

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%		
Tota	al 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 CONTRACT VALUE		ć		0.00/		
TOTAL CONTRACT VALUE		\$	-	0.0%		
Bed-Day Rate at Total Capacity		\$	-			

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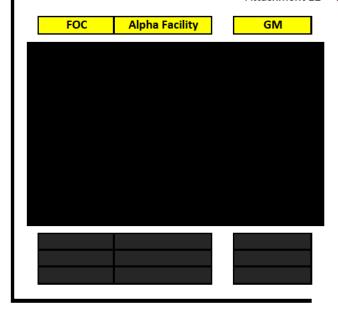


ICE/ERO Contract Detention Facility (CDF)

Detention and Transportation Services in the Detroit AOR

Attachment 12 - DSCS

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





Bravo Facility

Non FOC/GM Charlie Facility

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



Staffing Input A Instructions

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

Section 1 - Hours, Benefits, and Taxes

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 th 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 tal

CBA Reference Number	Base Hours	Holidays	Vacation
Pick From List			
Exempt			
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Section 2 - Professional Roles

Complete all "brown" field in each row used and use only rows needed, list all unique professional labor rates before any additional cost (column e), and then input the number of full-time employ

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



	-	
	Exempt	
otal		

Section 3 - Event Positions

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

> Detention Officer?

Positions	Yes or No	СВА	Straight Labor Rate



12 – DSCS

Section 4 - Fixed Posts Positions

Total

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	СВА	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 an rate for Social Security (column R), Medicare (column S), FUTA (column T), SUTA (column U) and v b. You do not need to use all rows.

	Hours				
Sick	Training		Un - Productive	Productive	Overtime
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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
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s needed.

Service Contract d input the worker

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in section 1

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Threshold *		Threshold	Threshold		
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		Taxes			
Social Security	Medicare	FUTA	SUTA	Worker's comp	OT premium
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0.00%	0.00%	0.00%	0.00%	0.00%	
0.00%	0.00%	0.00%	0.00%	0.00%	
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^{*} Maximum Individual Earning Income subject to Social Secuirty Tax for CY 2024

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ICE/ERO Contract Detention Facility (CDF)

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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

Expense Title	Proposed Costs Total Costs	Percent allocated to ICE Contract
Building Lease or Rent	\$ -	0.00%
Utilities	\$ -	0.00%
Food and Kitchen Supplies	\$ -	0.00%
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Total Facility Costs / Other Direct Costs:	\$ -	

Section 2 - Contract Services

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

Expense Title	Proposed Costs Total Costs	Percent allocated to ICE Contract
Medical (including dental and mental health)	\$ -	0.00%
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Total Contract Services	\$	

Section 4 - Depreciation Expense

Complete the light brown cells, as needed. The preparer must provide the original value, salvage value, and use automatically using the straight-line method. The depreciation expense will be automatically calculated using (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		
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Total Depreciation:		\$ -

Section 5 - Cost of Money

Enter the outstanding loans for depreciable buildings, equipment, or repairs listed above. Per FAR section 31. all prior years are subtracted) at the rate released quarterly by the Treasury Department. While this amount i calculations.

Asset Description	Original Value	Annual Depreciation Expense

Total Cost of Money:	\$ -	\$ -

Section 6 - One-time Charges

Enter each item into the light brown cells below. These are the one-time charges that will not be incorporate page as a One-Time Cost. Complete the expense title (column b), proposed cost (column c), and detail descri

Expense Title	Proposed Costs	
	4	
Total One-time Charges:	\$ -	

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 ance costs, these charges must be itemized in order to provide greater detail on their composition.

Proposed Amount Allocated to ICE Contract	Actual Prior Year Costs	% change	Explanation (Reason for large increase in cost)
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services to the extent that they benefit federal prisoners. Complete the expense title (column b), proposed column f), and provide an explanation for any large increases (column h). If there is a Transportation health), Contractor must complete Section 3 - Medical Staff.

Proposed Amount Allocated to ICE Contract	Actual Prior Year Costs	% change	Explanation (Reason for large increase in cost)
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useful life for any buildings or large equipment that are not leased and for which depreciation is charged. The straight-line method. Complete the asset description (column b), acquisition year (column c), purchase

Salvage Value	Salvage Value Life of Asset		Percent allocated to ICE Contract	
		\$ -	0.00%	
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\$ -	-	\$ -	0.00%	
\$ -		\$ -		

205-10, the vendor is eligible for reimbursement of the cost of money on the current book value (defined as is intended to cover interest or "cost of money" on capital expenditures, profit may not be applied to this ar

Years Depreciated	Current Book Value	Cost of Money	Annual Interest Payments		
	\$ -		\$ -		



Transportation Proposed Price \$ -

Transportation Instructions

There are eight sections, Section 1 - Calculation of Total Transportation Price, Sec Subcontracts, Section 4 - Vehicle Mileage, Section 5 - Itemized Vehicle Charge, Se Other Charges. Contractors that are providing transportation services need to co

Section 1 - Calculation of Total Transportation Price				
Total transportation costs				
Base spend on transportation	\$ -			

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

G&A	0.00%
Profit on Operating Costs	0.00%

Section 2 - Information from "2. Staffing" tab				
Category Transportation Officers				
FTE Count	-			
Salaries (Wages, benefits, taxes)	\$ -			

Section 3 - Transportation Subcontracts / Instructions

Complete the light brown cells, as needed. Complete the vendor name (column l

Vendor Name	Proposed Cost			
	\$ -			
Total Subcontracts	\$ -			

Section 4 - Vehicle Mileage / Instructions

The Contractor should either complete Section 4 or 5. If the Contractor chooses t show the mileage charges by vehicle type. Complete the light brown cells, as nee (column d), and rate per mile (column e).

Vehicle Type	Number of vehicles			



Total	0	Attachment 12 - DSCS
TOTAL	U	

Section 5 - Itemized Vehicle Charge / Instructions

The Contractor should either complete Section 4 or 5. If the Contractor want to perform 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 number type(column b).

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 Secuirty (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 (co

Detention Officer?



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

						Burde
	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	\$ -	\$ -	\$ -

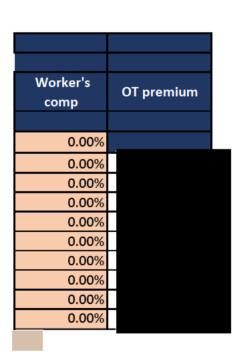
section 6 (column d), input the direct labor rates before any additional cost



						Taxes	
er Benefit 2	Other Benefit		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%
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-	\$ -	\$	-	0.00%	0.00%	0.00%	0.00%
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	er Benefit 2	- \$	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	- \$ - \$	Other Benefit Other Charges Security	Other Benefit Other Charges Social Security Medicare	Other Benefit Other Charges Social Security Medicare FUTA

^{*} Maximum Individual Taxable Earning for CY 2021 is





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
	Nor	n-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 Onevetica
Contract Services		Total Operating
Contract Services		Medical (including d
		Oth
		T.
		Tc

	G&A
Pr	ofit on Operating Costs
Profit o	on Non-Operating Costs
	ī
	Bed-D
	Bed-Day Rate A
	Bed-Day Ra
	_
Proposed Ordering Period Rates/Prices for Facility Operation Cha	
Monthly FOC ►	0
,	0
Tier II ▶	
Tier III ▶	
Proposed Ordering Period Rate(s)/Pr	
Ordering Period 1 ▶	
8	0
Ordering Period 3 ►	
Ordering Period 4 ▶	
Proposed Base Year Rate(s)/Price(s) - N	
Tier I ▶	
Tier II ▶	0
Tier III ▶	0
	One-Time Cost (1
	Transporta

	Ratio		etention Officer)
			ion Officers FTEs
roll Costs (Productive Stra			
			(Overtime Cost)
			Overtime Hours)
	Total		ers Payroll Costs
			tion Officer FTEs
roll Costs (Productive Stra	-		
			(Overtime Cost)
			Overtime Hours)
	Non-Total		ers Payroll Costs
			Overtime Cost
•		Total	Overtime Hours Total FTEs
			TOTALFIES
Fixed Posts	Total	% of Contract	
TIACG T OSES	Total	70 OI COINTACT	
Building Lease or Rent			
Utilities			
ood and Kitchen Supplies			
Other Facility Costs			
Total Facility Costs			
Costs (Payroll + Facility)			
		•	
lental and mental health)			
er Contract Service Costs			
Total Contract Services			
Depreciation			
tal Non-Operating Costs			
Subtotal:			

O.00% O.00% O.00% OTAL CONTRACT VALUE Pay Rate at Total Capacity DP (Last Twelve Months) ate at Current Population
O.00% O.00% OTAL CONTRACT VALUE Oay Rate at Total Capacity DP (Last Twelve Months)
O.00% OTAL CONTRACT VALUE Pay Rate at Total Capacity DP (Last Twelve Months)
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DP (Last Twelve Months)
DP (Last Twelve Months)
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DP (Last Twelve Months)
DP (Last Twelve Months)
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)
ition Costs (if applicable)
Transportation Officers
Total Annual Mileage