AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES				
		4 DEC	HISTION/DHDOHASE DEO NO	1 1 1				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. KEG	UISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)				
P00013 6. ISSUED BY CODE	See Block 16C	7 ADI	7. ADMINISTERED BY (If other than Item 6) CODE TOE DOB					
6. ISSUED BY CODE 70CDCR DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW WASHINGTON DC 20536		ICE Imm Off 801	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW WASHINGTON DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CAROLINE COUNTY OF ATTN P O BOX 447 BOWLING GREEN VA 224270001		9B	9B. DATED (SEE ITEM 11)					
			2.2.2.2.40					
CODE	FACILITY CODE		B. DATED (SEE ITEM 13)					
CODE ZGLRAX4QJJ77	FACILITY CODE 11. THIS ITEM ONLY APPLIES		6/30/2018					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	IODIFICATION OF CONTRACTS/OR PURSUANT TO: (Specify authority)	THE CHANG	DDIFIES THE CONTRACT/ORDER NO. AS SES SET FORTH IN ITEM 14 ARE MADE MINISTRATIVE CHANGES (such as character of FAR 43.103(b).	IN THE CONTRACT				
C. THIS SUPPLEMENTAL AGREEMEN D. OTHER (Specify type of modification		TO AUTHORI	TY OF:					
E. IMPORTANT: Contractor 🗵 is not.	is required to sign this docume	ent and return	copies to the is	suing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION COR:								
The purpose of this administ Protection Equipment (PPE) S Face Masks (cloth) a Dental Masks (PET) each" Period of Performance: 07/01	upplies for detair nd (disposab on the task order.	nees du ole) ea	e to COVID-19	IN 0011 "Personal				
All other terms and conditio	ns remain the same	e.						
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e document referenced in Item 9 A		retofore changed, remains unchanged an NAME AND TITLE OF CONTRACTING (
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	ED						
(Signature of person authorized to sign)								

Previous edition unusable

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	$oxedsymbol{oxedsymbol{oxedsymbol{eta}}}$ OJECT NO. (If applicable)			
P00014	 See Block 16C							
6. ISSUED BY CODE	70CDCR	7. AD	7. ADMINISTERED BY (If other than Item 6) CODE ICE / DCR					
			,	£ P^~	,			
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement			ICE/Detention Compliance & Removals Immigration and Customs Enforcement					
Office of Acquisition Management		1	Office of Acquisition Management					
801 I ST NW,			801 I Street, NW					
WASHINGTON DC 20536		1	WASHINGTON DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.					
AROLINE COUNTY OF								
TTN Z		9B	9B. DATED (SEE ITEM 11)					
O BOX 447 SOWLING GREEN VA 224270001								
		10	10A. MODIFICATION OF CONTRACT/ORDER NO.					
		x 70	x 70CDCR18DIG000006					
0005			B. DATED (SEE ITEM 13)					
CODE ZGLRAX4QJJ77	FACILITY CODE		6/30/2018					
	11. THIS ITEM ONLY APPLIE							
The above numbered solicitation is amended as set for					is not extended.			
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning cop	·		on or as amended , by one of the following ceipt of this amendment on each copy of th		. ,			
separate letter or telegram which includes a reference	, , -		• • • • • • • • • • • • • • • • • • • •		, , -			
THE PLACE DESIGNATED FOR THE RECEIPT OF (
virtue of this amendment you desire to change an offe	•	•		ım or letter	makes			
reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required)	· · · · · · · · · · · · · · · · · · ·	ur and date sp	ecified.					
See Schedule	an ouj							
	ODIFICATION OF CONTRACTS/O	RDERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBI	ED IN ITEM 14.			
CHECK ONE A. THIS CHANGE ORDER IS ISSUED F	PURSUANT TO: (Specify authority)) THE CHANG	GES SET FORTH IN ITEM 14 ARE MADE I	N THE CO	NTRACT			
ORDER NO. IN TENT TOA.								
B. THE ABOVE NUMBERED CONTRAC	CT/ORDER IS MODIFIED TO REF	LECT THE AD	MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).	jes in payin	g office,			
X								
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT	TO AUTHORI	TY OF:					
D. OTHER (Specify type of modification	and authority)							
E. IMPORTANT: Contractor is not.	is required to sign this docume							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (ngs, including s	colicitation/contract subject matter where fe	asible.)				
	@@ice.dhs.gov							
CO	@ice.dhs.gov							
CS CS	@ice.dhs.gov							
The purpose of this administ	rative modificati	on is t	o incorporate the fol	Lowing	i :			
1. Attachment 1 Transgender	=							
2. Attachment 2 Virtual Atto	rney Visitation							
Period of Performance: 07/01	/2018 to 06/30/20	23						
All other terms and condition	ns remain the sam	ie.						
Except as provided herein, all terms and conditions of th	e document referenced in Item 9 A	A or 10A, as he	retofore changed, remains unchanged and	in full force	e and effect.			
15A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OF					
	ı							
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN	IED						
(Signature of person authorized to sign)								
NON 7540 04 450 0070								

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