INTER-GOVERNMENTAL SERVICE AGREMENT

CITY OF ELOY, ARIZONA

This Inter-Governmental Service Agreement (IGSA) is for Detention Services to be provided to United States Immigration and Customs Enforcement, hereinafter referred to as "ICE", for the detention and care of aliens (thereafter referred to as "DETAINEES").

FACILITY LOCATION:

The **PROVIDER** shall provide detention services for detainees at the following institution:

Eloy Detention Center 1705 East Hanna Road Eloy, Arizona 85231

PERFORMANCE:

The **PROVIDER** is required to house ICE detainees, to perform in accordance with the most current editions of <u>ICE Detention Requirements</u>, <u>American Correctional Association (ACA) Standards for</u> <u>Adult Local Detention Facilities (ALDF)</u>, and <u>Standards Supplement</u>, <u>Standards for Health Services</u> <u>in Jails, latest edition</u>, <u>National Commission on Correctional Health Care (NCCHC)</u>. Some ACA standards are augmented by ICE policy and/or procedure. In cases where other standards conflict with DHS/ICE Policy or Standards, DHS/ICE Policy and Standards prevail. ICE Inspectors will conduct periodic inspections of the facility to assure compliance of the aforementioned standards.

The **PROVIDER** shall maintain continual compliance with ACA accreditation standards during performance of this agreement.

The **PROVIDER** shall be responsible for all costs associated with obtaining and maintaining full accreditation by ACA.

PERIOD OF PERFORMANCE:

This Agreement shall become effective upon the date of final signature by ICE and the **PROVIDER** and shall remain in effect indefinitely unless terminated in writing, by either party. Either party must provide written intentions to terminate the agreement, 120 days in advance of the effective date of formal termination.

PAYMENT RATE

Per Diem Rat	

In consideration for the **PROVIDER'S** performance under the Terms and Conditions of this Agreement, ICE shall make payment to the **PROVIDER** for each detainee accepted and housed by the **PROVIDER**. The rate is the per diem rate for the support of one Detainee per day and shall include the day of arrival but not the day of departure.

The **PROVIDER** shall not charge for costs, which are not directly related to the housing and detention of detainees. Such costs include, but are not limited to:

- A) Salaries of elected officials.
- B) Salaries of employees not directly engaged in the housing and detention of detainees.
- C) Indirect costs in which a percentage of all local government costs are pro-rated and applied to individual departments.
- D) Detainee services which are not provided to, or cannot be used by detainees.
- E) Operating costs of facilities not utilized by detainees.
- F) Interest on borrowing (however represented), bond discounts, cost(s) of financing/refinancing, and legal or professional fees.

This agreement in no way obligates Immigration and Customs Enforcement to any minimum population guarantee.

MODIFICATION:

This Agreement, or any of its specific provisions, may be revised or modified by signatory concurrence of the undersigned parties, or their respective official successors.

TRANSPORTATION SERVICES:

- The PROVIDER shall provide all ground transportation services as may be required to transport detainees securely, in a timely manner, to off-site medical providers. Transportation mileage reimbursable rates will be commensurate with current applicable federal travel allowance rates. When officers are not providing transportation services the PROVIDER shall assign the employees to supplement security duties within the facility or on-call duties to assist ICE as directed by the COTR or designated ICE official. However, the primary function of these officers is transportation. On-call duties as directed by the COTR utilizing these officers shall not incur any additional expense to the government.
- 2. The PROVIDER personnel provided for the above services shall be of the same qualifications, receive the same training, complete the same security clearances, and wear the same uniforms as those PROVIDER personnel are provided for in

the other areas of this agreement.

- 3. During all transportation activities, at least one officer shall be the same sex as the detainee(s). Questions concerning guard assignments shall be directed to the COTR for final determination.
- 4. The **PROVIDER** shall, upon order of the COTR, or upon his own decision in an urgent medical situation, transport a detainee to a hospital location. An officer, or officers, shall keep the detainee under constant supervision 24 hours per day until the detainee is ordered released from the hospital, or at the order of the COTR. The **PROVIDER** shall then transport the detainee to the detention site.
- 5. When the COTR provides documents to the **PROVIDER** concerning the detainee(s) to be transported and/or escorted, the **PROVIDER** shall deliver these documents only to the named authorized recipients. The **PROVIDER** shall ensure the material is kept confidential and not viewed by any person other than the authorized recipient.
- 6. The **PROVIDER** shall establish a communications system that has direct and immediate contact with all transportation vehicles and post assignments. Upon demand, the COTR shall be provided with current status of all vehicles and post assignment employees.

GUARD SERVICES:

The **PROVIDER** agrees to provide stationary guard services as requested or required for detainees who are committed to, or require, medical services beyond the secure perimeter of the facility. Qualified law enforcement or correctional officer personnel employed by the **PROVIDER** under their policies, procedure and practices will perform such services. The **PROVIDER** agrees to augment such practices as may be requested by ICE to enhance specific requirements for security, detainee monitoring, visitation, and contraband control. Reimbursement for these stationary guard services is not separately priced and is included in the per diem rate.

MEDICAL SERVICES:

In the event of an emergency, the **PROVIDER** shall proceed immediately with necessary medical treatment. In such event, the **PROVIDER** shall notify ICE immediately regarding the nature of the transferred detainee's illness or injury and type of treatment provided.

The **PROVIDER** agrees to accept and provide for the secure custody, care, and safekeeping of detainees in accordance with the State, and local laws, standards, policies, procedures, or court orders applicable to the operations of the facility.

The **PROVIDER** agrees to provide ICE detainees with the level of medical care and services as appropriate as part of the per diem rate. This rate includes but is not limited to:

- On-site sick call, medical appointments/services;
- Medication (over the counter/non-legend and routine drugs and medical supplies);
- Escort/security services for transport to/from emergency or non-emergency health care services as either an in-patient or outpatient.

When specifically requested by ICE, the **PROVIDER** agrees to arrange for and/or provide non-emergency ambulance transportation service to transport detainees from one off-site medical care facility to another. ICE agrees to provide reimbursement, over and above the per diem rate, to the **PROVIDER** for such ambulance transportation services when the costs are included with the regular monthly billing for detention services.

The **PROVIDER** agrees to cover all outside medical costs up to <u>\$3,000.00</u> per event associated with hospital or health care services specifically provided to any detainee.

The **PROVIDER** shall also notify the designated contact person at the local ICE office, when any reimbursable medical care is provided to a detainee, in accordance with procedures to be established and mutually agreed upon. Notification must be made in advance of treatment other than in emergency situations.

RECEIPT AND DISCHARGE OF FEDERAL DETAINEES:

The **PROVIDER** agrees to receive and discharge Federal detainees only from and to properly identified law enforcement officers and with prior authorization. Admission and discharge of Federal detainees shall be fully consistent with **PROVIDER** policies and procedures.

ICE detainees shall not be released from the facility into the custody of other Federal, state, or local officials for any reason, except for medical or emergency situations, without express authorization of ICE.

INSPECTION:

The **PROVIDER** agrees to allow periodic inspections of the facility by ICE inspectors. Findings will be shared with facility administrators in order to promote improvements to facility operations or conditions of detainment.

PER DIEM RATE AND ECONOMIC PRICE ADJUSTMENT

The per diem rate shall be <u>\$68.45</u> and may not be adjusted prior to September 30, 2007. Thereafter, the per diem rate shall be subject to adjustment based on the actual and allowable costs associated with the operation of the facility. When a rate increase is desired, the Local Government shall submit a written request to Immigration and Customs Enforcement at least sixty (60) days prior to the desired effective date of the rate adjustment. All such requests must contain a detailed cost proposal to substantiate the desired rate increase. The Local Government agrees to provide additional cost information to support the requested rate increase and to permit an audit of accounting records upon request by Immigration and Customs

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Enforcement. The rate may be renegotiated not more than once per year.

Criteria used to evaluate the increase or decrease in the per diem rate shall be those specified in the Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments.

The effective date of the rate modification will be negotiated and specified in a modification to this IGSA, which is approved by the ICE Contracting Officer. The effective date will be established on the first day of the month for accounting purposes. Payments at the modified rate will be paid upon the return of the signed modification by the authorized Local Government official to ICE.

BILLING PROCEDURE:

- (A) <u>Invoices</u> Invoices shall itemize each detainee by name, register number, dates of stay, and appropriate detainee-day rate. Billing shall be based upon the actual number of detainee days used.
- (B) Invoices Submission

U.S. Immigration and Customs Enforcement Phoenix Field District Office 2035 North Central Ave Phoenix, Arizona 85004 (602) 379-3426

(C) <u>Payment</u> - Payments will be made to the **PROVIDER** after receipt of a complete invoice, which shall contain a remittance address. All transfer(s) will be accomplished through Electronic Funds Transfer (EFT) on a monthly basis. The Prompt Payment Act shall apply.

IN WITNESS WHEREOF, the undersigned, duly authorized officers, have subscribed their names on behalf of the City of Eloy, Arizona and U.S. Immigration and Customs Euforcement.

ACCEPTED:

U.S. Immigration and Customs Enforcement

By: St. V. Won Date: 2/17/06

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Date:_____

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CITY OF ELOY, ARIZONA

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PAYMENT RATE

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Page 3 of 6 Pages

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ACCEPTED.

U.S. Immigration and Customs Enforcement.

By: Date: 2/17/06

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Date:

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Page 6 of 6 Pages

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	,	1. CONTRACT ID CODE	F	AGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REC	UISITION/PURCHASE REQ. NO.	15 PRO	1 3 JECT NO. (If applicable)				
P00001	05/12/2008			1					
6. ISSUED BY CODE	ICE/DM/DC-DC	7. AD	MINISTERED BY (If other than Item 6)	CODE	ICE/DM/DC-DC				
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NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9Á	AMENDMENT OF SOLICITATION NO.						
CITY OF ELOY CITY OF ELOY 528 N MAIN ST ELOY AZ 852310628 CODE 0025124220000 FACILITY CODE			9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-06-0002/						
			3. DATED (SEE ITEM 11)						
0025134220000	11. THIS ITEM ONLY APPLIES TO A		2/17/2006						
THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received 2. ACCOUNTING AND APPROPRIATION DATA (<i>if req</i> See Schedule 13. THIS ITEM ONLY APPLIES TO MOD	r already submitted, such change may b I prior to the opening hour and date spec uired)	e made l cified,		or letter ma	akes reference				
	T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE AD HORITY	SES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b). TY OF:						
D. OTHER (Specify type of modification	and authority)								
X Administrative modif	ication to revise in	voic							
. IMPORTANT: Contractor X is not,	is required to sign this document and	d return .	copies to the issuing	office.					
4. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, in	cluding s	olicitation/contract subject matter where feas	ible.)					
UNS Number: 002513422 rogram Office Point of Cont ohn Crowther <u>b6</u> 520) <u>b6</u>	tact:		· .						
ontracting Officer:									
erald Neveleff 02 b6									
ontinued					- d offerst				
xcept as provided herein, all terms and conditions of the 5A. NAME AND TITLE OF SIGNER (Type or print)	e accument referenced in item 9A or 10/	16A. I	atofore changed, remains unchanged and in f NAME AND TITLE OF CONTRACTING OFFI ald H. Neveleff						
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED			•	16C. DATE SIGNED				
(Signature of person authorized to sign)			(Signature of Contracting Officer)	TANDAD	D FORM:30 (REV. 10-83)				
revious edition unusable				rescribed					

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002//P00001

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to revise the procedure for Providers to submit their invoices for Agreement DROIGSA-06-0002. This revised				
	procedure is effective June 02, 2008 and pertains to all invoices submitted on that date and thereafter.				
	 In accordance with Article XII, Enrollment, Invoicing and Payment, revise paragraph (B) "Invoicing" to read as follow: 				
	Invoices shall be submitted via one of the following three methods:				
	a. By mail:				
	DHS, ICE Burlington Finance Center				
	P.O. Box 1620 Williston, VT 05495-1620 Attn: ICE-DRO-FOD-PHOENIX				
	<pre>b. By facsimile (fax): (include a cover sheet with point of contact & # of pages)</pre>				
	802-288-7658				
	c. By e-mail:				
·	Invoice.Consolidation@dhs.gov				
	Invoices submitted by other than these three methods will be returned. The contractor's Taxpayer Identification Number (TIN) must be				
	registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE on or				
	after June 02, 2008 to ensure prompt payment provisions are met. The ICE program office shall also be notated on every invoice.				
	2. The information required with each invoice submission is as follows:				
	a. The name and address of the facility;b. Invoice date and number;c. Agreement number, Task Order Number and line				
	item number. d. Terms of any discount for prompt payment				
	offered; Continued	-			
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OF

REFERENCE NO. OF DOCUMENT BEING CONTINUED

DROIGSA-06-0002//P00001.

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	e. Name, title, and phone number of person to				
	notify in event of defective invoice;				
	f. Taxpayer Identification Number (TIN). The				1
	Contractor shall include its TIN on the invoice				
	only if required elsewhere in this Agreement.				
	(See paragraph 1 above.)				
	g. The daily rate;				
	h. The total number of residential/detainee				
	days;				
	i. The name of each ICE resident/detainee;				
	j. Resident's/detainee's A-number;				
	k. Specific dates of detention for each				
	resident/detainee;				
	1. The total residential/detainee days				
	multiplied by the daily rate;	1			
	m. For transportation/stationary guard services,				
	the itemized monthly invoice shall state the				
	number of hours being billed, the duration of the				
	billing (times and dates) and the name of the				
	resident(s)/detainee(s) that was guarded.				
	Items a. through h. and l. must be on the cover				
	page of each invoice submission.				
	Invoices without the above information may be				
	returned for resubmission.				
	3. All other terms and conditions remain the				
	same.	1			
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OF

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00001	11/27/2007	1	1080001.1	
S. ISSUED BY CODE	ICE/DM/DI	7. A	DMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
ICE/Detention Mngt/Detention Immigration and Customs Enfo Office of Acquisition Manage 125 I Street NW, Suite 2208 Washington DC 20536	orcement ment	Im Of 42 At Wa	E/Detention Mngt/Deten migration and Customs fice of Acquisition Mar 5 I Street NW, Suite 2 tn: Yolanda Jordan shington DC 20536	Enforcement nagement
). NAME AND ADDRESS OF CONTRACTOR (No.; stree	t, county, State and ZIP Code)	$ \infty $	A AMENDMENT OF SOLICITATION NO.	
ITY OF ELOY ITY OF ELOY 28 N MAIN ST LOY AZ 852310628			B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDE DROIGSA-06-0002 HSCEDM-08-F-IG008 DB. DATED (SEE ITEM 11)	ER NO.
CODE 0025134220000	FACILITY CODE]	09/28/2007	
	<i>uired</i>) DIFICATION OF CONTRACTS/ORDERS	: In .ITM	· · · · · · · · · · · · · · · · · · ·	
X B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN D. OTHER (Specify type of modification	T IS ENTERED INTO PURSUANT TO A		DMINISTRATIVE CHANGES <i>(such as chang</i> Y OF FAR 43.103(b). RITY OF:	ges in paying office,
		ردا میدد. استان زیریش بازی		
IMPORTANT: Contractor	is required to sign this document an	d returr	n Copies to the issuit	ing office.
4 DESCRIPTION OF AMENDMENT/MODIFICATION of UNS Number: 002513422 he purpose of this modific . Provide funding to cont 007 through September 30, : . Remove the "Subject to vailable. 11 other terms and conditio	ation is as follows inue detention serv 2008. The Availability of	: ice: Fui	s for 1500 beds for th	he period October 1
elivery: 30 Days After Awar ontinued				
ccept as provided herein, all terms and conditions of the	document referenced in Item 9A or 10A	A, as he	eretofore changed, remains unchanged and ir	in full force and effect.
A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF	
		Su	san D. Erickson	
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B,	UNITED STATES OF AMERICA	rken 16C. DATE SIGNED
SN 7540-01-152-8070 revious edition unusable			Contracting Contracting Contracting	STANDARD FORM 30 (REV. 10-63) Prescribed by GSA FAR (48 CFR) 53.243

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HEET REFERENCE NO. OF D. MENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-08-F-IG008/P00001 PAGE OF

NAME OF OFFEROR OR CONTRACTOR

CITY OF	ELOY					
ITEM NO.	SUPPLIES/SERVICES	QUANTIT			AMOUNT	5.
(A)	(B)	(C)	(D)	(臣)	(F)	
	Discount Terms: b2Low Delivery Location Code: AZ6463 Department of Homeland Security Immigration & Customs Enforcement 2035 N. CENTRAL AVENUE					
	Attn: Letitia Claridge or Alt. POC: Laura Quezada PHOENIX AZ 85004					
	Accounting Info:					
	FOB: Destination Period of Performance: 10/01/2007 to 09/30/2008					
	Add Item 0001A as follows:					.*
0001A	Alien Adult Detention for housing and care of person detained 1,500 beds authorized	70500	EA	64.47	4,545,135.00	
NSN 7540-01-152-8	067			and the second	OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110	

	ENT OF SOLICITATION/MODIFIC			1. CONTRACT ID CODE	PAGE OF PAGES
	INT OF SOLICITATION/MODIFIC.	ATION OF CONTRACT			1 5
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00001		05/30/2007			
6. ISSUED BY	CODE	ICE	7. AE	DMINISTERED BY (If other than Item 6)	CODE ICE
Immigra 425 I S Rm 2208	pt. Of Homeland Secur tion and Customs Enfo treet, NW ton DC 20536	-	Imn 425 Rm	5. Dept. Of Homeland Sect migration and Customs En: 5 I Street, NW 2208 shington DC 20536	-
8. NAME AND	ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) ^{9/}	A. AMENDMENT OF SOLICITATION NO.	
CITY OF	ELOY				
CITY OF	ELOY		91	B. DATED <i>(SEE ITEM 11)</i>	
628 N MA					
ELOY AZ	852310628			DA. MODIFICATION OF CONTRACT/ORDER N	0.
			Н	SCEOP07FIG00010	
			1(DB. DATED <i>(SEE ITEM 11)</i>	
CODE 00	25134220000	FACILITY CODE] (01/19/2007	
		11. THIS ITEM ONLY APPLIES TO A	MEND	MENTS OF SOLICITATIONS	
separate let THE PLACI virtue of this reference to	tter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF C s amendment you desire to change an offe the solicitation and this amendment, and it TING AND APPROPRIATION DATA (If req redule	to the solicitation and amendment numb DFFERS PRIOR TO THE HOUR AND D, r already submitted, such change may be <u>s received prior to the opening hour and</u> <i>uired</i>)	oers. F. ATE SF e made I date s	eccipt of this amendment on each copy of the off AILURE OF YOUR ACKNOWLEDGEMENT TO PECIFIED MAY RESULT IN REJECTION OF YO by telegram or letter, provided each telegram of pecified.	BE RECEIVED AT DUR OFFER. If by letter makes
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	URSUANT TO: (Specify authority) THE	E CHAN	IGES SET FORTH IN ITEM 14 ARE MADE IN T	HE CONTRACT
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE A HORIT	DMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).	in paying office,
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO A	UTHO	RITY OF:	
	D. OTHER (Specify type of modification	and authority)			
Х	Administrative Chang	es and Mutual Agreem	lent	between both parties	
E. IMPORTAN	IT: Contractor X is not.	is required to sign this document and	d returr	n copies to the issuing of	office.
14. DESCRIP	TION OF AMENDMENT/MODIFICATION	Organized by UCF section headings, in	cluding	solicitation/contract subject matter where feasil	ole.)
Tax ID	Number: 86-6000662				
DUNS Nu	mber: 002513422				
The pur	pose of this modific	ation is to (1) cha	nge	the medical service, w	hich (2) reduces

the per diem rate and (3) add 250 beds to the Inter Governmental Service Agreement (IGSA) # HSCEOP07FIG00010 under contract # DROIGSA-06-0002 with Eloy, Arizona for detention service.

The Medical Services section on pages 3 & 4 of the referenced IGSA is Deleted and Inserted as follows:

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) 16		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)				
		Susan D. Erickson				
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C. DATE SIGNED		
(Signature of person authorized to sign)		(Signature of Contracting Officer)				
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FO Prescribed by G	DRM 30 (REV. 10-83) ISA		

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (DF
CONTINUATION SHEET	HSDROIGSA-06-0002/HSCEOP07FIG00010/P00001	2	5

NAME OF OFFEROR OR CONTRACTOR

CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Delete:				
	MEDICAL SERVICES:				
	In the event of an emergency, the PROVIDER shall				
	proceed immediately with necessary medical				
	treatment. In such an event, the PROVIDER shall				
	notify ICE immediately regarding the nature of				
	the transferred detainee's illness or injury and				
	type of treatment provided.				
	cype of creatment provided.				
	The PROVIDER agrees to accept and provide for the				
	secure custody, care and safekeeping of detainees				
	in accordance with the State and Local laws,				
	standards, policies, procedure, or court orders				
	applicable of treatment provided.				
	appricable of cleatment provided.				
	The PROVIDER agrees to provide ICE detainees with				
	the level of medical care and services as				
	appropriate as part of the per diem rate. This				
	rate includes but is not limited to:				
	- Onsite sick call, medical appointments/services;				
	- Medication (over the counter/non-legend and				
	routine drugs and medical supplies);				
	- Escort/Security services for transport to/from				
	emergency or non-emergency health care services				
	as either an in-patient or out-patient.				
	When specifically requested by ICE, the PROVIDER				
	agrees to arrange for and/or provide				
	non-emergency ambulance transportation services				
	to transport from one off-site medical care				
	facility to another. ICE agrees to provide				
	reimbursement, over and above the per diem rate,				
	to the PROVIDER for such ambulance transportation				
	services when the costs are included with the				
	regular monthly billing for detention services.				
	The DROWIDER servers to server all subside modical				
	The PROVIDER agrees to cover all outside medical				
	costs up to \$3,000.00 per event associated with				
	the hospital care services specifically provided				
	to any detainee.				
	The PROVIDER shall also notify the designated				
	contact person at the local ICE offices, when any				
	reimbursable medical care is provided to a				
	_				
	detainee, in accordance with procedures to be				
	established and mutually agreed upon.				
	Notification must be made in advance of treatment				
	other than in emergency situation.				
	Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE ()F
CONTINUATION SHEET	HSDROIGSA-06-0002/HSCEOP07FIG00010/P00001	3	5

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

EM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	· · ·			. ,	(-)
	Insert:				
	MEDICAL SERVICES:				
	The U. S. Public Health Services (USPHS) will be				
	responsible for providing all health care				
	services provided under contract for detained				
	aliens in the custody of ICE. The USPHS shall				
	provide medical coverage at the facility no less				
	than twenty-four (24) hours per day, seven (7)				
	days per week.				
	The contractor shall provide security with a				
	minimum of a staff of one at all times. When				
	patients are housed in the infirmary, a security				
	guard shall be posted to the unit 24 hours a day,				
	seven days a week. The contractor shall				
	coordinate and escort detainees to the medical				
	clinic for sick call, appointments and pill line.				
	Note: Optimum functioning of health services				
	depends on a continuous flow of patients to and				
	from the clinic with an average of one patient				
	per provider every 10 minutes. Throughput for a				
	clinic of this size could be as high as 200+				
	patients per day. Escort personnel will have to				
	be assigned accordingly.				
	The contractor shall provide the detainees				
	written instructions for gaining access to health				
	care services. Procedures shall be explained to all detainees in the detainees' native language,				
	and orally to detainees' who are unable to read.				
	The detainee shall similarly be provided				
	instructions and assistance in personal hygiene,				
	dental hygiene, grooming and health care. It				
	shall be made routinely available.				
	The USPHS shall provide for medical screening				
	upon arrival at the facility performed by health				
	care personnel or health trained personnel.				
	When communicable or debilitating physical				
	problems are suspected, the detainee shall be				
	separated from the detainee population, and				
	immediately notify USPHS staff. Behavioral				
	problems (detainee who is not diagnosed as				
	psychotic) and suicide observation will be the				
	responsibility of the contractor.				
	Written policy and defined procedure shall				
	require that detainee's written health complaints				
	are solicited and delivered to the medical				
	facility for appropriate follow-up.				
	Continued				
		1			

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE O	F
CONTINUATION SHEET	HSDROIGSA-06-0002/HSCEOP07FIG00010/P00001	4	5

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Written policy and defined procedure shall				
	require that health care complaints are responded				
	to and that sick call, conducted by USPHS				
	personnel is available to detainees daily. If a				
	detainee's custody status precludes attendance at				
	sick call, arrangements are made to provide sick				
	call services in the place of the detainee's				
	detention. A minimum of one sick call shall be				
	conducted daily. USPHS reserves the right to				
	conduct triage and sick call in the place of the				
	detainee's detention.				
	The USPHS shall provide to the contractor and				
	maintain basic first aid kits. First aid kits				
	shall be available at all times and shall be				
	located throughout the facility, as necessary, to				
	allow quick access.				
	2) There is no longer a medical service cost				
	included in the per diem rate; therefore, the per				
	diem rate is reduced by \$3.98 from \$68.45 to				
	\$64.47.				
	3) Provide additional 250 beds for detention				
	services at Eloy Detention Facility, Eloy,				
	Arizona. The total number of beds is increased				
	by 250 beds from 1,250 beds to 1,500 beds				
	The daily rate is \$64.47 for the period of				
	February 01, 2007 to September 30, 2007.				
	Not To Exceed Amount of \$23,307,065.46				
	4) The Accounting and Appropriation Data under				
	block 12 is listed as follows:				
	b2Low				
	b2Low \$0.00				
	b2Low				
	DBLIGATE \$18,072,705.46.				
	b2Low				
	DBLIGATE \$2,474,360.00				
	b2Low				
	DBLIGATE \$2,760,000.00				
	5) All other terms and conditions remain the same.				
	5, ALL OTHER CERTIS AND CONDICIOUS LEMAIN THE SAME.				
		1	I		

					PR	OCUREN	MENT REQUEST	NO.		
REQUI	NOITION				F	FOW070007A/000002				
					RE	REQUISITION DATE				
1. NAME, PHONE NUMBER, AN Sandra Mack/202	ID ROUTING SYMBOL OF PERSO	ON TO CONTACT			1	12/22/2006				
3. ORIGINATING OFFICE DATA							REQUEST (Che	ck one)		
Immigration and	Customs Enforceme	nt					REQUEST			
4. ADDITIONAL INFORMATION	(Suggested supply sources, secur	ity data, etc.)					ING PR NO.	FOW070	007A	
					C.	CONT	FICATION TO RACT OR R NO.			
	5. APPROVAL	S			6.	CONSIG	NEE AND DESTI	NATION		
APPROVING OFFICIA	ROUTING	DATE	-	ERNAL ROUTING	In	nmigr	ation and	d Cust	oms Enforcement	
(A)	SYMBOL (B)	(C)	INITIALS (D)	ROUTING SYMBOL (E)	42	25 I	Street NV	V		
(1) AUTHORIZED REQUISITIONER					Rn	n 220	8			
Sandra Mack	ICEHQ				Wa	ashin	gton DC 2	20536		
(2)										
(3)							REQUIRED			
(4)							s After A IMENTFURNISH		RTY	
<u></u>				0.				. 8 of instructions on next page.)		
		9. DESCRIPTIC		I MS OR SERVI	CES					
ITEM NO.					QUANT		т	ES	STIMATED COST	
(A)	ITEM OR SERVICE (Include Sp (E		structions)		(C)	(D)	LINIT	г	AMOUNT (F)	
Tax ID N	umber: Not Avail	able								
DUNS Num	ber: Not Availab	ole								
FOB: Des	tination									
									ESTIMATED COST	
								-\$4	,757,731.16	
10. ACCOUNTING DATA Accounting Info	: SEE ATTACHMENT	A								

		OR	DER FC	UPPLIES OR SER	/ICES		}	PAGE	OF PAGES
IMPORTAN	NT: Mark al	packages and papers with		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	J	1	2 .
1. DATE OF	ORDER	2. CONTRACT NO. (If any) DROIGSA-06-0002	·				6. SHIP TO:		
09/28/2	2007	DRO1GSA-06-0002		•	A. NAME OF C	ONSIGNEE			
3. ORDER N	10.	.	4. REQUISITIO	V/REFERENCE NO.	-				
HSCEDM	-08-F-I	G008	DRO-08-R		ICE Dete	ention & Rem	oval		
		ress correspondence to) Mngt/Detention	IGSAs	······································	b. STREET AD Immigrat	DRESS tion and Cus	toms Enford	cement	
		nd Customs Enfor			801 I St	treet, NW			
		uisition Managem	lent		Suite 90	00			
		NW, Suite 2208			c. CITY		·		
wasning	gton DC	20036			Washing	ton		d. STATE	e. ZIP CODE 20536
7. TO:					f. SHIP VIA				20030
a NAME OF CITY OI		DR							
b. COMPANY	/ NAME			· · ·			TYPE OF ORDER	v.	
c. STREET A	DDPESS				REFERENCE			b. DELIVER	(
CITY OF									instructions on the
628 N N	MAIN ST					· · · · · · · · · · · · · · · · · · ·		everse, this delive	ery order is ions contained on
				•	Diseas fromiska		t	his side only of th	nis form and is
						the following on the term specified on both sides of		ssued subject to conditions of the :	the terms and above-numbered
d. CITY	. '		e. STAT	E f. ZIP CODE		on the attached sheet, if felivery as indicated.		contract.	·
ELOY		····	AZ	852310628	any, including c	envery as indicated.			
9. ACCOUNT	ING AND API	PROPRIATION DATA			10. REQUISITIO				
11. BUSINES	S CLASSIFIC	ATION (Check appropriate bo	(es))		ICE Dete	ntion & Remo	12. F.O.B. POINT		
🗌 a. SM		b. OTHER TH		C. DISADVANTAGE	D 🗌 g. S	ERVICE-	Destinatio		
d. WC	OMEN-OWNE	D e. HUBZone		f. EMERGING SMAI BUSINESS	LL V	NSABLED ETERAN- WNED	Descinatio		
• •		13. PLACE OF		14. GOVERNMENT B/L N		15. DELIVER TO F.O.		16. DISCOU	NT TERMS
a INSPECTIO Destina		b.ACCEPTANCE Destinatio	, n			ON OR BEFORE (D 30 Days Aft		-	b2Low
	· ·			17. SCHEDULE (S	ee reverse for Reje	ctions)		- I	
ITEM NO. (a)		SUPPLIES OF		· .	QUANTITY ORDERED UNIT (c) (d)	UNIT PRICE (e)	AMOU (f)	NT	QUANTITY ACCEPTED (9)
· · · · · ·	DUNS N This T that i Clause Accoun	Number: 86-600 umber: 00251342 ask Order is for s subject to the listed in Schee ting Info: ued	22 Detaine Avilabi	e Service lity of Funds					(9)
· .	18. SHIPP	ING POINT		19. GROSS SHIPPING V	VEIGHT	20. INVOICE NO.		l	17(h) TOTAL
· .			· .	· · ·					(Cont.
				21. MAIL INVOICE TO:		1111	· ,		pages)
SEE BILLING	a. NAME		ICE/DRO				\$0.00		
INSTRUCTIONS ON REVERSE				ND CUSTOMS ENH AL AVENUE	FORCEMENT				17(i) GRAND TOTAL
	c. CITY PHO	ENIX		<u> </u>	d. STATE	e. ZIP CODE 85004	\$0.00	·	
22. UNITED	STATES OF		\rightarrow (γ	\mathcal{T}		<u></u>	I		·····
BY (Sig		> Su	and	ACric	kson	23 NAME (Typed) Susan D. 1 TITLE: CONTRACTIN		SER.	
								OPTIONAL FO	RM 347 (Rev. 3/2005)
PREVIOUS EDIT	HON NOT USA	SLE							A/FAR 48 CFR 53.213(e)

		PPLIES OR SERVI	CES			()		PAGE (DF PAGES
	SCHEDUE							2	.2
	T: Mark all packages and papers with contract and/or ord DER CONTRACT NO.	er numbers.						•	
09/28/2	DER CONTRACT NO. 007 DROIGSA-06-0002					ORDER HSCE		-F-IG008	
ITEM NO.	SUPPLIES/SERVICES (B)		QUANTITY ORDERED (C)		UNI PRIC (E)	E	A	MOUNT (F)	QUANTITY ACCEPTED (G)
			(0)	(0)	· (E)			(1)	(0)
	b2Low Period of Performance: 10/01 09/30/2008	./2007 to			-			÷	
0001	Alien adult Detention Servic detention, housing and care detained.			EA		0.00		0.0	0
	BED COST ESTIMATE: 1,500 BEE \$68.45 = \$37,579,050.00.	DS X 366 DAYS X					-		
	TOTAL COST ESTIMATE: \$37,579	,050.00			a			·	
	Accounting Info:								
	b2Low		1						
	\$0.00 (Subject to Availabil Funds)							·	
	Availability of Funds (Apr 1 Funds are not presently avai contract. The Government's o this contract is contingent availability of appropriated	lable for this bligation under upon the funds from						•	
	which payment for contract p made. No legal liability on Government for any payment m funds are made available to Officer for this contract an Contractor receives notice o availability, to be confirme the Contracting Officer.	the part of the ay arise until the Contracting d until the f such							
	The total amount of award: \$ obligation for this award is 17(i).				· · · ·				
anti Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-									
						- · ·		Υ.	
	·	-							
							·		
		TOTAL CARRIED FORWARD							

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

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00001	11/27/2007	1	1080001.1	
S. ISSUED BY CODE	ICE/DM/DI	7. A	DMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
ICE/Detention Mngt/Detention Immigration and Customs Enfo Office of Acquisition Manage 125 I Street NW, Suite 2208 Washington DC 20536	orcement ment	Im Of 42 At Wa	E/Detention Mngt/Deten migration and Customs fice of Acquisition Mar 5 I Street NW, Suite 2 tn: Yolanda Jordan shington DC 20536	Enforcement nagement
). NAME AND ADDRESS OF CONTRACTOR (No.; stree	t, county, State and ZIP Code)	$ \infty $	A AMENDMENT OF SOLICITATION NO.	
ITY OF ELOY ITY OF ELOY 28 N MAIN ST LOY AZ 852310628			B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDE DROIGSA-06-0002 HSCEDM-08-F-IG008 DB. DATED (SEE ITEM 11)	ER NO.
CODE 0025134220000	FACILITY CODE]	09/28/2007	
	<i>uired</i>) DIFICATION OF CONTRACTS/ORDERS	: In .ITM	· · · · · · · · · · · · · · · · · · ·	
X B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN D. OTHER (Specify type of modification	T IS ENTERED INTO PURSUANT TO A		DMINISTRATIVE CHANGES <i>(such as chang</i> Y OF FAR 43.103(b). RITY OF:	ges in paying office,
		ردا میدد. استان زیریش بازی		
IMPORTANT: Contractor	is required to sign this document an	d returr	n Copies to the issuit	ing office.
4 DESCRIPTION OF AMENDMENT/MODIFICATION of UNS Number: 002513422 he purpose of this modific . Provide funding to cont 007 through September 30, : . Remove the "Subject to vailable. 11 other terms and conditio	ation is as follows inue detention serv 2008. The Availability of	: ice: Fui	s for 1500 beds for th	he period October 1
elivery: 30 Days After Awar ontinued				
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		Su	san D. Erickson	
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B,	UNITED STATES OF AMERICA	rken 16C. DATE SIGNED
SN 7540-01-152-8070 revious edition unusable			Contracting Contracting Contracting	STANDARD FORM 30 (REV. 10-63) Prescribed by GSA FAR (48 CFR) 53.243

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HEET REFERENCE NO. OF D. MENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-08-F-IG008/P00001 PAGE OF

11

NAME OF OFFEROR OR CONTRACTOR

CITY OF	ELOY					
ITEM NO.	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT	·
(A)	(B)	(C)	(D)	(Ē)	(F)	
	Delivery Location Code: AZ6463 Department of Homeland Security Immigration & Customs Enforcement 2035 N. CENTRAL AVENUE Attn: Letitia Claridge or Alt. POC: Laura Quezada					
	PHOENIX AZ 85004 Accounting Info:					
	FOB: Destination Period of Performance: 10/01/2007 to 09/30/2008					
	Add Item 0001A as follows:					. *
0001A	Alien Adult Detention for housing and care of person detained 1,500 beds authorized	70500	EA	64.47	4,545,135.00	
NSN 7540-01-152-8	087				OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110	

MENDMENT OF SOLICITATION/N	ODIFICATION OF CONTRACT	1 CONTRACT ID CODE PAGE OF PAGES
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable)
200002	01/03/2008	FPH080001.2
ISSUED BY	CODE ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6) CODE
CE/Detention Mngt/Dete	海豚 化氯化化合物 医无关系 经过出 法提供 经支付 化二甲酸 化化物 经公司 法公司	ICE/Detention Mngt/Detention IGSAs
mmigration and Customs ffice of Acquisition M		Immigration and Customs Enforcement Office of Acquisition Management
25 I Street NW, Suite		425 I Street NW, Suite 2208
ashington DC 20536		Washington DC 20536
NAME AND ADDRESS OF CONTRACTOR	(No., street, county, State and ZIP Code)	(X) 94. AMENDMENT OF SOLICITATION NO.
TY OF ELOY		
TY OF ELOY	an a	9B. DATED (SEE ITEM 11)
8 N MAIN ST OY AZ 852310628		
JOI AZ 852510628		X 10A MODIFICATION OF CONTRACT/ORDER NO. DROTIGSA-06-0002
		HSCEDM-08-F-IG008
		10B DATED (SEE ITEM 11)
DE 0025134220000	FACILITY CODE	01/03/2008
The above numbered solicitation is amended		
Offers must acknowledge receipt of this ame	endment prior to the hour and date specif	fied in the solicitation or as amended, by one of the following methods: (a) By completing
tems 8 and 15, and returning	copies of the amendment; (b) By a reference to the solicitation and amendment	acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By nent numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT
THE PLACE DESIGNATED FOR THE REC	EIPT OF OFFERS PRIOR TO THE HOU	JR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by
eference to the solicitation and this amenda	pent, and is received prior to the opening	nge may be made by telegram or letter, provided each telegram or letter makes I hour and date specified
ACCOUNTING AND APPROPRIATION DA		Net Increase: \$2,707,740.00
	S TO MODIFICATION OF CONTRACTS	ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.
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	Immigration and Customs Enforcement 801 I.Street, NW Suite 900 Washington DC 20536						•
	Accounting Info:						
	b2Low						
	FOB: Destination Period of Performance: 10/01/2007 to 09/30/2008						
	Change Item 0001 to read as follows (amount shown is the obligated amount):					м	
)1	Alien adult Detention Service: For the detention, housing and care for persons detained.	42000	EA	64.47	2,707,740.0	0	
	BED COST ESTIMATE: 1,500 BEDS authorized						64.1
	B. The total amount of this task order is increased by \$2,707,740.00 from \$4,545,135.00 to \$7,252,875.00.						
	C. All other terms and conditions remain					· · · ·	
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NSN 7540-01-152-8067

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OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53 110

	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDM	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO,	5. PROJECT NO. (If applicable)
P00003		01/28/2008	FPH080001.3	
6. ISSUED B	Y CODE	ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
Immigra Office 425 I S	tention Mngt/Detention ation and Customs Enfo of Acquisition Manage Street NW, Suite 2208 gton DC 20536	rcement	ICE/Detention Mngt/Detent Immigration and Customs E Office of Acquisition Man 425 I Street NW, Suite 22 Washington DC 20536	ion IGSAs nforcement agement
8. NAME ANI	D ADDRESS OF CONTRACTOR (No., street	Country State and ZIP Codel		
		county, State and Zir Cobej	(X) 9A. AMENDMENT OF SOLICITATION NO.	
CITY OF CITY OF				······································
528 N M			9B. DATED (SEE ITEM 11)	
	852310628			
			x 10A. MODIFICATION OF CONTRACT/ORDER	NO.
			HSCEDM-08-F~IG008	
			108. DATED (SEE ITEM 11)	
CODE 00	025134220000	FACILITY CODE	09/28/2007	
		11. THIS ITEM ONLY APPLIES TO /	AMENDMENTS OF SOLICITATIONS	
The above	numbered solicitation is amended as set for	th in Item 14. The hour and date spec		ended, 🗌 is not extended.
virtue of this reference to	tter or telegram which includes a reference t E DESIGNATED FOR THE RECEIPT OF O	to the solicitation and amendment num FFERS PRIOR TO THE HOUR AND E already submitted, such change may b a received prior to the opening hour and irect!		D BE RECEIVED AT OUR OFFER. If by or letter makes
ee Sch	edule	Net		1,448,705.37
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	C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT TO A	AUTHORITY OF:	i ····
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IMPORTANT		is required to sign this document an		office.
	TION OF AMENDMENT/MODIFICATION (C	rganized by UCF section headings, in	cluding solicitation/contract subject matter where feasi	EL- N
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE O	F
CONTINUATION SHEET	DROIGSA-06-0002/HSCEDM-08-F-IG008/P00003	2	2
NAME OF OFFEROR OR CONTRACT	OR	L	

CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Delivery Location Code: ICE/DRO		1		
	ICE Detention & Removal				
	Immigration and Customs Enforcement				
	801 I Street, NW				
	Suite 900				
	Washington DC 20536				~~~~
	FOB: Destination				
	Period of Performance: 10/01/2007 to 09/30/2008				
			1		
	Change Item 0001 to read as follows(amount shown	1.1			
	is the obligated amount):				
0001					
J001	Alien adult Detention Service: For the detention,	1	LO	1,448,705.37	1,448,705.37
	housing and care for persons detained.	ĺ	1		
	BED COST ESTIMATE: 1,500 BEDS authorized				
	Fully Funded Obligation Amount\$1,448,705.37				
	Turry Funded Obrigation Anounts1,448,705.37				
	Accounting Info:				
1					
	b2Low				
	Funded: \$0.00				
	Accounting Info:				
	b2Low				
	Funded: \$1,448,705.37				
	B. The total amount of this task order is				
	increased by \$1,448,705.37 from \$7,252,875.00 to				
	\$8,701,580.37.				
	C. All other terms and conditions remain				
	unchanged.				
	POC: Arnold Casterline: Contract Specialist;				
	(202) b6				
	POC: Susan Erickson: Contracting Officer; (202)				
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AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT	1. CONTRACT ID CODE PAGE OF PAGES					
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable)					
P00006 6. ISSUED BY	04/10/2008	FPH080001.6					
	CODE ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DM/DI					
ICE/Detention Mngt/Deten Immigration and Customs	tion IGSAs	ICE/Detention Mngt/Detention IGSAs					
Office of Acquisition Management		Immigration and Customs Enforcement					
425 I Street NW, Suite 23		Office of Acquisition Management 425 I Street NW, Suite 2208					
Washington DC 20536		Washington DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (N	a street county State and ZIP Code)						
	, en se, souny, ente and zir coury	(x) 9A. AMENDMENT OF SOLICITATION NO.					
CITY OF ELOY							
CITY OF ELOY 628 N MAIN ST		9B. DATED (SEE ITEM 11)					
LOY AZ 852310628							
		x 10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-06-0002					
		HSCEDM-08-F-IG008					
	······	108. DATED (SEE ITEM 11)					
CODE 0025134220000	FACILITY CODE	09/28/2007					
		AMENDMENTS OF SOLICITATIONS					
The above numbered solicitation is amended as	set forth in Item 14. The hour and date spe	cified for receipt of Offers					
Otters must acknowledge receipt of this amendi Items 8 and 15, and returning	nent prior to the hour and date specified in the copies of the amendment: (b) By actors	he solicitation or as amended, by one of the following methods: (a) By completing ledging receipt of this amendment on each copy of the offer submitted; or (c) By					
separate letter or telegram which includes a refe	prence to the solicitation and amendment nur	THE ACKNOWLE ACKNOWLEDGEMENT TO BE DECEMENT AT					
THE PLACE DESIGNATED FOR THE RECEIP	T OF OFFERS PRIOR TO THE HOUR AND	DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFEN. INC.					
reference to the solicitation and this amendment	t, and is received prior to the opening hour a	be made by telegram or letter, provided each telegram or letter makes nd date specified.					
2. ACCOUNTING AND APPROPRIATION DATA	(If required)						
See Schedule							
		S. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE A. THIS CHANGE ORDER IS ISSI	UED PURSUANT TO: (Specify authority) Th	E CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT					
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F	TRACT/ORDER IS MODIFIED TO REFLEC	T THE ADMINISTRATIVE CHANGES (such as changes in paying office, JTHORITY OF FAR 43.103(b).					
~~							
C. THIS SUPPLEMENTAL AGREE	EMENT IS ENTERED INTO PURSUANT TO	AUTHORITY OF:					
D. OTHER (Specify type of modified	stion and authority						
	and and admonty						
. IMPORTANT: Contractor	ot. I is required to sign this document a	nd return 0 conjects to the issuing office	<u> </u>				
	• • •	nd returnU copies to the issuing office.					
UNS Number: 002513422	for (organized by bor debitor headings, i	nadolný soličkaliohreomieci subject matter Wnere feasible.)					
equisition FPH080001.6							
. The purpose of this m	odification is to con	crect the accounting and appropriation data					
isted on page 2 of modif	ication P00002	and appropriation data					
he accounting and approp	riation data is corre	ected as follows:					
rom:	b2Low	\$2,707,740.0	00				
0:							
	b2Low	\$2,707,740.00					
ontinued							
ccept as provided herein, all terms and conditions A. NAME AND TITLE OF SIGNER (Type or print)		A, as heretofore changed, remains unchanged and in full force and effect.	<u> </u>				
		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)					
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Susan D. Erickson					
B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA					
		Lusant. Cuckson 4/11/n	0				
(Signature of person authorized to sign)		(Signature of Contracting Officer)	5				
SN 7540-01-152-8070 evious edition unusable		STANDARD FORM 30 (REV. 10-83)					
		Prescribed by GSA FAR (48 CFR) 53.243					
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CONTINUATION SHEET	REFERENCE NO. OF JMENT BEING CONTINUED	PAGE	OF	
	DROIGSA-06-0002/HSCEDM-08-F-IG008/P00006	2	1 2	
NAME OF OFFEROR OR CONTRACT				-

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

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TEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	The Phoenix Field Office DRO POC is Letitia Claridge (602) be Period of Performance: 10/01/2007 to 09/30/2008 B. All other terms and condition remain the same.				
ARUM ERUMUUNUUNUUNUUNUUNUU	POC: Susan Erickson: Contracting Officer; (202)				
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540-01-152-80	067				OPT/ONAL FORM 338 (4-86) Sponsored by GSA

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			-1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MOD	SIFICATION OF CONTRACT			1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
200007 3. ISSUED BY C	05/30/2007		N0700007B ADMINISTERED BY (If other than Item 6)	CODE TOP
J.S. Dept. Of Homeland Se Immigration and Customs E			S. Dept. Of Homeland migration and Customs	
125 I Street, NW			5 I Street, NW	- intotoenene
Rm 2208			2208	
lashington DC 20536		Wa	shington DC 20536	
NAME AND ADDRESS OF CONTRACTOR (No.	., street, county, State and ZIP Code)	(x) ¹	9A. AMENDMENT OF SOLICITATION NO	
LOY CITY OF				
ITY OF ELOY		4	9B. DATED (SEE ITEM 11)	· · · · · · · · · · · · · · · · · · ·
28 N MAIN ST				
LOY AZ 852310628			10A. MODIFICATION OF CONTRACT/OR	DER NO.
			DROIGSA-06-0002	· · · · · · · · · · · · · · · · · · ·
		H	HSCEOP06FIG00002	
ODE 0025134220000	FACILITY CODE	(02/28/2006	
0020104220000	11. THIS ITEM ONLY APPLIES			······································
The above numbered solicitation is amended as				s extended.
ee Schedule 13. This item only applies to	MODIFICATION OF CONTRACTS/OR			
······································		DENG. IT WA		DESCRIBED IN ITEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSU ORDER NO. IN ITEM 10A.			NGES SET FORTH IN ITEM 14 ARE MAD	
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET FC	JED PURSUANT TO: (Specify authority,) THE CHAN		E IN THE CONTRACT
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET FC	JED PURSUANT TO: (Specify authority, TRACT/ORDER IS MODIFIED TO REF DRTH IN ITEM 14, PURSUANT TO THE) THE CHAN LECT THE A E AUTHORIT	NGES SET FORTH IN ITEM 14 ARE MAD DMINISTRATIVE CHANGES (such as ch Y OF FAR 43.103(b).	E IN THE CONTRACT
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CONTINUATION SHEET

NAME OF OFFEROR OR CONTRACTOR ELOY CITY OF

ITEM NO. (A)	SUPPLI	ES/SERVICES (B)	QUANTITY ((C) (лит (D)	UNIT PRICE	AMOUNT (F)
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		ow OBLIGATE \$2,760,000.00				
	2) The actions and fundi Modifications P0004, P00 executed on Modification HSCEOP-07-FIG-00010 date	005 and P0006 will be P0001 under Task Order #				
	#DROIGSA-06-0002.					
	3) All other terms and	conditions remain the same				
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FAR (48 CFR) 53.110

AMENDMENT OF SOLICITAT	TION/MODIFICATION C	OF CONTRACT	1. CONTRAC	T ID CODE	PAGE OF PAGES
2. Amendment/Modification NC		CTIVE DATE	4. REQUISITION/PURC	HASE REO NO	5. PROJECT NO. (If applicable)
00008		3/2008	See Schedule		
ISSUED BY	CODE ICE/E		7. ADMINISTERED BY	' (If other than Item 6)	CODE ICE/DM/DI
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			AMENDMENTS OF SOLICI		
The above numbered solicitation is a Offers must acknowledge receipt of I					tended, 🔄 is not extended. hethods: (a) By completing
items 8 and 15, and returning			ledging receipt of this amen		
separate letter or telegram which inc					
THE PLACE DESIGNATED FOR TH irrue of this amendment you desire					
o the solicitation and this amendment	ent, and is received prior to the				
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED		 PAGE	OF
CONTINUATION SHEET	DROIGSA-06-0002/HSCEDM-08-F-IG008/P00008		2	3
NAME OF OFFEROR OR CONTRACT	TOR .	<u>t</u>	 	

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	· · ·				
	Delivery: 30 Days After Award				
	Delivery Location Code: ICE/DRO				
	ICE Detention & Removal				
	Immigration and Customs Enforcement				
	801 I Street, NW				
	Suite 900				
	Washington DC 20536				· ·
	Period of Performance: 10/01/2007 to 09/30/2008				
	Change Item 0002 to read as follows(amount shown				
	is the total amount):				
	······································				
002	Alien adult Detention Service: For the detention,	83000	EA	64.47	
	housing and care for persons detained.			V3.31	1,798,010.00
					_,,,
	1,500 Beds Authorized				
	\$64.47 per diem				
	The total amount of this task order is increased				
	by \$5,899,005.00 from \$23,400,740.37 to				
	\$29,299,746.37.				
· · 1					
ŀ	454,471 X \$64.47 Per Diem = Not to exceed				•
	\$29,299,746.37			· ·	
		1			
	Funded from P00008 thru end of Period of				
	Performance				
1	Requisition No: FPH080001.5, FPH080001.8				
	Requisición No. Fridovou.J, Fridovou.d			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	
	Quantity: 91500				
	Accounting Info:				
	b2Low				
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ľ	Funded: \$5,899,005.00				
	Quantity: 91500				
	Accounting Info:			. м.	
	b2Low	1			
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OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

CONTIN	JATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-08-F-IG008/P000	08		PAGE OF 3 3
NAME OF OFF	EROR OR CONTRACTOR ELOY			
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY U	NIT UNIT PRICE D) (E)	AMOUNT (F)
-	Funded: \$0.00 B. All other terms and condition remain the same.			
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OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

NSN 7540-01-152-8067

AMENDMENT OF SOLICITATION/MODI	FICATION OF CONTRACT	1. CONT	TRACT ID CODE		PAGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION	PURCHASE REQ. NO.	6. PR	1 OJECT NO	(If applicable)
P00009	See Block 16C	FPH080001	.10	Î		
6. ISSUED BY COL	DE ICE/DM/DI	7. ADMINISTER	ED BY (if other than item 6)		ICE/	DM/DI
ICE/Detention Mngt/Detenti Immigration and Customs En Office of Acquisition Mana 425 I Street NW, Suite 220 Washington DC 20536	forcement gement	Immigrati Office of 425 I Str	ation Mngt/Deter Lon and Customs Acquisition Ma ceet NW, Suite 2 Dn DC 20536	Enforc	ement	
8. NAME AND ADDRESS OF CONTRACTOR (No., S	treal, county, State and ZIP Coble)	(X) 9A. AMENOM	ENT OF SOLICITATION NO.			
CITY OF ELOY CITY OF ELOY 628 N MAIN ST		98. DATED (S				
ELOY AZ 852310628			ATION OF CONTRACT/ORD	ER NO.		
	-	HSCEDM~	-06-0002 08-F-IG008			
CODE 0025134220000	FACILITY CODE	108. DATED () 09/28/2	SEE (TEM 11) 2007	·		
	11. THIS ITEN ONLY APPLIES T			····		
to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (# r See Schedule 13. THIS ITEM ONLY APPLIES TO M	nevimel	et Increase:		\$378, (······································
	•	<u> </u>				
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) 1	THE CHANGES SET FO	RTH IN ITEM 14 ARE MADE I	IN THE CON	TRACT	
	ACT/ORDER IS MODIFIED TO REFLE TH IN ITEM 14, PURSUANT TO THE A		IVE CHANGES (such as chan 103(b).	ges in payin	g office,	
C. THIS SUPPLEMENTAL AGREEME X Mutual Agreement of	NTISENTERED INTO PURSUANT TO the Parties	O AUTHORITY OF:				
D. OTHER (Specify type of modificatio.	n and authority)		·····	· · ·		
E. IMPORTANT: Contractor Sis not	is required to sign this document	and sate	0 copies to the issui		<u></u>	
E. IMPORTANT: Contractor (2) is not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION						
DUNS Number: 002513422				00.010.7		
Field Office DRO POC is Let Program POC: M.J. Bates, 20 Wendie Wyatt-Powell, 202 DAQ POC:Jerald Neveleff, Co	b6 b6 Destracting Officer,	202 b6				
usan Erickson, Contract Sp	ecialist, 202 b	6				
equisition #FPH080001.10						
. The purpose of this mod fifty-six (56) Correctinal	lification is to fun Officers and three	nded new Lir (3) Senior	ne Items 0003 a Correctional c	nd 000)4 for	
ontinued Except as provided herein, all terms and conditions of th	e document referenced in item 04 or 4	ná se horotofora okcom	ad camaine unation-and as a st	full faar-	ad and	
5A. NAME AND TITLE OF SIGNER (Type or print)			ITLE OF CONTRACTING OF			
trank C. Gaun	THE	Jerald H.			·	
Frank C. Acuta T	15C. DATE SIGNED	16B, UNITED STAT			180.0	DATE SIGNED
(Signature of person suthorized to sign)	8/8/08	C	pature of Contracting Officer	. <u>.</u>	111	ANG 08
ISN 7540-01-152-8070 revious edition unusable		·	L N	STANDARE Prescribed I FAR (48 CF	oy GSA	(REV. 10-83)
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CONTINUATION SHEET

DROIGSA-06-0002/HSCEDM-08-F-IG008/P00009

PAGE

2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)		4		AMOUNT
(A)	(B) respectively. Additional funding under	(0)	(D)	(E)	(F)
	HSCEDM-08-F-IG008 amounts to \$378,624. This will				
	provide funding for 51 days from 10 Aug 2008	1			
	through 30 September 2008.				
	Delivery: 30 Days After Award Period of Performance: 10/01/2007 to 09/30/2008				
	Add Item 0003 as follows:				
003	Provide fifty-six (56) additional Corrections	73950	EA	4.82	356,439.00
	Officers (COs) to the Eloy housing facility from 10 Aug 2008 through 30 Sep 2008 at \$4.82 per			ľ	
	detainee bed day.				
	Accounting Info:				
				1	
	b2Low				
	Funded: \$356,439.00			4	
	Add Item 0004 as follows:				
	Provide three (3) additional Senior Corrections	73950	EA	0.30	22,185.00
	Officers (SCOs) to the Eloy housing facility from			· ·	
	10 Aug 2008 through 30 Sep 2008 at \$0.30 per detainee bed day.				
1	Accounting Info:			1	
-	b2Low				
F	Funded: \$22,185.00				
	Line Items 0003 and 0004 rates are based on all				
	staffing being on-site commencing 10 Aug 2008. Should staffing not be available, the Provider				
	may NOT invoice for any amounts of any day a full				
	complement of personnel is not available to				
. 1	perform assigned duties at the facility.				
1	B. All other terms and condition remain the				
1:	same.				
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OPTIONAL FORM 338 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

				PLIES OR SERVI	CES				1	OF PAGES
PORTANT:	Mark all packag	ies and papers with co	ntract and/or	order numbers.	- <u>1</u> -		<u> </u>			
DATE OF OR	DER 2. CON	TRACT NO. (If any) GSA-06-0002						6. SHIP TO:		
3/11/20		G94-00-0002			a. NAME (OF CON	ISIGNEE			
ORDER NO.	I'	4.	REQUISITION/R	EFERENCE NO.		- •	tion & Domon	- 1		
SCEDM-0	9-F-IG024	F	PH090001		TCE D	ecen	tion & Remov	a.		
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0:					f. SHIP VI	A				
	NTRACTOR									
TY OF	ELOY						8. TY	PE OF ORDER		
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ITY OF	ELOY								reverse, this de	livery order is subje contained on this sid
28 N MA	IN ST								only of this form	n and is issued
		× .					e following on the terms ecified on both sides of			erms and conditions Imbered contract.
			e. STATE	f. ZIP CODE	- this order	and on	the attached sheet, if an	יעי		
OY			AZ	852310628	incluaing (renverà	as indicated.			
CCOUNTIN	G AND APPROPRI	ATION DATA					ING OFFICE			
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ORDER FOUPPLIES OR SERVICES

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		k all packages and papers with contract and/or order numbers.				ER NO.	· · · · · · · · · · · · · · · · · · ·
DATE OF ORD		DROIGSA-06-0002				EDM-09-F-IG024	
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(A)		(B)	ORDERED (C)	(D)	PRICE (E)	(F)	ACCEPTED (G)
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		· · · · · · · · · · · · · · · · · · ·					
		Senior Correctional Officers X365 days = 05 X \$0.030 cents = \$328.50			-		
		oduct/Service Code: S206					
		duct/Service Description: GUARD					
~	SEF	VICES					
	Ava	ilability of Funds (Apr 1984)					
	Fun	ds are not presently available for this					
		tract. The Government's obligation under					
		s agreement is contingent upon the allowing the second second second second second second second second second s			,		
	whi	ch payment for contract purposes can be					
		le. No legal liability on the part of the					
		rernment for any payment may arise until ds are made available to the Contracting					
		icer for this contract and until the					
		tractor receives notice of such					
		ilability, to be confirmed in writing by					
	the	Contracting Officer.					
	The	total amount of award: \$0.00. The					
		igation for this award is shown in box					
	17 (i).					
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		TOTAL CARRIED FORWARD	TO 1ST PAG		EM 17(H))		ļ

	F SOLICITATION/MODIF	ICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MO	DIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00001		11/14/2008	192109FPHCONT0001	
6. ISSUED BY	COD	E ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
	ion Mngt/Detentic		ICE/Detention Mngt/Deten	tion IGSAs
	n and Customs Enf		Immigration and Customs	
Office of A	Acquisition Manag	jement	Office of Acquisition Ma:	
	et NW, Suite 2208	3	425 I Street NW, Suite 2.	
Washington	DC 20536		Attn: < <enter contract="" s<="" td=""><td>pecialist>></td></enter>	pecialist>>
	ESS OF CONTRACTOR (No., str		Washington DC 20536	
O. NAME AND ADDR	ESS OF CONTRACTOR (No., str	eet, county, State and ZIP Code)	(X) SA. AMENDMENT OF SOLICITATION NO.	· ·
CITY OF ELO	Y			
CITY OF ELO	Y		9B. DATED (SEE ITEM 11)	
628 N MAIN :	ST			
ELOY AZ 8523	310628		10A. MODIFICATION OF CONTRACT/ORDE	D NO
			× DROIGSA-06-0002	R NO.
			HSCEDM-09-F-IG024	
		-	108. DATED (SEE ITEM 11)	
CODE 002513	34220000	FACILITY CODE	08/11/2008	
		11. THIS ITEM ONLY APPLIES TO	O AMENDMENTS OF SOLICITATIONS	
The above number	ed solicitation is amended as set	forth in Item 14. The hour and date sp		
Offers must acknow	viedge receipt of this amendmen	t prior to the hour and date encotied in	the solicitation or as amended, by one of the following it	xtended, is not extended.
Items 8 and 15, and	d returning	opies of the amendment (b) Bu askes	wledging receipt of this amendment on each copy of the	
		ce to the solicitation and amondment of	umbers. FAILURE OF YOUR ACKNOWLEDGEMENT	
THE PLACE DESIG	SNATED FOR THE RECEIPT OF	F OFFERS PRIOR TO THE HOUR AND	D DATE SPECIFIED MAY RESULT IN REJECTION OF	YOUR OFFER If hy
virtue of this amend	Iment you desire to change an of	ffer already submitted, such change ma red prior to the opening hour and date s	iv be made by telegram or letter, provided each telegrap	m or letter makes reference
	ND APPROPRIATION DATA (If n	nguired)		
	· ·	b2Low	et Thorosso.	\$8,896,860.00
13. T	HIS ITEM ONLY APPLIES TO M		RS. IT MODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.
·····				4
CHECK ONE A. THI	IS CHANGE ORDER IS ISSUED DER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) 1	THE CHANGES SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT
<u> </u>	·····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
B. THE	E ABOVE NUMBERED CONTRA propriation date. etc.) SET FOR	ACT/ORDER IS MODIFIED TO REFLE	CT THE ADMINISTRATIVE CHANGES (such as changuthority OF FAR 43,103(b).	ges in paying office,
X			4	
C. THI	IS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT TO	O AUTHORITY OF:	
	· · · · · · · · · · · · · · · · · · ·			
D. OTI	HER (Specify type of modificatio	n and authority)		· · · · ·
E. IMPORTANT: C		is required to sign this document		ng office.
14. DESCRIPTION OF	AMENDMENT/MODIFICATION	(Organized by UCF section headings	, including solicitation/contract subject matter where fe	asible.)
DUNS Number	: 002513422			
a) The purj	pose of this mod	dification is to al	locate funding for detents	ion and
transportat	ion services und	der Task Order HSCE	DM-09-F-IG024.	
	ffice POC: Lati	tia Claridge (602)		
o) Field O		tia Claridge (602)	b6	
o) Field O	ffice POC: Letit oukup (520)-	tia Claridge (602)	b6	
o) Field O AFOD Mark So	oukup (520)-	b6		
o) Field O AFOD Mark So	oukup (520)-	tia Claridge (602) ⁶⁶ ontracting Officer		
o) Field O AFOD Mark So DAQ POC: Su	oukup (520)- san Erickson, Co	b6 Ontracting Officer	(202 b6	
o) Field O AFOD Mark So DAQ POC: Su c. All othe	oukup (520)- san Erickson, Co er terms and cor	b6 ontracting Officer ndiditions remain t	(202 b6	
b) Field O AFOD Mark So DAQ POC: Su c. All othe Delivery: 30	oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa	b6 ontracting Officer ndiditions remain t	(202 b6	
b) Field O AFOD Mark So DAQ POC: Su c. All othe Delivery: 30 Continued .	oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa 	b6 ontracting Officer ndiditions remain t ard	(202 b6	
b) Field O AFOD Mark So DAQ POC: Su C. All oth Delivery: 30 Continued . Except as provided her	oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa rein, all terms and conditions of t	b6 ontracting Officer ndiditions remain t ard	{202 b6 the same. 10A, as heretofore changed, remains unchanged and i	
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D) Field O AFOD Mark So DAQ POC: Su C. All oth Delivery: 30 Continued . Except as provided her 15A NAME AND TITLE	oukup (520)- san Erickson, Co er terms and cor O Days After Awa rein, all terms and conditions of t E OF SIGNER <i>(Type or print)</i>	b6 ontracting Officer ndiditions remain t ard he document referenced in Hem 9A or	(202 b6 the same. 10A, as heretofore changed, remains unchanged and i 16A. NAME AND TITLE OF CONTRACTING OF Susan D. Erickson	FICER (Type or print)
D) Field O AFOD Mark So DAQ POC: Su C. All oth Delivery: 30 Continued . Except as provided her 15A NAME AND TITLE	oukup (520)- san Erickson, Co er terms and cor O Days After Awa rein, all terms and conditions of t E OF SIGNER <i>(Type or print)</i>	b6 ontracting Officer ndiditions remain t ard	(202 b6 the same. 10A, as heretofore changed, remains unchanged and i 16A. NAME AND TITLE OF CONTRACTING OF Susan D. Erickson	
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D) Field O AFOD Mark S DAQ POC: Su DAQ POC: Su Superstance (Signature	oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa rein, all terms and conditions of t E OF SIGNER (Type or print) OFFEROR	b6 ontracting Officer ndiditions remain t ard he document referenced in Hem 9A or	(202 b6 the same. 10A, as heretofore changed, remains unchanged and i 16A. NAME AND TITLE OF CONTRACTING OF Susan D. Erickson	FICER (Type or print)
b) Field O AFOD Mark So DAQ POC: Su c. All othe Delivery: 30 Continued . Except as provided her 155. CONTRACTOR/C (Signature NSN 7540-01-152-807(oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa rein, all terms and conditions of t E OF SIGNER (Type or print) DFFEROR e of person authorized to sign) 0	b6 ontracting Officer ndiditions remain t ard he document referenced in Hem 9A or	(202 b6 the same. 10A, as heretofore changed, remains unchanged and i 16A. NAME AND TITLE OF CONTRACTING OF Susan D. Erickson 16B. UNITED STATES OF AMERICA	FICER (Type or print)
b) Field O AFOD Mark So DAQ POC: Su c. All othe Delivery: 30 Continued . Except as provided her 15A NAME AND TITLE	oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa rein, all terms and conditions of t E OF SIGNER (Type or print) DFFEROR e of person authorized to sign) 0	b6 ontracting Officer ndiditions remain t ard he document referenced in Hem 9A or	(202 b6 the same. 10A, as heretofore changed, remains unchanged and i 16A. NAME AND TITLE OF CONTRACTING OF Susan D. Erickson 16B. UNITED STATES OF AMERICA	FICER (Type or print) 16C. DATE SIGNED 16C. DATE SIGNED 16C. DATE SIGNED 16C. DATE SIGNED 16C. DATE SIGNED 16C. DATE SIGNED
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b) Field O AFOD Mark So DAQ POC: Su c. All othe Delivery: 30 Continued . Except as provided her 15A NAME AND TITLE 15B CONTRACTOR/C (Signature NSN 7540-01-152-807(oukup (520)- san Erickson, Co er terms and cor 0 Days After Awa rein, all terms and conditions of t E OF SIGNER (Type or print) DFFEROR e of person authorized to sign) 0	b6 ontracting Officer ndiditions remain t ard he document referenced in Hem 9A or	(202 b6 the same. 10A, as heretofore changed, remains unchanged and i 16A. NAME AND TITLE OF CONTRACTING OF Susan D. Erickson 16B. UNITED STATES OF AMERICA	TANDARD FORM 30 (REV. 10-83) Prescribed by GSA

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-09-F-IG024/P00001

PAGE OF

2

2

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Discount Terms: b2Low Delivery Location Code: ICE/DRO ICE Detention & Removal Immigration and Customs Enforcement 801 I Street, NW Suite 900 Washington DC 20536				
	FOB: Destination Period of Performance: 10/01/2008 to 09/30/2009				
	Change Item 0001 to read as follows(amount shown is the total amount):				
0001	Alien Detention Service: For detention, housing and care for persons detained. 1,500 Beds X 92 days = 138,000 X \$64.47 = Not to Exceed 8,896,860.00	.38000	EA	64.47	8,896,860.00
	IGSA #: DROIGSA060002				
	PRIOR ORDER: HSCEDM08FIG008 Product/Service Code: S206 Product/Service Description: GUARD SERVICES			-	
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Sponsored by GSA FAR (48 CFR) 53.110

2. AMENDMENT/MODIFICATION NO.			PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00002	11/21/2008	192109FPHCONT0001 1	
S. ISSUED BY CODE	ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
ICE/Detention Mngt/Detentio	n IGSAs	ICE/Detention Mngt/Detent	
Immigration and Customs Enf Office of Acquisition Manag	orcement	Immigration and Customs E	nforcement
125 I Street NW, Suite 2208	ement	Office of Acquisition Man	agement
Washington DC 20536		425 I Street NW, Suite 22	08
		Attn: < <enter contract="" sp<br="">Washington DC 20536</enter>	ecialist>>
NAME AND ADDRESS OF CONTRACTOR (No., stre	et, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
ITY OF ELOY			
ITY OF ELOY		98. DATED (SEE ITEM 11)	-
28 N MAIN ST			
LOY AZ 852310628			
		x 10A MODIFICATION OF CONTRACT/ORDER DROIGSA-06-0002	NO.
		HSCEDM-09-F-IG024	
		10B. DATED (SEE ITEM 11)	, <u>, , , , , , , , , , , , , , , , , , </u>
ODE 0025134220000	FACILITY CODE	08/11/2008	
	11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS	· · · · · · · · · · · · · · · · · · ·
The above numbered solicitation is amended as set find	orth in Item 14. The hour and date spec	nified for respirat of Offere	ended, 🗌 is not extended.
Items 8 and 15, and returning co	prior to the hour and date specified in th	e solicitation or as amended, by one of the following me	thods: (a) By completing
		edging receipt of this amendment on each copy of the on hers. FAILURE OF YOUR ACKNOWLEDGEMENT TO	
to the solicitation and this amendment, and is received	prior to the opening hour and date sne	DATE SPECIFIED MAY RESULT IN REJECTION OF Y be made by telegram or letter, provided each telegram or perified.	or letter makes reference
ACCOUNTING AND APPROPRIATION DATA (If rec	uired)		24,915.44
	b2Low		
		S. IT MODIFIES THE CONTRACT/ORDER NO. AS DES	
HECK ONE A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TH	E CHANGES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT
appropriation date, etc.) SET FORTH	IN ITEM 14, PURSUANT TO THE AU	THE ADMINISTRATIVE CHANGES (such as changes THORITY OF FAR 43.103(b).	s in paying office,
C. THIS SUPPLEMENTAL AGREEMEN	TIS ENTERED INTO PURSUANT TO 7	AUTHORITY OF:	· · · · · · · · · · · · · · · · · · ·
D. OTHER (Specify type of modification	and authority)		
MPORTANT: Contractor [X] is not,	is required to sign this document an	id return0_ copies to the issuing	office.
MPORTANT: Contractor X is not, DESCRIPTION OF AMENDMENT/MODIFICATION (is required to sign this document an	Ind return O copies to the issuing cluding solicitation/contract subject matter where feasi	office.
MPORTANT: Contractor IS is not. DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422	is required to sign this document an Organized by UCF section headings, in	cluding solicitation/contract subject matter where feasi	ble.)
MPORTANT: Contractor IN is not. DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422 The purpose of this modified	□ is required to sign this document an Organized by UCF section headings, in fication is to all	ocuding solicitation/contract subject matter where feasi	ble.)
MPORTANT: Contractor IS is not. DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422	□ is required to sign this document an Organized by UCF section headings, in fication is to all	ocuding solicitation/contract subject matter where feasi	ble.)
MPORTANT: Contractor [X] is not, DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422 The purpose of this mod ansportation services unde	□ is required to sign this document an Organized by UCF section headings, in fication is to all er Task Order HSCED	cluding solicitation/contract subject matter where feasi ocate funding for detentio M-09-F-IG024.	ble.)
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MPORTANT: Contractor Elisnot, DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422 The purpose of this modi ansportation services under Field Office POC: Letiti OD Mark Soukup (520) be 2 POC: Susan Erickson, Cor The total task order amou ,921,775.44. htinued ept as provided herein, all terms and conditions of the	Dis required to sign this document an Organized by UCF section headings, in Effication is to all er Task Order HSCED a Claridge (602) Stracting Officer (ant is increased by	cluding solicitation/contract subject matter where feasi ocate funding for detentio M-09-F-IG024. b6 202 b6 \$24,915.44 from \$8,896,86	<i>b</i> /e.) n and 0.00 to
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MPORTANT: Contractor [X] is not, DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422 The purpose of this modi ansportation services under Field Office POC: Letiti OD Mark Soukup (520) be 2 POC: Susan Erickson, Cor The total task order amou 921,775.44. htinued apt as provided herein, all terms and conditions of the NAME AND TITLE OF SIGNER (Type or print) CONTRACTOR/OFFEROR	□ is required to sign this document an Organized by UCF section headings, in Effication is to all er Task Order HSCED a Claridge (602) Etracting Officer (ant is increased by document referenced in item 9A or 10/	cluding solicitation/contract subject matter where feasi ocate funding for detentio M-09-F-IG024. b6 202 b6 \$24,915.44 from \$8,896,86 A as heretofore changed, remains unchanged and in fu 16A. NAME AND TITLE OF CONTRACTING OFFIC Susan D. Erickson 16B. UNITED STATES OF AMERICA	ble.) n and 0.00 to Il force and effect. ER (Type or print)
MPORTANT: Contractor [X] is not, DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422 The purpose of this modi ansportation services under Field Office POC: Letiti OD Mark Soukup (520) be 2 POC: Susan Erickson, Cor The total task order amou ,921,775.44. htinued ept as provided herein, all terms and conditions of the NAME AND TITLE OF SIGNER (Type or print) CONTRACTOR/OFFEROR (Signature of person authorized to sign) 7540-01-152-8070	□ is required to sign this document an Organized by UCF section headings, in Effication is to all er Task Order HSCED a Claridge (602) Etracting Officer (ant is increased by document referenced in item 9A or 10/	actuding solicitation/contract subject matter where feasi ocate funding for detentio M-09-F-IG024. b6 202 b6 \$24,915.44 from \$8,896,86 A as heretofore changed, remains unchanged and in fur 16A. NAME AND TITLE OF CONTRACTING OFFIC Susan D. Erickson 16B. UNITED STATES OF AMERICA Sussan D. Erickson (Signature of Contracting Officer)	ble.) n and 0.00 to 11 force and effect. ER (Type or print) 16C. DATE SIGNED 1/21/08
MPORTANT: Contractor [X] is not, DESCRIPTION OF AMENDMENT/MODIFICATION (NS Number: 002513422 The purpose of this modi ansportation services under Field Office POC: Letiti OD Mark Soukup (520) be 2 POC: Susan Erickson, Cor The total task order amou 921,775.44. htinued apt as provided herein, all terms and conditions of the NAME AND TITLE OF SIGNER (Type or print) CONTRACTOR/OFFEROR	□ is required to sign this document an Organized by UCF section headings, in Effication is to all er Task Order HSCED a Claridge (602) Etracting Officer (ant is increased by document referenced in item 9A or 10/	cluding solicitation/contract subject matter where feasi ocate funding for detentio M-09-F-IG024. b6 202 b6 \$24,915.44 from \$8,896,86 A as heretofore changed, remains unchanged and in fu 16A. NAME AND TITLE OF CONTRACTING OFFIC Susan D. Erickson 16B. UNITED STATES OF AMERICA Susan D. Erickson 16B. UNITED STATES OF AMERICA Signature of Contracting Officen	ble.) n and 0.00 to Il force and effect. ER (Type or print)

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
	DROIGSA-06-0002/HSCEDM-09-F-IG024/P00002	2	2	

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	°(C)	(D)	(E)	(F)
	<pre>d) All other terms and condiditions remain the same. Delivery: 30 Days After Award Discount Terms:</pre>				·
	Suite 900 Washington DC 20536 FOB: Destination				
	Period of Performance: 10/01/2008 to 12/31/2008 Change Item 0002 to read as follows(amount shown is the total amount):				
0002	Provide fifty-six (56) additional Correctional Officers to the Eloy housing facility.	5152	EA	4.82	24,832.64
	56 Correction Officers X 92days =5152 X \$4.82 = Not to Exceed \$24,832.64				
	Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
	Change Item 0003 to read as follows(amount shown is the total amount):				
003 F	Provide three (3) additional Senior Correctional Officers to the Eloy housing facility .	276 1	EA	0.30	82.80
с Э	3 Senior Correctional Officers X92days = 276 X 30.030 cents = Not to Exceed \$82.80 Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
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OPTIONAL FORM 335 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1 4
2, AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00003	12/16/2008	192109FPHCONT0001.2	CODE TOT /DM /DT
6. ISSUED BY CODE	ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6)	ICE/DM/DI
ICE/Detention Mngt/Detention		ICE/Detention Mngt/Detent	ion IGSAs
Immigration and Customs Enfo		Immigration and Customs E Office of Acquisition Man	
Office of Acquisition Manage 425 I Street NW, Suite 2208	ament	425 I Street NW, Suite 22	
Washington DC 20536		Attn: < <enter contract="" sp<="" td=""><td></td></enter>	
-		Washington DC 20536	
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Code)	(X) 9A. AMENDMENT OF SOLICITATION NO.	
CITY OF ELOY		9B. DATED (SEE ITEM 11)	· · · · · · · · · · · · · · · · · · ·
CITY OF ELOY			
528 N MAIN ST SLOY AZ 852310628			D.NO.
101 AL 032310020		x DROIGSA-06-0002	R NO.
		HSCEDM-09-F-IG024	
·		10B. DATED (SEE ITEM 11)	
CODE 0025134220000	FACILITY CODE	08/11/2008	
The above numbered solicitation is amended as set for		AMENDMENTS OF SOLICITATIONS	extended, is not extended.
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning co senarate letter or teleoram which includes a reference	prior to the hour and date specified in the pies of the amendment; (b) By acknowle a to the solicitation and amendment num	e solicitation or as amended, by one of the following r edging receipt of this amendment on each copy of the bers. FAILURE OF YOUR ACKNOWLEDGEMENT	e offer submitted; or (c) By TO BE RECEIVED AT
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is receive	OFFERS PRIOR TO THE HOUR AND I ar already submitted, such change may	DATE SPECIFIED MAY RESULT IN REJECTION OF be made by telegram or letter, provided each telegram	F YOUR OFFER. IT DY
12. ACCOUNTING AND APPROPRIATION DATA (If rea	quired) No		\$6,840,359.56
13. THIS ITEM ONLY APPLIES TO MO	b2Low DIFICATION OF CONTRACTS/ORDER	S. IT MODIFIES THE CONTRACT/ORDER NO. AS D	DESCRIBED IN ITEM 14.
	· · · · · · · · · · · · · · · · · · ·		
		E CHANGES SET FORTH IN ITEM 14 ARE MADE	
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIED TO REFLEC H IN ITEM 14, PURSUANT TO THE AU	T THE ADMINISTRATIVE CHANGES (such as chan JTHORITY OF FAR 43.103(b).	nges in paying office,
C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PURSUANT TO	AUTHORITY OF:	
D. OTHER (Specify type of modification	and authority)		
	-		
E. IMPORTANT: Contractor X is not,	is required to sign this document a		
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings,	including solicitation/contract subject matter where to	easible.)
DUNS Number: 002513422			ion and
		locate funding for detent	
transportation services and	l correct the invoid	ce address under Task Ord	er HSCEDM-09-E-IG02
b) Field Office POC: Letit	ia Claridge (602)	b6	
AFOD Mark Soukup (520)-	p6		
ore poor groop Enickson Co	entropting Officer	(202	
OAQ POC: Susan Erickson, Co	Micracing Officer	(202 b6	
c) The invoice address list	ed in block 21 on	the reference task order	is corrected as
follows:			
Continued Except as provided herein, all terms and conditions of t	he document referenced in Item QA or 1	10A as heretofore changed remains unchanged and	in full force and effect.
Except as provided herein, all terms and conditions or t 15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING C	
		Susan D. Erickson	16C. DATE SIGNED
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	NO. DATE OIGNED
(Signature of person authorized to sign)	·	(Signature of Contracting Officer)	ucron 12/16/08
NSN 7540-01-152-8070	H		STANDARD FORM 30 (REV. 10-83)
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243

HEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-09-F-IG024/P00003 PAGE OF

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	From: Department of Homeland Security				1
	Burlington Finance Center				
	PO Box 1000				
	Attn: Office of Helath Affairs				
	OHA.Invoice .Consolidation@dhs.gov				
	Williston, VT 05495				
				· · ·	
	To: DHS, ICE			1	
	Burlington Fiance Center	1			
	PO Box 1620				
	Williston, VT 05495-1620				
	Attn: ICE-DRO-FOD-PHOENIX		1		
	d) The total task order amount is increased by				
	\$6,840,359.56 from \$8,921,775.44 to \$15,762135.00				
	and the second tendiditions remain the				
	e) All other terms and condiditions remain the				
	same.				
	Delivery: 30 Days After Award		1		
	Discount Terms:		1		
	b2Low				
	Delivery Location Code: ICE/DRO				
	ICE Detention & Removal				
	Immigration and Customs Enforcement	i i			
	801 I Street, NW				1
	Suite 900			2	
	Washington DC 20536		1		
	FOB: Destination				
	Period of Performance: 10/01/2008 to 02/28/2009				
	Change Item 0001 to read as follows (amount shown				
	is the total amount):				
001	Alien Detention Service: For detention, housing				
1001	and care for persons detained.				4,602,455.00
	and care for persons detained.				, ,
	The number of bed days is increase by 88500 from			1	
	138000 to 226500.	1			
	2 500 Dodo V 50 dovo -00500V 664 47 -				
	1,500 Beds X 59 days =88500X \$64.47 =		1		
	\$5,705,595.00 .			1	
	The line item is increase by \$5, 705,595.00 from			1	
	\$8,896.00 to Not to Exceed \$14,602,455.00	1		1.	1
	IGSA #: DROIGSA060002				
	Product/Service Code: S206	1 .			
	Continued			1	
					1
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					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		1	1	I	

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-09-F-IG024/P00003 PAGE OF

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

NSN 7540-01-152-8067

ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Product/Service Description: GUARD SERVICES				
	Change Item 0002 to read as follows (amount shown				
	is the total amount):				
0002	Provide fifty-six (56) additional Correctional				1,091,730.00
	Officers to the Eloy housing facility.				
	For the period of 10/01/2008 - 12/31/2008, correct modfication P0002 to read as follows:				
	FROM:				
	56 Correction Officers X 92days =5152 X \$4.82 = Not to Exceed \$24,832.64				
	·				
	TO: 1450 Beds X 92 days = 133,400 X \$4.82 = \$642.988.				
	Increase by \$618,155.36 from \$24,832.64 to				
	\$642,988				
	The total bed days is increased by 221348 from				
	5152 to 226500 X $$4.82 = $1,091,730.00$				
	Product/Service Code: S206				
	Product/Service Description: GUARD SERVICES				
	Change Item 0003 to read as follows(amount shown				
	is the total amount):				
、 0003	Provide three (3) additional Senior Correctional				67,950.00
	Officers to the Eloy housing facility .				
	3 Senior Correctional Officers X92days = 276 X				
	\$0.030 cents = Not to Exceed \$82.80				
	FROM: 3 Senior Correctional Officers X92days = 276 X				
	\$0.030 cents = Not to Exceed \$82.80				
	TO: 1450 Beds X 92 days = 133,400 X \$0.30 =				
	\$40,020.00.				
	Increase by \$39,937.50 from \$82.50 to				
	\$40,020.00 (total increase \$39,937.20)	1			
	The total bed days is increased by 226224 from				
	276 to 226500 X $0.30 = 67,949.70$				
	The total line item amount is increased by				
	\$67,867.20 from \$82.50 to \$67, 950.00				
	Continued	1			
N 7540 01 15					OPTIONAL FORM 336 (4-86)

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	DROIGSA-06-0002/HSCEDM-09-F-IG024/P00003	4	4

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

TEM NO. (A)		SUPPLIES/SERV (B)	/ICES		QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUN (F)	
	Product/Service	Code: S206						···	
	Product/Service	Description:	GUARD	SERVICES					
									-
				•					
								·	
			-			1			
					1			1	
						1			
								<u> </u>	
	8067				-			OPTIONAL FORM 336 (4-86	6)

	DIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00004	03/03/2009	19	2109FPHCONT0001.3	
6. ISSUED BY	CODE ICE/DM/DI	7.1	ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
ICE/Detention Mngt/Detent	tion IGSAs		E/Detention Mngt/Deten	
Immigration and Customs E	Enforcement	In	migration and Customs	Enforcement
Office of Acquisition Mar	hagement	Of	fice of Acquisition Ma	nagement
425 I Street NW, Suite 22 Washington DC 20536	208		25 I Street NW, Suite 2	
washingcon_bc_20336		At	tn: < <enter contract="" s<br="">shington DC 20536</enter>	pecialist>>
8. NAME AND ADDRESS OF CONTRACTOR (No	o., street; county, State and ZIP Code)	- 100	9A. AMENDMENT OF SOLICITATION NO.	· · · · · · · · · · · · · · · · · · ·
CITY OF ELOY CITY OF ELOY			9B. DATED (SEE ITEM 11)	
528 N MAIN ST			B. DATED (SEE HEW TI)	
LOY AZ 852310628				
		x	10A MODIFICATION OF CONTRACT/ORDE	ER NO.
	•		HSCEDM-09-F-IG024	
· · · · · · · · · · · · · · · · · · ·			10B. DATED (SEE ITEM 11)	
CODE 0025134220000	FACILITY CODE		08/11/2008	
·····	11. THIS ITEM ONLY APPLIES			
The above numbered solicitation is amended as	set forth in Item 14. The hour and date s	specified for		extended, is not extended.
Offers must acknowledge receipt of this amendn Items 8 and 15, and returning	ment prior to the hour and date specified it	n the solicit	ation or as amended, by one of the following	methods: (a) By completing
separate letter or telegram which includes a refe	rence to the solicitation and amondment	numbere D	receipt of this amendment on each copy of th FAILURE OF YOUR ACKNOWLEDGEMENT	
THE FORCE DEGIGINATED FOR THE RECEIP	I OF OFFERS PRIOR TO THE HOUR AN	ND DATE S	SECIEIED MAY DECLILE IN DE IECTION OF	
virtue of this amendment you desire to change a to the solicitation and this amendment, and is rea	ceived prior to the opening hour and date	specified.	e by telegram or letter, provided each telegra	m or letter makes reference
2. ACCOUNTING AND APPROPRIATION DATA	(If required)	NT		\$16,227,692.10
	b2Low			
13. THIS ITEM ONLY APPLIES TO	O MODIFICATION OF CONTRACTS/ORD	ERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.
CHECK ONE A THIS CHANGE ORDER IS ISSU				
ORDER NO. IN ITEM 10A	SEB FORSOANT TO: (Specify authority)	THE CHAP	NGES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT
B. THE ABOVE NUMBERED CON	TRACT/ORDER IS MODIFIED TO REFL			
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET Fo	TRACT/ORDER IS MODIFIED TO REFL ORTH IN ITEM 14, PURSUANT TO THE		DMINISTRATIVE CHANGES (such as chan Y OF FAR 43.103(b).	
11		ECT THE A AUTHORN	DMINISTRATIVE CHANGES (such as chan Y OF FAR 43.103(b).	
11	TRACT/ORDER IS MODIFIED TO REFL ORTH IN ITEM 14, PURSUANT TO THE MENT IS ENTERED INTO PURSUANT	ECT THE A AUTHORN	DMINISTRATIVE CHANGES (such as chan Y OF FAR 43.103(b).	
11	MENT IS ENTERED INTO PURSUANT	ECT THE A AUTHORN	DMINISTRATIVE CHANGES (such as chan Y OF FAR 43.103(b).	
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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-09-F-IG024/P00004

PAGE OF

3

2

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRIČE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	d) All other terms and condiditions remain the				
	same.				
	Delivery: 30 Days After Award		·		
	Discount Terms:				
	b2Low				
	Delivery Location Code: ICE/DRO ICE Detention & Removal	· ·			
	Immigration and Customs Enforcement				
•	801 I Street, NW				
	Suite 900				
	Washington DC 20536				
	FOB: Destination				
	Period of Performance: 10/01/2008 to 09/30/2009				
	Change Item 0001 to read as follows(amount shown				
	is the total amount):		ŀ I		
001	Alion Dotontion Correion The Line				
1001	Alien Detention Service: For detention, housing and care for persons detained.				
	tor persons decarned.	·		:	9,636,214.30
	The number of bed days is increase by 233190 from				
	226500 to 45960.				
	The line item is included the second				
	The line item is increase by \$15,033,759.30 from \$14,602,455.00 to Not to Exceed \$29,636,214.30				
	+17,002,100.00 to Not to Exceed \$29,656,214.30			•	
ĺ	IGSA #: DROIGSA060002				
	Product/Service Code: S206			·	· · · · ·
	Product/Service Description: GUARD SERVICES				
	Change Item 0002 to read as follows(amount shown				
	is the total amount):				
000					
	Provide fifty-six (56) additional Correctional Officers to the Eloy housing facility.				2,215,705.80
	to the bidy nousing facility.				
				•	
	The total bed days is increased by 233190 from				
	226500 to 459690 X \$4.82 = Not to exceed				
	\$2,215,705.80,				
	Product/Service Code: S206				· .
	Product/Service Description: GUARD SERVICES				
	Chapter Them (0000 to the second	ĺ			
	Change Item 0003 to read as follows(amount shown Continued				
	concinated				
		. [
					¢
540-01-152-80	67				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-0002/HSCEDM-09-F-IG024/P00004

PAGE OF 3

3

NAME OF OFFEROR OR CONTRACTOR CITY OF ELOY

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	1	AMOUNT
	is the total amount):			(E)	(F)
0003	Provide three (3) additional Senior Correctional Officers to the Eloy housing facility .				137,907.00
	The total bed days is increased by 23190 from 226500 to 459690 X $0.30 = 100$ not to exceed $137,907.00$				
	Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
		.			
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					- -
				н 	
					· .
NSN 7540-01-152-808	7			•	OPTIONAL FORM 336 (4-86)

FAR (48 CFR) 53.110

	CATION OF CONTRACT		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00005	03/04/2009	192109FPHCONT0001.3	
ISSUED BY CODE	ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
CE/Detention Mngt/Detention		- ICE/Detention Mngt/Detent	
mmigration and Customs Enfo	prcement	Immigration and Customs En	
ffice of Acquisition Manage	ement	Office of Acquisition Man	
25 I Street NW, Suite 2208	·	425 I Street NW, Suite 22	08
ashington DC 20536		Attn: < <enter contract="" sp<="" td=""><td>ecialist>></td></enter>	ecialist>>
NAME AND ADDRESS OF CONTRACTOR (No., stree	t county State and ZIP Code)	Washington DC 20536	
	n, doanly, dialo and zin doaej	(X) 9A. AMENDMENT OF SOLICITATION NO.	,
ITY OF ELOY			
ITY OF ELOY		9B. DATED (SEE ITEM 11)	
28 N MAIN ST			
LOY AZ 852310628		X 10A. MODIFICATION OF CONTRACT/ORDER	NO.
		DROIGSA-06-0002	
	· · · · · · · · · · · · · · · · · · ·	HSCEDM-09-F-IG024	
ODE 0005124000000	FACILITY CODE	10B. DATED (SEE ITEM 11)	
0025134220000		08/11/2008	
	11. THIS ITEM ONLY APPLIES TO A		
The above numbered solicitation is amended as set for Offers must acknowledge receipt of this amendment n	orth in Item 14. The hour and date speci	ified for receipt of Offers	ended, is not extended.
Items 8 and 15, and returning cor	pies of the amendment: (b) By acknowle	e solicitation or as amended, by one of the following me idging receipt of this amendment on each copy of the o	ethoos: (a) By completing
separate letter or telegram which includes a reference	to the solicitation and amendment num	bers EAILURE OF YOUR ACKNOWR EDGEMENT TO	A RE RECEIVED AT
THE PLACE DESIGNATED FOR THE RECEIPT OF (OFFERS PRIOR TO THE HOUR AND F	DATE SPECIFIED MAY RESULT IN REJECTION OF 1	OUR OFFER If by
to the solicitation and this amendment, and is received	a ready submitted, such change may to prior to the opening hour and date spe	e made by telegram or letter, provided each telegram cified.	or letter makes reference
ACCOUNTING AND APPROPRIATION DATA (If req	juired)		
	b2Low		
13. THIS ITEM ONLY APPLIES TO MOI	DIFICATION OF CONTRACTS/ORDERS	. IT MODIFIES THE CONTRACT/ORDER NO. AS DES	SCRIBED IN ITEM 14.
			· · · · · · · · · · · · · · · · · · ·
A TOIS COANGE URDER IS ISSUED F			
ORDER NO. IN ITEM 10A	ORSUANT TO: (Specify authority) THI	E CHANGES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT
		E CHANGES SET FORTH IN ITEM 14 ARE MADE IN	
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH			
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH X	T/ORDER IS MODIFIED TO REFLECT I IN ITEM 14, PURSUANT TO THE AUT	THE ADMINISTRATIVE CHANGES (such as change HORITY OF FAR 43.103(b).	
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
	DROIGSA-06-0002/HSCEDM-09-F-IG024/P00005	2	2
NAME OF OFFEROR OR CONTRACT	OR	J	

CITY OF ELOY

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Delivery: 30 Days After Award Discount Terms: Delivery Location Code: ICE/DRO ICE Detention & Removal Immigration and Customs Enforcement 801 I Street, NW Suite 900 Washington DC 20536				
	FOB: Destination Period of Performance: 10/01/2008 to 09/30/2009				
	Change Item 0001 to read as follows(amount shown is the total amount):				· · ·
001	Alien Detention Service: For detention, housing and care for persons detained.				29,636,214.30
	The bed day increase on modification P0004 is corrected as follows:				
	From: The number of bed days is increase by 233190 from 226500 to <u>45960.</u>			· · · ·	
1	To: The number of bed days is increase by 233190 from 226500 to <u>459690</u> .			· · · · ·	
	IGSA #: DROIGSA060002				
	Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
			-		
1					

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