OTHER TRANSACTION AGREEMENT

OTA NUMBER	REQUISITION NUMBER

ISSUED TO	ISSUED BY
Name & Address: EIN: UEI:	Name & Address: Transportation Security Administration 6595 Springfield Center Drive Springfield, VA 20598, US Email: Robert.Farrell@tsa.dhs.gov

PROGRAM TITLE

Program: Law Enforcement Officers Reimbursement Program (LEORP)
Period of Performance: 12 months from date of award
NAICS: 922120 – Police Protection
PSC: S206 Housekeeping – Guard

FISCAL DATA

Accounting Line:
Obligated:

PURPOSE

AUTHORIZED SIGNATURES

IN WITNESS WHEREOF, the Parties have entered into this Agreement by their duly authorized officers.

Participant's Signature _____ Date _____	Contracting Officer's Signature _____ Date _____
TYPED NAME AND TITLE	TYPED NAME AND TITLE

This Individual Agreement, established between the Transportation Security Administration and [Airport Authority Name], is subject to all terms and conditions of the Parent Agreement 70T01026TLEORP001. The Parent Agreement controls in the event of any conflict with this Individual Agreement. By signing this Individual Agreement, the Participant agrees to accept and comply with all terms and conditions of the Parent Agreement without exception.

The Participant agrees to provide qualified law enforcement services through the [LE Service Provider] on-site at [Airport Name] during TSA screening checkpoint operating hours, and to provide law enforcement support to the passenger-screening checkpoints in keeping with requirements provided by TSA in accordance with the Parent Agreement.

The FSD, in consultation with the Participant, has determined that on-site [fixed/flexible/hybrid] stationing is appropriate. Participant agrees to maintain, on a reimbursable basis, [number of LEOs] to provide visible Law Enforcement presence in the vicinity of the screening checkpoint(s) during the hours of checkpoint operations each day.

The specific requirements for LEO support associated with this agreement are as follows:

[Project Narrative submitted with application]