03/01/2038 to 02/28/2039				
1303	Guard Hours Rate  Guard services at a rate of \$ ████████/hour  Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> Obligated Amount: \$0.00 Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2038 to 02/28/2039</p>				
1304	<p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ <span style="background-color: black; color: black;">XXXXXX</span>/mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Period of Performance: 03/01/2038 to 02/28/2039</p>				
1305	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ <span style="background-color: black; color: black;">XXXXXX</span>/day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Period of Performance: 03/01/2038 to 02/28/2039</p>				
1401	<p>Detention Services</p> <p>Detention Services for <span style="background-color: black; color: black;">XXXXXXXXXX</span> total detainees at a monthly rate of \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> To: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span> Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2039 to 02/29/2040 Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1402	<p>Additional Capacity For Detention Services</p> <p>Detention Serices for [REDACTED] total detainees at a monthly rate of \$ [REDACTED]</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Firm-fixed-price</p> <p>Period of Performance: 03/01/2039 to 02/29/2040</p>				
1403	<p>Guard Hours Rate</p> <p>Guard services at a rate of \$ [REDACTED]/hour</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Labor-hour</p> <p>Period of Performance: 03/01/2039 to 02/29/2040</p>				
1404	<p>Transportation Mileage Rate -</p> <p>Reimbursable at a rate of \$ [REDACTED]/mile</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ [REDACTED]</p> <p>Period of Performance: 03/01/2039 to 02/29/2040</p>				
1405	<p>Detainee Volunteer Work Program</p> <p>Reimbursable at a rate of \$ [REDACTED] day</p> <p>The total ceiling has increased: From: \$ 0.00 By: \$ [REDACTED] To: \$ [REDACTED] Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Obligated Amount: \$0.00 Award Type: Cost Total Estimated Cost: \$ <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Period of Performance: 03/01/2039 to 02/29/2040 For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE.</p> <p>ICE - INVOICE INSTRUCTIONS ERO</p> <p>Beginning December 9, 2024 all invoicing procedures will take place on <a href="http://www.IPP.gov">www.IPP.gov</a>. Vendors must be registered <a href="http://www.IPP.gov">www.IPP.gov</a>. Registration on <a href="http://www.IPP.gov">www.IPP.gov</a> is required to receive payment. Invoices will not be accepted by any other method.</p> <p>1. The contractor shall be active in the System for Award Management (<a href="http://www.SAM.gov">www.SAM.gov</a>) for invoice processing. Besides the information identified below, a proper invoice shall also include; contractor's Unique Entity Identifier (UEI) number; the ICE Program Office; and state whether the invoice is "INTERIM" or "FINAL".</p> <p>2. In accordance with Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows: "...An invoice must include-</p> <p>(i) Name and address of the Contractor. The name, address and UEI number on the invoice MUST match the information in both the Contract/Agreement and the information in SAM;</p> <p>(ii) Unique Entity Identifier (UEI) number;</p> <p>(iii) Invoice date and number;</p> <p>(iv) Contract number, line items and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(ix) Name, title, and phone number of persons to notify in event of defective invoice;</p> <p>(x) ICE Program Office designated on the order/contract/agreement; and</p> <p>(xi) Whether the invoice is "Interim" or "Final"</p> <p>(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Invoice submission: The above information will be required to complete the invoice submission requirements within IPP. Please refer to <a href="http://www.IPP.gov">www.IPP.gov</a> for additional information on Getting Started, Benefits, Features, and Enrollment.</p> <p>4. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"> <li>• Bed day rate;</li> <li>• Detainees check-in and check-out dates;</li> <li>• Number of bed days multiplied by the bed day rate;</li> <li>• Name of each detainee;</li> <li>• Detainees identification information</li> </ul> <p>(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other</p> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> <li>• Bed day rate;</li> <li>• Detainees check-in and check-out dates;</li> <li>• Number of bed days multiplied by the bed day rate;</li> <li>• Name of each detainee;</li> <li>• Detainees identification information</li> </ul> <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> <li>• Mileage rate being applied for that invoice;</li> <li>• Number of miles;</li> <li>• Transportation routes provided;</li> <li>• Locations serviced;</li> <li>• Names of detainees transported;</li> <li>• Itemized listing of all other charges; and,</li> <li>• for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</li> </ul> <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"> <li>• The location where the guard services were provided,</li> <li>• The employee guard names and number of hours being billed,</li> <li>• The employee guard names and duration of the billing (times and dates), and</li> <li>• for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</li> </ul> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>5. The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the Continued ...</p>				



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	<p>name of the detainee(s) supported and the date(s) and amount(s) of support.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>6. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience, or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at <a href="http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf">http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf</a> for more information on and/or examples of Sensitive PII.</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	The obligated amount of award: \$0.00. The total for this award is shown in box 15G.				