



Cover Page Instructions	Version (3.0) 01MAR2024
Version 3.0 supersedes all previous cost sheets. Please note that all previous cost sheets are obsolete and will not be accepted for processing.	
Complete the light brown cells with the facility's identifying information and population data below and G&A and profit rates. All white cells calculate automatically from other sheets.	

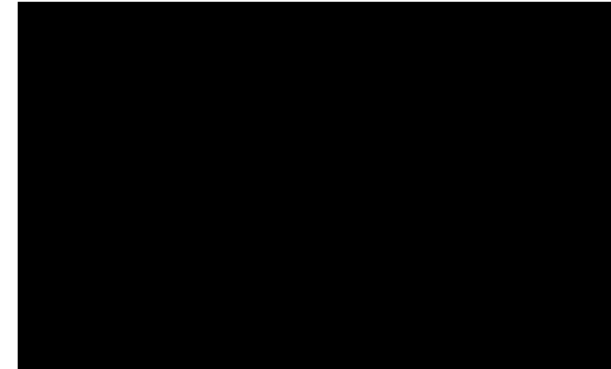
A. Identifying Information			
Facility Name			
Contractor's Name (Operator)			
Total Facility Size (Square Feet)			
B. Capacity			
Total Capacity			
ADP (Last Twelve Months)			
Current Population			
C. Time Frame (Fiscal Year)			
D. Financial Information			
		Cost	% of Contract
Staffing		\$ -	0.0%
Facility		\$ -	0.0%
Other Direct Costs		\$ -	0.0%
Total Operating Costs		\$ -	0.0%
Depreciation		\$ -	0.0%
Contracted Services		\$ -	0.0%
Total Non-Operating Costs		\$ -	0.0%
Subtotal:		\$ -	
G&A	0.00%	\$ -	0.0%
Total Costs		\$ -	
Profit on Operating Costs	0.00%	\$ -	0.0%
Profit on Non-Operating Costs	0.00%	\$ -	0.0%
Total Profit Margin		\$ -	
TOTAL CONTRACT VALUE		\$ -	0.0%
Bed-Day Rate at Total Capacity		\$ -	

Samp



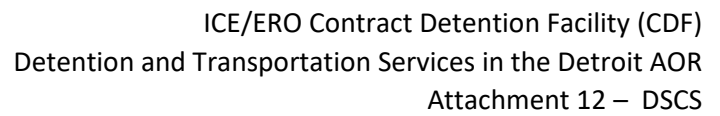
Bed-Day Rate ADP (Last Twelve Months)	\$	-	
Bed-Day Rate at Current Population	\$	-	
Proposed Ordering Period Rates/Prices for Facility Operation Charge (FOC)/Guaranteed Minimum (GM) Awards			
Monthly FOC ▶			
FOC Per Bed Rate / GM Tier I Bed Rate ▶			
Tier II ▶			
Tier III ▶			
Proposed Ordering Period Rate(s)/Price(s) for FOC/GM			
Ordering Period 1 ▶			
Ordering Period 2 ▶			
Ordering Period 3 ▶			
Ordering Period 4 ▶			
Proposed Base Year Rate(s)/Price(s) - Non FOC/GM Awards			
Tier I ▶			
Tier II ▶			
Tier III ▶			
One-Time Cost (Not Included in Bed Rate)	\$	-	
Transportation Costs (If Applicable)	\$	-	

FOC	Alpha Facility	GM
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Bravo Facility	Non FOC/GM	Charlie Facility
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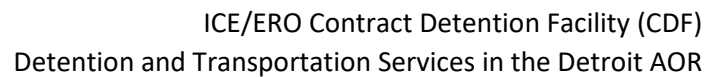


There are four sections, Section 1 - Hours, Benefits, and Taxes, Section 2 - Professional Positions, S

Complete the light brown cells, as needed. Complete the CBA reference number (column b), num Act / Collective Bargaining position use percentages, columns L - Q), update the thresholds for the threshold for the SUTA tax (cell u13) based on your state's tax regulations. Input the adjusted tax compensation (column V). The white cells will calculate automatically with the data from this table.

Section 2 - Professional Roles

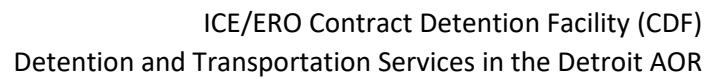
Positions	Percent allocated to ICE Contract	CBA	Straight Labor Rate
		Exempt	
		Exempt	
		Exempt	



		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
		Exempt	
Total			

Complete all "brown" field in each row used and use only rows needed, list all unique event position
c), input the direct labor rates before any additional cost (column d) , and then input the number

[illegible]

[illegible]

Complete all "brown" field in each row used and use only rows needed, list all unique fixed posts (column c), input the direct labor rates before any additional cost (column d) , and then input the

	Detention Officer?		
Positions	Yes or No	CBA	Straight Labor Rate



Section 3 - Event Positions, and Section 4 - Fixed Post Positions. Complete the light brown cells, as

ber of hours section (column d - k), the burdening cost (for exempt line item use percentages, for
e Social Security (cell R13) and FUTA tax (cell T13) based on the current Federal tax regulations and
rate for Social Security (column R), Medicare (column S), FUTA (column T), SUTA (column U) and
b. You do not need to use all rows.

Hours					
Sick	Training		Un - Productive	Productive	Overtime
		-	0		
		-	0		
		-	0		
		-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0
-	-	-	0		0

al positions (column b), enter the percent of time the position is to be allocated to this contract, in
ees required - FTEs (column f).

# of FTEs Required	Productive Straight Hours	Unproductive Straight Hours	Overtime Hours Required	Productive Straight Time	Unproductive Straight Time
	-	-	-	\$ -	\$ -
	-	-	-	\$ -	\$ -
	-	-	-	\$ -	\$ -



ICE/ERO Contract Detention Facility (CDF)
Detention and Transportation Services in the Detroit AOR
Attachment 12 – DSCS

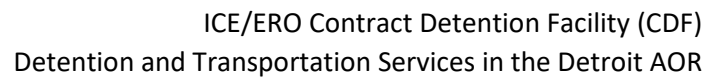
s needed.	

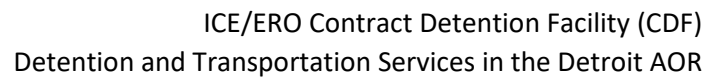
Service Contract and input the worker

Burdening					
H&W	Retirement	Other Benefit 1	Other Benefit 2	Other Benefit 3	Other Charges
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

input the direct

Overtime	Benefits	Total taxes and Worker's Comp	Overtime Wages	Total	H&W
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

[illegible]



in section 1

Overtime	Benefits	Taxes	Overtime Wages	Total	H&W
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Threshold *		Threshold	Threshold		
\$		\$			
Taxes					
Social Security	Medicare	FUTA	SUTA	Worker's comp	OT premium
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	

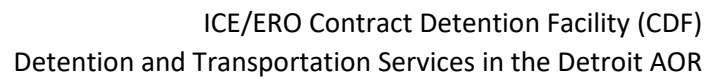
* Maximum Individual Earning Income subject to Social Security Tax for CY 2024

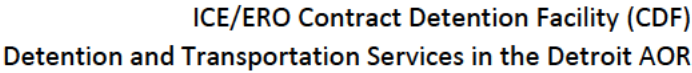
Costs					
Retirement	Other Benefit 1	Other Benefit 2	Other Benefit 3	Other charges	Total Benefits
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



ICE/ERO Contract Detention Facility (CDF)
Detention and Transportation Services in the Detroit AOR
Attachment 12 – DSCS

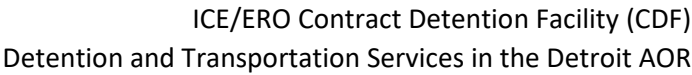
OT rate	Base Hours	Holidays	Vacation	Sick	Training		Productive
\$ -	-	-	-	-	-	-	
\$ -		-	-	-	-	-	
\$ -		-	-	-	-	-	

[illegible]



\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
\$ -		-	-	-	-	-
		-	-	-	-	-

[illegible]

[illegible]

OT rate	Base Hours	Holidays	Vacation	Sick	Training		Productive
\$ -		-	-	-	-	-	
\$ -		-	-	-	-	-	
\$ -		-	-	-	-	-	
\$ -		-	-	-	-	-	



ICE/ERO Contract Detention Facility (CDF)
Detention and Transportation Services in the Detroit AOR

[illegible]



ICE/ERO Contract Detention Facility (CDF)
Detention and Transportation Services in the Detroit AOR

\$ -		-	-	-	-	-	
\$ -		-	-	-	-	-	
\$ -		-	-	-	-	-	
		-	-	-	-	-	

Expense Section Overview

There are six sections, Section 1 - Facility Costs / Other Direct Costs, Section 2 - Contract Services, Section 3 - Money, and Section 6 - One-time Charges. Complete the light brown cells, as needed.

Section 1 - Facility Costs / Other Direct Costs

Complete the light brown cells, as needed. Complete the expense title (column b), proposed cost (column c), provide an explanation for any large increases (column h). For equipment lease and operations and mainten

[illegible]

	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
Total Facility Costs / Other Direct Costs:	\$ -	

Complete the light brown cells, as needed. The preparer must provide the costs for consultant and contract services (column b), enter the total cost (column c), enter the percent of costs to be allocated to this contract (column d), actual prior year cost (column e). For subcontract, enter that information on the "4. Transportation" tab. For Medical (including dental and mental

[illegible]

	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
	\$ -	0.00%
Total Contract Services	\$ -	

Section 4 - Depreciation Expense

Complete the light brown cells, as needed. The preparer must provide the original value, salvage value, and useful life of asset (column e) and life of asset (column f) and percentage of costs to be allocated to the ICE contract (column h).

Asset Description	Acquisition Year	Purchase Price
Building		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total Depreciation:		\$ -

Section 5 - Cost of Money

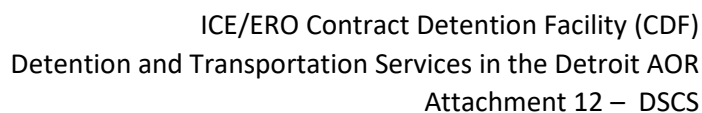
Enter the outstanding loans for depreciable buildings, equipment, or repairs listed above. Per FAR section 31.104-6, the interest rate (less all prior years are subtracted) at the rate released quarterly by the Treasury Department. While this amount is used in calculations.

Asset Description	Original Value	Annual Depreciation Expense

Medical Staff (includes dental and mental health), Section 4 - Depreciation Expense, Section 5 - Cost of
--

enter the percent of cost to be allocated to this contract (column d), actual prior year cost (column f), and advance costs, these charges must be itemized in order to provide greater detail on their composition.

[illegible]



Transportation Instructions
There are eight sections, Section 1 - Calculation of Total Transportation Price, Section 2 - Subcontracts, Section 4 - Vehicle Mileage, Section 5 - Itemized Vehicle Charge, Section 6 - Other Charges. Contractors that are providing transportation services need to complete all sections.

* Please apply the same rate of G&A and profit as proposed on Cover Page Tab.

[illegible]



Total	0
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Section 5 - Itemized Vehicle Charge / Instructions

The Contractor should either complete Section 4 or 5. If the Contractor want to, show the type, number, and cost of lease fees that the contractor pays for vehicle type(column b), brief description (column c), cost per vehicle (column d) and num

Vehicle Type	Brief description
Vehicle Lease	
Vehicle repairs/maintenance	
Vehicle insurance	
Fuel costs	
Vehicle Depreciation	
Total	

Complete the light brown cells, as needed. Complete the CBA reference number percentages, columns L - Q), update the thresholds for the Social Security (cell R adjusted tax rate for Social Security (column R), Medicare (column S), FUTA (colu

CBA Reference Number	Base Hours
Pick From List	
Exempt	

Section 7 - Staffing

Complete all "brown" field in each row used and use only rows needed, list all po (column e) , and then input the number of full-time employees required - FTEs (c

Detention Officer?

percentages, for Service Contract Act / Collective Bargaining position use the SUTA tax (cell U68) based on your state's tax regulations. Input the automatically with the data from this tab. You do not need to use all rows.

						Burden
	Un - Productive	Productive	Overtime	H&W	Retirement	Other Benefit 1
				0.00%	0.00%	0.00%
	0		0	\$ -	\$ -	\$ -
	0		0	\$ -	\$ -	\$ -
	0		0	\$ -	\$ -	\$ -
	0		0	\$ -	\$ -	\$ -
-	0		0	\$ -	\$ -	\$ -
-	0		0	\$ -	\$ -	\$ -
-	0		0	\$ -	\$ -	\$ -
-	0		0	\$ -	\$ -	\$ -
-	0		0	\$ -	\$ -	\$ -

section 6 (column d), input the direct labor rates before any additional cost



Earning			Taxes			
Other Benefit 2	Other Benefit 3	Other Charges	Social Security	Medicare	FUTA	SUTA
			0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%
\$ -	\$ -	\$ -	0.00%	0.00%	0.00%	0.00%

* Maximum Individual Taxable Earning for CY 2021 is ,

Costs



Worker's comp	OT premium
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	
0.00%	

A. Identifying Information		
Facility name		
Contractor's Name (Operator)		
Total facility size (square feet)		
B. Capacity		
Total capacity		
FY20XX ADP		
Current population		
C. Time Frame (Fiscal Year)		
D. Financial Information		
		Detention Officers Pay
		Non-Detention Officers Pay
Payroll Costs		
	Professional Roles	Event Roles
Direct Labor Costs - Straight Time		
Direct Labor Costs - Overtime		
Benefits & Taxes		
Total Payroll Costs		
Facility		
		F
		Total Operating
Contract Services		
		Medical (including d
		Oth
		Tc

G&A	
Profit on Operating Costs	
Profit on Non-Operating Costs	
T	
Bed-D	
Bed-Day Rate A	
Bed-Day R	
Proposed Ordering Period Rates/Prices for Facility Operation Charge (FOC)/Guaranteed	
Monthly FOC ▶	0
FOC Per Bed Rate / GM Tier I Bed Rate ▶	0
Tier II ▶	0
Tier III ▶	0
Proposed Ordering Period Rate(s)/Price(s) fro FOC/GM	
Ordering Period 1 ▶	0
Ordering Period 2 ▶	0
Ordering Period 3 ▶	0
Ordering Period 4 ▶	0
Proposed Base Year Rate(s)/Price(s) - Non FOC/GM Awards	
Tier I ▶	0
Tier II ▶	0
Tier III ▶	0
One-Time Cost (f	
Transporta	

Ratio (Detainee per Detention Officer)			
Detention Officers FTEs			
roll Costs (Productive Straight Time + Unproductive Straight Time + Benefits + Taxes)			
Detention Officers Payroll (Overtime Cost)			
Detention Officers Payroll (Overtime Hours)			
Total Detention Officers Payroll Costs			
Non-Detention Officer FTEs			
roll Costs (Productive Straight Time + Unproductive Straight Time + Benefits + Taxes)			
Non-Detention Officers Payroll (Overtime Cost)			
Non-Detention Officers Payroll (Overtime Hours)			
Non-Total Detention Officers Payroll Costs			
Total Overtime Cost			
Total Overtime Hours			
Total FTEs			
Fixed Posts	Total	% of Contract	
Building Lease or Rent			
Utilities			
Food and Kitchen Supplies			
Other Facility Costs			
Total Facility Costs			
Costs (Payroll + Facility)			
ental and mental health)			
er Contract Service Costs			
Total Contract Services			
Depreciation			
otal Non-Operating Costs			
Subtotal:			

0.00%			
Total Costs			
0.00%			
0.00%			
TOTAL CONTRACT VALUE			
Day Rate at Total Capacity			
DP (Last Twelve Months)			
ate at Current Population			
Minimum (GM) Awards			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
Total Profit Margin			
Not Included in Bed Rate)			
ation Costs (if applicable)			
Transportation Officers			
Total Annual Mileage			