

|   |                                    |                                  |                                |
|---|------------------------------------|----------------------------------|--------------------------------|
| 2. AMENDMENT/MODIFICATION NO.<br>P00024 | 3. EFFECTIVE DATE<br>See Block 16C | 4. REQUISITION/PURCHASE REQ. NO. | 5. PROJECT NO. (If applicable) |
|---|------------------------------------|----------------------------------|--------------------------------|

|   |                |  |                 |
|---|----------------|--|-----------------|
| 6. ISSUED BY<br>DETTENTION COMPLIANCE AND REMOVALS<br>U.S. Immigration and Customs Enforcement<br>Office of Acquisition Management<br>500 12th St SW<br>WASHINGTON DC 20024 | CODE<br>70CDCR | 7. ADMINISTERED BY (If other than Item 6)<br>ICE/Detention Compliance & Removals<br>Immigration and Customs Enforcement<br>Office of Acquisition Management<br>500 12th St SW<br>Washington DC 20024 | CODE<br>ICE/DCR |
|---|----------------|--|-----------------|

|  |     |  |
|--|-----|--|
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br><br>DILLEY CITY OF<br>ATTN [REDACTED]<br>P O BOX 230<br>DILLEY TX 780170230 | (x) | 9A. AMENDMENT OF SOLICITATION NO.                            |
|  |     | 9B. DATED (SEE ITEM 11)                                      |
|  | x   | 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>70CDCR18DIG000012 |
|  |     | 10B. DATED (SEE ITEM 13)<br>09/26/2018                       |

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended,  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)  
See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

|           |   |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  |
|           | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
|           | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  |
|           | D. OTHER (Specify type of modification and authority)   |
| X         | Other Administrative Action   |

E. IMPORTANT Contractor  is not,  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  
 UEI: WBGJJW2K3D8  
 COR: [REDACTED], 830-326-[REDACTED]  
 Alternate COR: [REDACTED], 210-283-[REDACTED]  
 Contracting Officer: [REDACTED], 202-924-[REDACTED]  
 Contract Specialist: [REDACTED], 202-494-[REDACTED]

The purpose of this modification is to:

1) Incorporate the service provider's approved Request for Equitable Adjustment (REA) into this Inter-Governmental Service Agreement (IGSA). The effective date of this approved REA Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A

|   |                  |
|---|------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print)     |                  |
| 15B. CONTRACTOR/OFFEROR                           | 15C. DATE SIGNED |
| _____<br>(Signature of person authorized to sign) |                  |

NAME OF OFFEROR OR CONTRACTOR  
DILLEY CITY OF

| ITEM NO.<br>(A) | SUPPL ES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0001D           | <p>is February 1, 2023. Please see CLIN 0001D below for details regarding monthly rate increases, effective February 1, 2023.</p> <p>2) The total Retroactive Payment Amount of [REDACTED] is approved for this REA. The service provider may submit one (1) invoice on or after February 15, 2023 in the amount of [REDACTED]. Funding will be provided at the task order level. The breakdown of the total Retroactive Payment is provided as follows:</p> <p>a) For Task Order 70CDCR22FIGR00228, the service provider may invoice in the amount of [REDACTED]. A breakdown of the total Retroactive Payment Amount will be provided at the Task Order level.</p> <p>3) With this Modification, the total value of this IGSA is increased by [REDACTED], from [REDACTED] to [REDACTED].</p> <p>Period of Performance: 09/26/2018 to 09/30/2026</p> <p>Change Item 0001D to read as follows (amount shown is the obligated amount):</p> <p>Residential Beds up to [REDACTED].<br/>Monthly Rate: [REDACTED] per month.<br/>(Monthly Rate Effective Dates: 02/01/2022 to 09/25/2023)</p> <p>With this Modification (P00024):</p> <p>1) The total monthly rate is increased:</p> <p>FROM: [REDACTED]<br/>BY: [REDACTED]<br/>TO: [REDACTED]</p> <p>2) The total value of this CLIN is increased:</p> <p>FROM: [REDACTED]<br/>BY: [REDACTED]<br/>TO: [REDACTED]</p> <p>Obligated Amount: \$0.00<br/>Product/Service Code: S206<br/>Product/Service Description: HOUSEKEEPING- GUARD<br/>Continued ...</p> |                 |             |                   | [REDACTED]    |

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR18DIG000012/P00024

PAGE OF  
3 3

NAME OF OFFEROR OR CONTRACTOR  
DILLEY CITY OF

| ITEM NO.<br>(A) | SUPPL ES/SERVICES<br>(B)                                      | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | All other terms and conditions of this IGSA remain unchanged. |                 |             |                   |               |