

2. AMENDMENT/MODIFICATION NO. P00032  
 3. EFFECTIVE DATE See Block 16C  
 4. REQUISITION/PURCHASE REQ. NO.  
 5. PROJECT NO. (If applicable)

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

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  
 DILLEY CITY OF  
 ATTN [REDACTED]  
 P O BOX 230  
 DILLEY TX 780170230  
 9A. AMENDMENT OF SOLICITATION NO.  
 9B. DATED (SEE ITEM 11)  
 X 10A. MODIFICATION OF CONTRACT/ORDER NO.  
 70CDCR18DIG000012  
 10B. DATED (SEE ITEM 13)  
 09/26/2018  
 CODE WBGJJW2K3D8 FACILITY CODE

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 electronic communication 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 letter or electronic communication, provided each letter or electronic communication 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 data, 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 IAW 70CDCR18DIG000012

E. IMPORTANT: Contractor  is not  is required to sign this document and return 1 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]  
 CO: [REDACTED]

The purpose of this modification is to:

1. Incorporate a new PWS and new pricing to reopen the site in Dilley, TX, currently named Dilley Detention Center. The following attachments are applicable:

a. FRS PWS Feb 2025

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) Mary Ann Obrean Mayor  
 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]  
 15C. DATE SIGNED 3/04/25  
 16B. UNITED STATES OF AMERICA [REDACTED]  
 (Signature of Contracting Officer)

NAME OF OFFEROR OR CONTRACTOR  
DILLEY CITY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>b. Attachment 1 - WD 2015-5291 Revision 28 which will be applicable on the signing of the modification.</p> <p>c. Attachment 2A - FRS Modifications 2025 V2</p> <p>d. Attachment 3 - QASP and PRS</p> <p>e. Attachment 3A - CDR Template</p> <p>f. Attachment 4 - Staffing Pattern</p> <p>2. Add CLINS 0009, 0010, 0011, and 0012 and 0013 for pricing for the new site in Dilley, TX.</p> <p>a. Upon award/execution of the contract modification (Day 1), a 60-day period will begin whereby CoreCivic will hire and train staff. During this initial 60-day period, ICE will be invoiced the fixed monthly payment in CLIN 0009 for the first two-units/neighborhoods to allow CoreCivic to activate the first two neighborhoods on Day 60.</p> <p>b. On Day 60, the facility will begin receiving residents. In 8 weeks, intake for the first two units/neighborhoods will be complete.</p> <p>c. Additionally, the FOC payment for the third unit/neighborhood will begin on Day 60.</p> <p>d. On Day 120, the facility will be receiving residents for the third unit/neighborhood and the FOC for the fourth unit/neighborhood will be in effect.</p> <p>e. On Day 180, the facility will begin receiving residents in the fourth unit/neighborhood and the FOC for the fifth unit/neighborhood will be in effect. The total FOC CLIN, CLIN 0010, will then be in effect on a monthly basis for the [REDACTED] bed facility.</p> <p>f. On Day 240, the facility will begin receiving residents in the fifth unit/neighborhood.</p> <p>g. The staffing pattern is for the full facility and the fill rate percentage will apply to each unit/neighborhood as it opens until the facility is full.</p> <p>Continued ...</p>				

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	<p>h. The above schedule can be accelerated at ICE's request. Accordingly, each unit/neighborhood FOC is enacted the sooner of 60 days or occupancy.</p> <p>i. CLIN 0013, the Medical CLIN, will also apply on Day 1 as the medical operation will function regardless of population level.</p> <p>j. In accordance with Article 11 of the IGSA, all pricing included is applicable for a year from execution of this modification. The service provider may request a rate adjustment no less than 12 months after the effective date of the modification unless required by law (see Article 19, pursuant to a change in applicable standards (see Article 5) or pursuant to a change order (see Article 10)). After 12 months, the service provider may request a rate by submitting a new Jail Services Cost Statement with a summary of the rate adjustment, breakout of the requested increase amount, and back-up documentation necessary to support the request. If ICE does not receive an official request for a bed day rate adjustment that is supported by the information provided, the fixed bed day rate as stated in this Agreement will be in place indefinitely.</p> <p>3. The IGSA is modified with the following changes:</p> <p>a. The above-mentioned PWS will incorporate the modified FRS. The modified FRS is incorporated into the IGSA.</p> <p>b. The section called "Employee Health" on p. 10 of the IGSA is replaced with the new PWS section 7.3.4 Employee Health.</p> <p>c. Article 7 of the IGSA is replaced with the new PWS section 8 "Security Requirements".</p> <p>4. Extend the current agreement from an end date of 09/30/2026 to an end date of 03/04/2030.</p> <p>5. Update invoice instructions below for IPP.</p> <p>6. For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR18DIG000012/P00032

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NAME OF OFFEROR OR CONTRACTOR  
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>this agreement made by the provider (or any subcontractors) without review and approval of such disclosure by ICE.</p> <p>Period of Performance: 09/26/2018 to 03/04/2030</p> <p>Add Item 0009 as follows:</p> <p>0009 Ramp Up Transition - Total 180 Days</p> <p>FOC For Brown Bear and Blue Butterfly (Units 1 and 2) - ██████████ monthly</p> <p>The FOC above is for both neighborhoods at the rate specified above.</p> <p>FOC for Green Turtle, Yellow Frog or Red Bird (Units 3, 4, and 5) - ██████████ monthly per neighborhood in accordance with the schedule in P00032.</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	12	MO	0.00	
0010	<p>Add Item 0010 as follows:</p> <p>0010 Residential Beds up to ██████████/monthly</p> <p>Monthly Rate: \$ ██████████</p> <p>This CLIN accounts for the security, food, housing, recreation, clothing, pro bono telephone calls, religious services and transportation and fuel related expenses to medical and legal/court trips.</p> <p>This CLIN will be utilized when the entire facility is available for use by ICE.</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Continued ...</p>	12	MO	0.00	

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0011	<p>Add Item 0011 as follows:</p> <p>Transportation Guaranteed Minimum (GM) for 50,000 miles/year: \$ [REDACTED] month</p> <p>This guaranteed transportation support accounts for all expenses (including fuel) associated with the guaranteed 50,000 miles.</p> <p>Transportation Over 50,000 miles/year: \$ [REDACTED]/mile in effect once [REDACTED] miles are exceeded each month. This transportation support accounts for all expenses (including fuel) associated with transportation over 50,000 miles.</p> <p>This transportation support accounts for all expenses (including fuel) associated with transportation over 50,000 miles.</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	12	MO	0.00	
0012	<p>Add Item 0012 as follows:</p> <p>On-Call Stationary Guard</p> <p>\$ [REDACTED] hour</p> <p>This CLIN provides a fully burdened labor rate for up to 10,000 hours of guard services.</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>	[REDACTED]	LH	0.00	
0013	<p>Add Item 0013 as follows:</p> <p>Medical Services</p> <p>Monthly Rate Ramp Up Pricing: \$ [REDACTED] Monthly Rate: \$ [REDACTED]</p> <p>The monthly rate ramp up pricing is applicable for the first 60 days after signature of P00032. After the first 60 days, the monthly rate of \$ [REDACTED] will be applicable.</p> <p>Continued ...</p>	12	MO	0.00	

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	<p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>----- UPDATED INVOICE INSTRUCTIONS</p> <p>ICE - INVOICE INSTRUCTIONS ERO</p> <p>Beginning December 9, 2024, all invoicing procedures will take place on www.IPP.gov. Vendors must be registered www.IPP.gov. Registration on www.IPP.gov is required to receive payment. Invoices will not be accepted by any other method.</p> <p>1. The contractor shall be active in the System for Award Management (www.SAM.gov) for invoice processing. Besides the information identified below, a proper invoice shall also include; contractor's Unique Entity Identifier (UEI) number; the ICE Program Office; and state whether the invoice is "INTERIM" or "FINAL".</p> <p>2. In accordance with Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows: "...An invoice must include-</p> <ul style="list-style-type: none"> <li>(i) Name and address of the Contractor. The name, address and UEI number on the invoice MUST match the information in both the Contract/Agreement and the information in SAM;</li> <li>(ii) Unique Entity Identifier (UEI) number;</li> <li>(iii) Invoice date and number;</li> <li>(iv) Contract number, line items and, if applicable, the order number;</li> <li>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</li> <li>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</li> <li>(vii) Terms of any discount for prompt payment offered;</li> <li>(viii) Remit to Address;</li> <li>(ix) Name, title, and phone number of persons to notify in event of defective invoice;</li> </ul> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(x) ICE Program Office designated on the order/contract/agreement; and</p> <p>(xi) Whether the invoice is "Interim" or "Final"</p> <p>(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Invoice submission: The above information will be required to complete the invoice submission requirements within IPP. Please refer to <a href="http://www.IPP.gov">www.IPP.gov</a> for additional information on Getting Started, Benefits, Features, and Enrollment.</p> <p>4. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"> <li>• Bed day rate;</li> <li>• Detainees check-in and check-out dates;</li> <li>• Number of bed days multiplied by the bed day rate;</li> <li>• Name of each detainee;</li> <li>• Detainees identification information</li> </ul> <p>(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with Continued ...</p>				

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	<p>documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> <li>• Bed day rate;</li> <li>• Detainees check-in and check-out dates;</li> <li>• Number of bed days multiplied by the bed day rate;</li> <li>• Name of each detainee;</li> <li>• Detainees identification information</li> </ul> <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> <li>• Mileage rate being applied for that invoice;</li> <li>• Number of miles;</li> <li>• Transportation routes provided;</li> <li>• Locations serviced;</li> <li>• Names of detainees transported;</li> <li>• Itemized listing of all other charges; and,</li> <li>• for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</li> </ul> <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"> <li>• The location where the guard services were provided,</li> <li>• The employee guard names and number of hours being billed,</li> <li>• The employee guard names and duration of the billing (times and dates), and</li> <li>• for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</li> </ul> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>5. The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.</p> <p>Continued ...</p>				

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	<p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>6. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience, or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at <a href="http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf">http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf</a> for more information on and/or examples of Sensitive PII.</p> <p>Invoices without the above information may be returned for resubmission.</p>				