

~~**SOURCE SELECTION INFORMATION**~~

**Management Alert –  
CBP Needs to Award A  
Medical Services Contract  
Quickly to Ensure No Gap  
in Services (REDACTED)**

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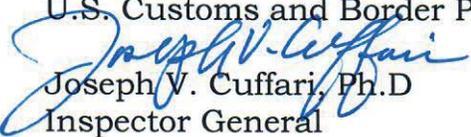
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**OFFICE OF INSPECTOR GENERAL**

Department of Homeland Security

Washington, DC 20528 / www.oig.dhs.gov

September 3, 2020

MEMORANDUM FOR: Mark A. Morgan  
Senior Official Performing the  
Duties of the Commissioner  
U.S. Customs and Border Protection

FROM:   
Joseph V. Cuffari, Ph.D.  
Inspector General

SUBJECT: *Management Alert – CBP Needs to Award A Medical  
Services Contract Quickly to Ensure No Gap in Services  
– ~~Source Selection Information~~*

For your action is our final management alert, *Management Alert – CBP Needs to Award A Medical Services Contract Quickly to Ensure No Gap in Services – ~~Source Selection Information~~*, notifying you of an urgent issue that requires immediate attention and action. U.S. Customs and Border Protection (CBP) must take immediate action to address a lapsing medical services contract with its current provider, Loyal Source Government Services (LSGS), to award a new contract, prior to the expiration of the current agreement on September 29, 2020.

Issuance of this management alert is consistent with our duties under Section 2(2) of the *Inspector General Act of 1978*, as amended, to promote the economy, efficiency, and effectiveness of DHS programs and operations.

As appropriate, we have incorporated the technical comments provided by your office on the draft management alert. We have also appended your office's management response verbatim to the final alert. Your office concurred with the recommendation we made to the CBP Senior Official Performing the Duties of the Commissioner and the CBP Head of the Contracting Activity to ensure continuity of CBP's onsite medical services, as well as ensure CBP carries out future contract planning and communication in a timely manner.

Based on information provided in your response to the draft management alert, we consider recommendation 1 unresolved and open. The Department of Homeland Security Directive 077-01, *Follow-Up and Resolutions for the Office of Inspector General Report Recommendations*, allows 90 days for a written response. However, given the urgency of this matter, please provide our office with the following as soon as possible: a written response that includes your (1) agreement or disagreement, (2) corrective action plan, and (3) target



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completion date for each recommendation. Also, please include responsible parties and any other supporting documentation necessary to inform us about the current status of the recommendation. Until your response is received and evaluated, we consider the recommendation open and unresolved. Please send your response or closure request to [OIGAuditsFollowup@oig.dhs.gov](mailto:OIGAuditsFollowup@oig.dhs.gov).

Consistent with our responsibility under the *Inspector General Act*, we will provide copies of our report to congressional committees with oversight and appropriation responsibility over the Department of Homeland Security. We will post a redacted version of the alert on our website for public dissemination.

Please call me with any questions, or your staff may contact Sondra McCauley, Assistant Inspector General for Audits, at (202) 981-6000.



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## **Summary of Issues**

We are issuing this management alert to advise the Department of Homeland Security and U.S. Customs and Border Protection (CBP) of the urgency and short timeframe to award a new medical services contract to support operations on the Southwest border.

During our review of *CBP's Use of FY 2019 Humanitarian Funds* and our ongoing audit of *CBP's Policies and Procedures for Detained Migrants Experiencing Serious Medical Conditions*, we learned that CBP's current contract for medical services will expire on September 29, 2020. As of September 3, 2020, CBP had not issued a solicitation for a new contract. This leaves fewer than 30 days for the necessary funding and contracting reviews and approvals before CBP can make the award. A lapse in this contract could jeopardize the health and safety of migrants in CBP custody, as well as that of U.S. Border Patrol agents, CBP officers, and staff, especially during the current pandemic.

## **Background**

In 2015, CBP awarded Loyal Source Government Services (LSGS) a blanket purchase agreement to provide onsite medical services, initially for migrants in CBP custody in the Rio Grande Valley Sector. The agreement included the base year with four options to extend performance to 2020. LSGS provides health interviews, medical evaluations, screening, triage, limited treatment for low complexity medical complaints by migrants, and the ability to refer individuals to the local health system.

In 2018, CBP expanded the blanket purchase agreement to have LSGS provide medical personnel to additional locations along the Southwest border during the migrant surge. As of July 2020, LSGS reported it provided CBP an average of 440 medical professionals in a 24-hour period at 67 stations and ports of entry along the Southwest border. LSGS maintained an average of 800 professionals in a month to meet its contractual requirements to expand. Locations without contracted support rely on CBP officers, Border Patrol agents, or local healthcare providers to conduct medical health interviews.

During our two ongoing reviews,<sup>1</sup> we learned that CBP was in its last option

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<sup>1</sup> As of September 2020, the OIG had two ongoing projects, *CBP's Use of FY 2019 Humanitarian Funds* and *CBP's Policies and Procedures for Detained Migrants Experiencing Serious Medical Conditions*. Please see [www.oig.dhs.gov](http://www.oig.dhs.gov) for our ongoing projects list.



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period for the 2015 LSGS blanket purchase agreement. CBP had the option to extend its agreement by 6 months, notifying LSGS of its intent to do so by August 30, 2020, or award a new contract, prior to expiration of the current agreement on September 29, 2020.

### **Current Contract Schedule Risks a Lapse in Medical Services**

With fewer than 30 days remaining until its blanket purchase agreement with LSGS expires, CBP has not issued a solicitation for a new medical services contract and must complete a number of actions to award a contract before the current agreement expires. At a time when CBP is challenged with a COVID-19 pandemic that poses a serious public health and safety risk to both migrants in custody and CBP staff, it is critical that medical services continue uninterrupted.

#### History of Medical Services Contracting from April 2019 to July 2020

In April 2019, CBP issued a presolicitation to obtain information from industry research for a full and open competition to award a new medical services contract. CBP subsequently canceled the presolicitation in September 2019. According to senior CBP contracting officials, in September 2019, the DHS Chief Procurement Officer<sup>2</sup> verbally recommended to senior CBP contracting officials that CBP, U.S. Immigration and Customs Enforcement (ICE), and the Federal Emergency Management Agency (FEMA) establish a joint contract for medical services to begin in FY 2022, when ICE's current medical services contract for detention facilities will expire. CBP senior contracting officials also said the Chief Procurement Officer directed them to award a short term or "bridge" contract<sup>3</sup> to provide medical services between current contract expiration and an anticipated joint contract with ICE and FEMA, to be awarded in FY 2022. Neither DHS OCPO nor CBP could provide written documentation of the Chief Procurement Officer's verbal recommendation or direction for the bridge contract. Although CBP senior contracting officials said they received clear direction from the DHS Chief Procurement Officer in September 2019, a CBP contracting officer recalled needing to contact OCPO in December 2019 for guidance on how to move forward and information on the timing of the ICE contract.

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<sup>2</sup> The DHS Office of the Chief Procurement Officer (OCPO) is responsible for the overall management, administration, and oversight of department-wide acquisitions.

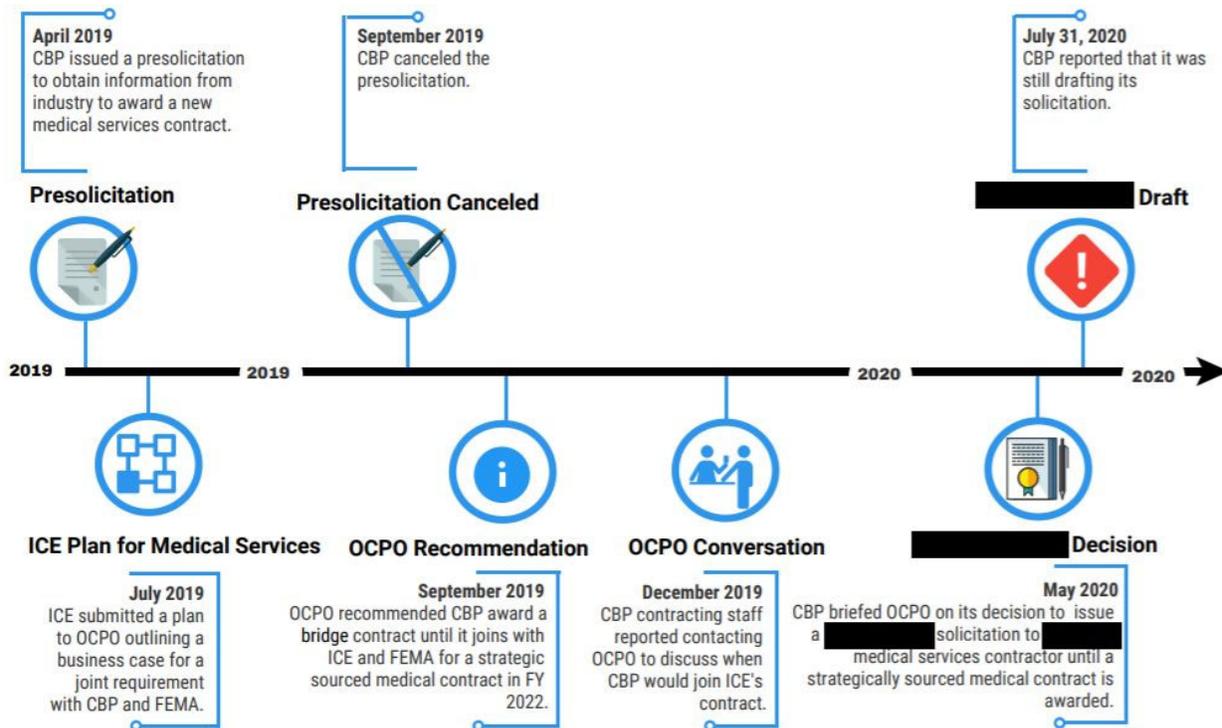
<sup>3</sup> In its *Justification and Approval for Other Than Full and Open Competition Guide*, version 3.1, OCPO incorporated a definition of a bridge contract as a "noncompetitive contract with an incumbent contractor that allows service to continue from the time between the end of one contract award and the beginning of another where the bridge was not priced in the original award or extends the total period of performance by more than 6 months."



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A senior CBP contracting official said CBP notified OCPO in May 2020 about its decision to issue a solicitation for a [REDACTED] bridge contract with [REDACTED]. During our July 2020 interview, OCPO officials could not recall details about following up on CBP’s progress. However, several weeks later, OCPO provided us with a procurement strategy roadmap approved by the Chief Procurement Officer in April 2019, which indicated that CBP planned to pursue a short-term contract with an anticipated award on June 7, 2019. The information in the roadmap contradicted what CBP told us earlier in our review. In addition, OCPO officials could not locate any records showing they had followed up with CBP between June 2019 and May 2020 on any delays in developing such a contract.

**Figure 1. Medical Services Contracting Activity Timeline**



Source: DHS OIG analysis of documentation and interviews with CBP officials

Delays in Drafting Solicitation for Bridge Contract

In July 2020, senior CBP contracting officials said they were confident the solicitation and award milestones for the [REDACTED] bridge contract were on schedule. Nevertheless, a CBP contracting officer emphasized that the effort needed to be quick and allow “only a few days” for reviewers. CBP acquisition staff developed three different drafts of anticipated bridge contract solicitation



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and award milestones, on June 11, July 15, and July 31, 2020. In each draft, CBP delayed the date for completing its solicitation, which left CBP with a compressed timeline for bridge contract preparation, review, clearance, and award. In its response to our draft, CBP provided another draft of its anticipated contracting activity, which indicated CBP was delaying completing a solicitation by a full month, further compressing its timeline. As of September 3, 2020, contracting officers had not issued the solicitation, 55 days behind its June 11, 2020 schedule. Appendix C contains a table showing CBP's changes to its milestones for the solicitation and award of its bridge contract.

CBP contract staff also stated that if award of a bridge contract was not timely, CBP could extend the 2015 blanket purchase agreement. CBP's current agreement allowed for a 6-month extension until March 31, 2021, if it provided LSGS a written notice 30 days in advance. Therefore, to meet the current agreement's expiration on September 29, 2020, CBP would have had to notify the existing contractor by August 30, 2020. If any issues arise during the limited time remaining for contract negotiations, CBP will be left without a backup plan for a medical services contract. Subsequent to the August 18, 2020 issuance of our draft alert, CBP confirmed that it had not extended its blanket purchase agreement.

CBP Justification for a [REDACTED] Bridge Contract

In July 2020, a CBP contracting officer informed us the component would pursue a [REDACTED] contract due to a shortage of medical staff during the COVID-19 pandemic. According to Federal Acquisition Regulation (FAR) Part 8.405-6 – *Limiting Sources*, justifications for limiting sources are restricted to few circumstances, including “an urgent and compelling need exists, and following the procedures would result in unacceptable delays.” In its [REDACTED] justification, CBP cited this FAR provision to justify its [REDACTED] bridge contract. However, CBP's urgent and compelling reasons for limiting competition were entirely preventable as a shortage of medical staff due to COVID-19 was not an issue in September 2019 when the DHS Chief Procurement Officer directed CBP senior contracting officials to pursue a bridge contract. Competition is the cornerstone of the Federal acquisition system, but due to acquisition planning delays, this \$600 million contract will not receive all the benefits of full and open competition.

**Possible Consequences of a Potential Lapse in Medical Services**

Although CBP requires officers and agents to monitor for physical and mental distress, the U.S. Government Accountability Office (GAO) recently reported



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that CBP officers and agents were not trained to identify medical distress, specifically when dealing with children. According to GAO, officer and agent medical training is generally limited to American Red Cross training on how to perform cardiopulmonary resuscitation (CPR) and First Aid Kit training related to agent and officer self-care and combat medicine.<sup>4</sup> In July 2020, Border Patrol staff expressed concerns to us about the status and consequences of not having a medical contract, noting that CBP could not risk deaths in custody again. A CBP contracting officer shared similar concerns with us. Additionally, in November 2019, OIG completed two investigations into the deaths of two migrant children in CBP custody,<sup>5</sup> which prompted our congressionally requested audit. Migrant deaths in custody have also prompted congressional investigations,<sup>6</sup> as well as two congressional hearings.<sup>7</sup>

A lapse in onsite medical services at CBP facilities could jeopardize the health and safety of migrants in CBP custody, who may already be at higher risk of more severe illness from COVID-19. Further, a gap in medical services during the COVID-19 pandemic and at the start of the 2020-2021 flu season presents a heightened public health risk for migrants in CBP custody, as well as CBP officers, agents, and staff.<sup>8</sup>

We have significant concerns about the compressed timeframe CBP has to award a new bridge contract, without all the benefits of full and open competition, for medical services. Accordingly, DHS and CBP should dedicate

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<sup>4</sup> GAO-20-536, *CBP Needs to Increase Oversight of Funds, Medical Care, and Reporting of Deaths*, July 2020, [www.gao.gov](http://www.gao.gov).

<sup>5</sup> DHS OIG press releases, *The Office of the Inspector General Completes Investigation of the Death of Eight-Year-Old Guatemalan Child Who Died in U.S. Border Patrol Custody* (December 20, 2019; revised April 14, 2020); and *The Office of the Inspector General Completes Investigation of the Death of Seven-Year-Old Guatemalan Child Who Died in U.S. Border Patrol Custody* (December 20, 2019).

<sup>6</sup> For example, U.S. House of Representatives, Committee on Homeland Security, Subpoena to DHS (November 20, 2019); U.S. House of Representatives, Committee on Oversight and Reform, Subcommittee on Civil Rights and Civil Liberties press release, *Committee Investigates Deaths of Immigrant Children and Adults* (December 23, 2019).

<sup>7</sup> U.S. House of Representatives Committee on Homeland Security, Border Security and Immigration Subcommittee hearings, *Assessing the Adequacy of DHS Efforts to Prevent Child Deaths in Custody* (January 14, 2020) and *Children in CBP Custody: Examining Deaths, Medical Care Procedures, and Improper Spending* (July 15, 2020).

<sup>8</sup> According to the Centers for Disease Control and Prevention, the nature of COVID-19 and limited medical capacity at ports of entry and Border Patrol stations present a significant obstacle to safely managing the risk of COVID-19 among migrants held in these facilities. It also poses a public health risk to personnel who are carrying out immigration functions and law enforcement activities, while also ensuring safe border crossings for essential goods and persons. See *Amendment and Extension of Order Under Sections 362 and 365 of the Public Health Service Act; Order Suspending Introduction of Certain Persons From Countries Where a Communicable Disease Exists*, 85 Fed. Reg. 31,503-02 (May 26, 2020).



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all available resources to ensure continuity of CBP's onsite medical services, as well as comprehensive, timely, and fully communicated planning and implementation of future medical services contracts.

### **Recommendation**

**Recommendation 1:** We recommend the CBP Senior Official Performing the Duties of the Commissioner and the CBP Head of the Contracting Activity:

- ensure continuity of CBP's onsite medical services; and
- ensure future contract planning and communication are conducted in a timely manner.

### **Management Comments and OIG Analysis**

CBP management provided written comments on a draft of this alert. We included a copy of CBP's management comments in their entirety in Appendix A. We also received technical comments, which we incorporated in the alert as appropriate.

CBP management concurred with our recommendation but expressed concern that statements in our management alert are inaccurate. We contend that the information presented in this management alert is accurate and fairly presents the results of our review. According to CBP, our concern is misplaced and this alert will cause undue alarm or panic. We strongly disagree. CBP repeatedly missed its own internal milestones and has yet to issue a solicitation 30 days prior to contract expiration. In July 2020, during our review, contracting officers repeatedly assured us they would complete a solicitation within 24 hours, but CBP still had not completed it when we issued the draft alert on August 18, 2020. In response to our draft alert, CBP provided a new set of planned milestones for its contract solicitation and award, indicating CBP would not complete drafting its solicitation until September 1, 2020, more than 2 months later than its original milestone. (See Appendix C.) As of September 3, 2020, CBP still had not issued its solicitation. Additionally, CBP's new milestones compress the time for completing its contracting activity from 86 days to 23 days, further increasing the risk of a contract lapse and potentially placing unnecessary stress on contracting officers and review officials. CBP's response to the recommendation and our analysis follow.

**CBP Response to Recommendation 1:** Concur. CBP plans to award a new 2-year medical services contract on or about September 24, 2020. CBP is making use of [REDACTED] and



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explained that this arrangement can significantly streamline the award process. CBP further explained that although CBP contracting officials originally intended to award a long-term contract, after consultations with the Chief Procurement Officer, CBP changed its strategy to issue a two-year contract until DHS completes a strategic sourcing vehicle that includes both CBP and ICE medical services requirements. CBP requested that the recommendation be resolved and closed when it awards a new medical services contract by the end of September 2020. Estimated Completion Date: September 30, 2020.

**OIG Analysis:** CBP indicated it anticipates awarding a contract to continue medical services past September 29, 2020, without a lapse, but it has not issued a solicitation. CBP's pledge of a continued partnership among CBP, OCPO, and ICE is a positive step but does not guarantee regular coordination and documented communication that is shared with all stakeholders.

Additionally, an informal partnership among CBP, ICE, and OCPO does not ensure each entity is meeting milestones and not experiencing delays or setbacks that may impede the progress of the partnership or contract award. ICE's current business strategy does not detail how ICE will work with CBP to incorporate specific labor categories and requirements into the contract to meet CBP mission needs. CBP could not provide an update on ICE's progress, which is significant considering indications in ICE's strategy it planned to complete a solicitation package in Fall 2020.

This recommendation will remain unresolved until CBP issues a solicitation and provides a copy to the OIG. The recommendation will remain open until CBP awards a contract to continue medical services after September 29, 2020, and CBP provides the OIG with an approved business strategy to procure medical services, including a detailed communication and coordination plan and an updated milestone schedule.



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## **Appendix A**

### **Objective, Scope, and Methodology**

DHS OIG was established by the *Homeland Security Act of 2002*, Pub. L. No. 107-296, 116 Stat. 2135, which amended the *Inspector General Act of 1978*. We issued this management alert during an ongoing review of *CBP's Use of FY 2019 Humanitarian Funding* and an ongoing audit of *CBP's Policies and Procedures for Detained Migrants Experiencing Serious Medical Conditions*.

The objective of our ongoing review is to determine whether CBP adequately planned and deployed FY 2019 appropriated funds quickly and effectively to address humanitarian needs on the Southwest border, including funding dedicated to medical services. The objective of our ongoing audit is to determine whether CBP's policies and procedures safeguard detained migrants experiencing serious medical conditions while in custody.

In July 2020, we interviewed officials at DHS' OCPO and CBP. We interviewed CBP program and acquisition personnel and officials, including the Office of Acquisition and U.S. Border Patrol. We also obtained documentary evidence, such as CBP's 2015 blanket purchase agreement for medical services, plans for continuing the services beyond the contract's expiration in September 2020, and coordination between DHS OCPO and the CBP contracting office.

We are issuing this alert under the authority conferred by the *Inspector General Act of 1978, as amended*, Section 2(2), "to promote economy, efficiency, and effectiveness in the administration of, and [] to prevent and detect fraud and abuse in, [DHS] programs and operations." We conducted work for this alert in connection with an ongoing review being performed according to the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency. Additional information or recommendations regarding the medical services issue addressed in this alert may also be included in the final report resulting from our related ongoing audit of *CBP's Policies and Procedures for Detained Migrants Experiencing Serious Medical Conditions*.

The Office of Audits major contributors to this management alert are Christine Haynes, Director; Patrick O'Malley, Director; Heidi Einsweiler, Audit Manager; Callece Gresham, Program Analyst; Elizabeth Kelleher, Program Analyst; Darvy Khun, Program Analyst; Matthew Taylor, Auditor; Kelly Herberger, Communications Analyst; and Ben Wing, Independent Referencer.



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**Appendix B**  
**CBP Comments to the Draft Management Alert**

1300 Pennsylvania Avenue NW  
Washington, DC 20229



U.S. Customs and  
Border Protection

August 28, 2020

MEMORANDUM FOR: Joseph V. Cuffari, Ph.D.  
Inspector General

FROM: Henry A. Moak, Jr.   
Senior Component Accountable Official  
U.S. Customs and Border Protection

SUBJECT: Management Response to Management Alert: "CBP Needs to Award A Medical Services Contract Quickly to Ensure No Gap in Services" (Project No. 19-066a-AUD-CBP)

Thank you for the opportunity to comment on this draft management alert (alert). U.S. Customs and Border Protection (CBP) appreciates the work of the Office of Inspector General (OIG) in planning and conducting its review and issuing this alert.

In the draft alert, OIG states that during its review of CBP's use of fiscal year (FY) 2019 Humanitarian Funds and OIG's ongoing audit of "CBP's Policies and Procedures for Detained Migrants Experiencing Serious Medical Conditions," OIG learned that CBP's current contract for medical services will expire on September 29, 2020. OIG goes on to express concern because as of August 18, 2020, CBP had not issued a solicitation for a new contract, leaving fewer than 45 days until the Blanket Purchase Agreement (BPA) with Loyal Source Government Services (LSGS) would expire.

CBP appreciates OIG's concern; however, it is misplaced because pre-solicitation efforts are well underway to ensure a timely FY 2020 award. CBP's acquisition strategy is to award a [REDACTED] using the [REDACTED]. CBP fully recognizes the critical need for medical services to continue uninterrupted, especially considering the COVID-19 pandemic that poses a serious public health and safety risk both to migrants in CBP custody and to CBP personnel. CBP's acquisition strategy eliminates the risk of an interruption of these services.

**SOURCE SELECTION INFORMATION—SEE FAR 2.101 AND 3.104.**

*Warning: These documents contain source selection information related to the conduct of a Federal agency procurement, the disclosure of which is restricted by Chapter 21 of the Office of Federal Procurement Policy Act (41 U.S.C. § 2101, et seq.). The unauthorized disclosure of such information may subject both the discloser and recipient of the information to contractual, civil, and/or criminal penalties as provided by law.*



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CBP questions why OIG would issue this draft alert, which in addition to being incorrect is certain to cause unwarranted alarm and panic. For example, OIG's statement that CBP risks a lapse in medical services because fewer than 45 days remain before the current contract expires at the end of September is inaccurate and inflammatory. This statement misrepresents the contracting process. There are several contracting methods that can be employed that have an average time to award of less than 45 days. The alert disregards this fact and ignores other potential methods to swiftly obtain the services. The alert also falsely raises concern that CBP may not make a timely award. Moreover, the issuance of this alert, if OIG does not hold safe protected source selection information, will by its very nature cause the very thing OIG purportedly seeks to avoid down the line: imperiling CBP's contracting efforts.

In April 2019, the DHS Chief Procurement Officer (CPO) approved the Procurement Strategy Roadmap (PSR) in which CBP intended to award a long-term contract for medical services. Subsequent discussions with CPO resulted in a change to the acquisition strategy to consider U.S. Immigration and Customs Enforcement (ICE) medical services requirements and CBP's requirements in a strategic sourcing contract. The release of the solicitation was impacted by difficulties in reconciling technical aspects of each agency's unique mission requirements. Ultimately, DHS leadership determined the most prudent path forward for CBP was to issue a two-year contract to support CBP medical services until the DHS strategic sourcing vehicle could be awarded.

This acquisition strategy of awarding a [REDACTED] using the [REDACTED] [REDACTED] poses the least amount of risk to the Government in maintaining these critical services. OIG's point about the benefits of full and open competition is also misplaced because vendors under the [REDACTED] *have* undergone a rigorous and thorough competitive award process that complies with the General Services Administration's definition of full and open competition. CBP is confident that this acquisition strategy will provide the benefits that full and open competition ideally would provide, while ensuring medical services continue without interruption.

In technical comments provided under separate cover, CBP provided OIG with an updated contract acquisition milestone schedule to be included in Appendix C. CBP is confident that an award will be made prior to the expiration of the current contract on September 29, 2020.

The draft alert contained one recommendation, with which CBP concurs. Attached find our detailed response to the recommendation. CBP previously submitted technical comments under a separate cover for the OIG's consideration.

**SOURCE SELECTION INFORMATION—SEE FAR 2.101 AND 3.104.**

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Again, thank you for the opportunity to review and comment on this draft alert. Please feel free to contact me if you have any questions. We look forward to working with you again in the future.

Attachment

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**Attachment: Management Response to Recommendations  
Contained in OIG 19-066a-AUD-CBP**

OIG recommended that the CBP Senior Official Performing the Duties of the Commissioner and CBP Head of the Contracting Activity:

**Recommendation 1:**

- Ensure continuity of CBP’s onsite medical services; and
- Ensure future contract planning and communication are conducted in a timely manner.

**Response:** Concur. With respect to the first part of the recommendation – “ensure continuity of CBP’s medical services” - CBP plans to award a new two-year medical services contract on or about September 24, 2020. Since CBP is making use of [REDACTED], CBP can significantly streamline the award process.

With respect to the second part of the recommendation – “ensure future contract planning and communication are conducted in a timely manner” – although CBP Procurement originally intended to award a long-term contract including ICE requirements, after consultations with the CPO, CBP decided not to pursue this option until a DHS strategic sourcing vehicle can be awarded. CBP Procurement will continue to partner with the CPO and ICE Procurement to ensure any future acquisitions involve all the right stakeholders and result in a timely award(s), as appropriate.

CBP requests that the OIG consider this recommendation resolved and closed as implemented when the new medical services contract is awarded by the end of September 2020. Estimated Completion Date: September 30, 2020

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**Appendix C**  
**CBP's Planned Milestones For [REDACTED] Bridge Contract**  
**Solicitation and Award**

<b>Contracting Milestones</b>	<b>June 11</b>	<b>July 14</b>	<b>July 31<sup>a</sup></b>	<b>August 21<sup>c</sup></b>
Solicitation Complete	6/20/2020	7/20/2020	7/31/2020	9/1/2020
Counsel Review Complete	7/3/2020	8/6/2020	8/6/2020	9/4/2020
<i>Business days between solicitation and counsel review</i>	9	14 <sup>b</sup>	5	4
DHS OCPO Solicitation Package Review	7/9/2020	8/21/2020	8/21/2020	
<i>Business days for OCPO review</i>	4	12	12	
Evaluation of Proposals Complete	8/8/2020	9/15/2020	9/15/2020	9/16/2020
Source Selection Documentation Complete	8/15/2020	9/16/2020	9/16/2020	
<i>Business days between Evaluation and Source Selection Documentation Complete</i>	5	2	2	
Post Selection Documentation Complete	8/17/2020	9/18/2020	9/18/2020	
<i>Business days between Evaluation and Selection Documentation</i>	1	3	3	
Contract Preparation & Review and Clearance	9/4/2020	9/21/2020	9/21/2020	9/16/2020
<i>Business days between selection and contract clearance</i>	15	2	2	0
<b>Contract Award</b>	<b>9/14/2020</b>	<b>9/24/2020</b>	<b>9/24/2020</b>	<b>9/24/2020</b>
<i>Business days between clearance and award</i>	6	4	4	7
<b>Total Days from Solicitation to Award</b>	<b>86</b>	<b>66</b>	<b>55</b>	<b>23</b>

Source: OIG analysis of CBP contracting milestones

<sup>a</sup> CBP provided the last update on July 31, 2020, but the document was dated July 14, 2020.

<sup>b</sup> CBP's revised July 14 schedule included additional time for Counsel review, but it anticipated providing the solicitation to Counsel on July 27, 2020, allowing Counsel 9 business days for review.

<sup>c</sup> Following our draft, CBP provided an updated, abbreviated timeline for contracting activity, which further delayed the completion of its solicitation until September 1, 2020. In its draft, it plans to receive quotes on September 14, and complete all other activity to select a source and prepare and review its contract within 2 business days.



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**Appendix D**  
**Report Distribution**

**Department of Homeland Security**

Secretary  
Deputy Secretary  
Chief of Staff  
Deputy Chiefs of Staff  
General Counsel  
Executive Secretary  
Director, GAO/OIG Liaison Office  
Under Secretary, Office of Strategy, Policy, and Plans  
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Under Secretary for Management  
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