| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT                       |   |  |  | 1. CONTRACT ID CODE  | PAGE OF PAGES                                      |  |  |  |
|--|---|--|--|--|--|--|--|--|
| 2 AMENIDME   | NT/MODIFICATION NO.   | 3. EFFECTIVE DATE  | I A DEO  | UISITION/PURCHASE REQ. NO.   | Is DDO   | 1 3 JECT NO. (If applicable)             |  |  |
| P00021   | NT/MODIFICATION NO.   |  | 4. KEQ   | UISITION/FUNCHASE NEQ. NO.   | 3. FRO   | JECT NO. (II applicable)                 |  |  |
| 6. ISSUED BY   | CODE  | See Block 16C  | 7. ADN   | MINISTERED BY (If other than Item 6)   | CODE   | ICE/DCR                                  |  |  |
| U.S. Important Office 500 12t  | ON COMPLIANCE AND REI<br>migration and Custom<br>of Acquisition Manage  | MOVALS<br>s Enforcement  | ICE,<br>Imm:<br>Off:<br>500                                | Detention Compliance & gration and Customs Endice of Acquisition Manalizth St SW nington DC 20024  | Remo   | ovals<br>ement                           |  |  |
| 8. NAME AND  | ADDRESS OF CONTRACTOR (No., street  | et, county, State and ZIP Code)  | (x) 9A.  | AMENDMENT OF SOLICITATION NO.  |  |  |  |  |
| 501 N TH   | ERY COUNTY OF<br>HOMPSON SUITE 401<br>IX 773012893  |  | 9B.  | DATED (SEE ITEM 11)  . MODIFICATION OF CONTRACT/ORDER NC CDCR18DIG000013   | NO.  |  |  |  |
| CODE DD  | :3UM2VRE4D7   | FACILITY CODE  |  | 9/04/2018  |  |  |  |  |
| NK   | OUNZ V KEHD /   | 11. THIS ITEM ONLY APPLIES   |  |  |  |  |  |  |
| Items 8 and<br>separate let<br>RECEIVED<br>OFFER. If I<br>each letter of | 15, and returning ct<br>tter or electronic communication which inc<br>AT THE PLACE DESIGNATED FOR THE<br>by virtue of this amendment you desire to<br>or electronic communication makes refere<br>FING AND APPROPRIATION DATA (If rec | pipes of the amendment; (b) By acknown cludes a reference to the solicitation at ERECEIPT OF OFFERS PRIOR TO change an offer already submitted, ence to the solicitation and this amen | nowledging rec<br>and amendme<br>THE HOUR A<br>such change | on or as amended, by one of the following meipt of this amendment on each copy of the ont numbers. FAILURE OF YOUR ACKNOW, ND DATE SPECIFIED MAY RESULT IN REJmay be made by letter or electronic communicative or the opening hour and date services.   | offer submit<br>LEDGEMI<br>ECTION (<br>cation, pro | tted ; or (c) By<br>ENT TO BE<br>DF YOUR |  |  |
| see scn  |   | MODIFICATION OF CONTRACTS/OF   | PREPS IT MO  | DIFIES THE CONTRACT/ORDER NO. AS DE  | SCRIBER  | O IN ITEM 14                             |  |  |
|  | 13. THIS TIEM ONE! AFFEIES TO   | NODIFICATION OF CONTRACTS/OF   | VDENO. II WIC  | DIFIES THE CONTRACT/ORDER NO. AS DE  | JONIBLE  | 7 IN IT LIW 14.                          |  |  |
| CHECK ONE  |   | CT/ORDER IS MODIFIED TO REFL<br>H IN ITEM 14, PURSUANT TO THE  | ECT THE ADI  | ES SET FORTH IN ITEM 14 ARE MADE IN THE MA |  |  |  |  |
|  | DOTUED (Consider town of one differential   | and a the wife A   |  |  |  |  |  |  |
| v  | D. OTHER (Specify type of modification  | **   | wice Cont  | ract Labor - Price Adjustmen   | ·+   |  |  |  |
| X  | <u> </u>  |  |  |  |  |  |  |  |
|  |   | is required to sign this docume  (Organized by UCF section heading   |  | copies to the issuir   |  |  |  |  |
| COR: Phone: 4 Email  | 480-267-  |  |  |  |  |  |  |  |
| ACOR: Phone: 8   | 830-498   | 7  |  |  |  |  |  |  |
| ACOR: Continue   | ed  |  |  |  |  |  |  |  |
|  | vided herein, all terms and conditions of t<br>ND TITLE OF SIGNER ( <i>Type or print</i> )  | he document referenced in Item 9 A   |  | etofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OFFI   |  |  |  |  |
| 15B. CONTRA  | ACTOR/OFFEROR   | 15C. DATE SIGNE  | ED   |  |  |  |  |  |
|  | (Signature of person authorized to sign)  |  |  |  |  |  |  |  |
| Previous edition   | on unusable   | ·  |  |  |  |  |  |  |

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR18DIG000013/P00021 PAGE 0F 2 3

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|--|----------|-----|------------|--------|
| (A)      | (B)  | (C)      | (D) | (E)        | (F)    |
|          | Phone: 832-435   |          |     |            |        |
|          | DIRECTI.   |          |     |            |        |
|          | Contractor POC:  |          |     |            |        |
|          | Phone: 561-999   |          |     |            |        |
|          | Email:   |          |     |            |        |
|          | Contracting Officer/Specialist:  |          |     |            |        |
|          | Phone: 202-913   |          |     |            |        |
|          | Email  |          |     |            |        |
|          | There is no requisition associated with this   |          |     |            |        |
|          | action.  |          |     |            |        |
|          |  |          |     |            |        |
|          | The purpose of modification P00021 is to   |          |     |            |        |
|          | establish new rates in accordance with the approved Request for Equitable Adjustment (REA) |          |     |            |        |
|          | for ICE IGSA 70CDCR18DIG000013 concerning Joe  |          |     |            |        |
|          | Corley Processing Center as result of the new  |          |     |            |        |
|          | Collective Bargaining Agreement (CBA).   |          |     |            |        |
|          | 1. As a result, CLIN 0001, concerning Detention  |          |     |            |        |
|          | Services has been established at effective   |          |     |            |        |
|          | 1 Aug 23.  |          |     |            |        |
|          | 2. As a result, CLIN 0002, concerning On-Call and  |          |     |            |        |
|          | Remote Post has been established at  |          |     |            |        |
|          | effective 1 Aug 23.  |          |     |            |        |
|          | 2 7 2 14 07 77 0007  |          |     |            |        |
|          | 3. As a result, CLIN 0007, concerning Transportation has been established at               |          |     |            |        |
|          | effective 1 Aug 23.  |          |     |            |        |
|          | Period of Performance: 09/01/2018 to 08/31/2023  |          |     |            |        |
|          | Change Item 0001 to read as follows(amount shown   |          |     |            |        |
|          | is the obligated amount):  |          |     |            |        |
|          |  |          |     |            |        |
| 0001     | Detention Services - Bed Day Rate (BDR)  |          |     |            |        |
|          | As a result of the approved REA, CLIN 0001 rates,  |          |     |            |        |
|          | concerning Detention Services has been increased:  |          |     |            |        |
|          |  |          |     |            |        |
|          | Effective 1 Aug 23   |          |     |            |        |
|          | From:  |          |     |            |        |
|          | By:  |          |     |            |        |
|          | To: Obligated Amount: \$0.00   |          |     |            |        |
|          | Product/Service Code: S206   |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |     |            |        |
|          | Continued  |          |     |            |        |
|          |  |          |     |            |        |
|          |  |          |     |            |        |
|          |  |          |     |            |        |
|          |  |          |     |            |        |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR18 DIG000013/P00021
 PAGE 3
 3

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|--------|
| (A)      | (B)  | (C)      | (D)  | (E)        | (F)    |
|          |  |          |      |            |        |
|          | Change Item 0002 to read as follows (amount shown  |          |      |            |        |
|          | is the obligated amount):  |          |      |            |        |
| 0002     | On-Call Services   |          |      |            |        |
|          |  |          |      |            |        |
|          | As a result of the approved REA, CLIN 0002 rates, concerning On-Call and Remote Post is increased: |          |      |            |        |
|          | concerning on carr and nemote rost is increased.   |          |      |            |        |
|          | Effective 1 Aug 23   |          |      |            |        |
|          | From:  |          |      |            |        |
|          | Ву:  |          |      |            |        |
|          | To:  |          |      |            |        |
|          | Obligated Amount: \$0.00   |          |      |            |        |
|          | Product/Service Code: S206   |          |      |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |      |            |        |
|          |  |          |      |            |        |
|          | Change Item 0007 to read as follows (amount shown is the obligated amount):                        |          |      |            |        |
|          | is the obligated amount,   |          |      |            |        |
| 0007     | Transportation   |          |      |            |        |
|          | As a result of the approved REA, CLIN 0007,  |          |      |            |        |
|          | concerning monthly Transportation cost is  |          |      |            |        |
|          | increased:   |          |      |            |        |
|          | Effective 1 Aug 23   |          |      |            |        |
|          | The same   |          |      |            |        |
|          | From: By:  |          |      |            |        |
|          | To:  |          |      |            |        |
|          | Obligated Amount: \$0.00<br>Product/Service Code: S206   |          |      |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          | All other terms and conditions shall remain  |          |      |            |        |
|          | unchanged.   |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |

| AMENDMENT OF SOLICITATION/MODIFIC  | CATION OF CONTRACT   |                   | CONTRACT ID CODE   | PAGE OF PAGES                          |
|--|--|-------------------|--|--|
| 2. AMENDMENT/MODIFICATION NO.  | 3. EFFECTIVE DATE  | 4. RE0            | UUSITION/PURCHASE REQ. NO.   | 5. PROJECT NO. (If applicable)         |
| P00022   | See Block 16C  |                   |  |  |
| 6. ISSUED BY CODE  |  | 7. AD             | MINISTERED BY (If other than Item 6)   | CODE   ICE/DCR                         |
| DETENTION COMPLIANCE AND RE U.S. Immigration and Custom Office of Acquisition Manag 500 12th St SW WASHINGTON DC 20024   | s Enforcement  | Imm<br>Off<br>500 | /Detention Compliance igration and Customs ice of Acquisition Ma 12th St SW hington DC 20024   | Enforcement                            |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., stre   | et, county, State and ZIP Code)  | (x) 9A            | . AMENDMENT OF SOLICITATION NO.  |  |
| MONTGOMERY COUNTY OF<br>501 N THOMPSON SUITE 401<br>CONROE TX 773012893  |  | 9E × 107          | . DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDED CONTRACT/ | ER NO.                                 |
| CODE DR3UM2VRE4D7  | FACILITY CODE  | <u> </u>          | 9/04/2018  |  |
|  | 11. THIS ITEM ONLY APPLIES   |                   | -,,  |  |
|  | ence to the solicitation and this amer<br>quired)  MODIFICATION OF CONTRACTS/O | ndment, and is    |  | ate specified. S DESCRIBED IN ITEM 14. |
| B. THE ABOVE NUMBERED CONTRA appropriation data, etc.) SET FOR:  C. THIS SUPPLEMENTAL AGREEME  |  |                   | MINISTRATIVE CHANGES (such as char<br>'OF FAR 43.103(b).<br>TY OF:   | ges in paying office,                  |
| D. OTHER (Specify type of modification X FAR 52.222-43 Fair Labor  | **   | vice Con          | cract Labor - Price Adjust   | ment                                   |
| 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 UEI: DR3UM2VRE4D7 COR: Phone: 480-267- Email  ACOR: Phone: 830-498 Email  ACOR: Continued Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print) | 7  | a or 10A, as h    |  | d in full force and effect.            |
| 15B. CONTRACTOR/OFFEROR  | 15C. DATE SIGN   | ED                |  |  |
| (Signature of person authorized to sign)   |  |                   |  |  |

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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR18DIG000013/P00022
 PAGE 2
 OF 2
 3

| ITEM NO. | SUPPLIES/SERVICES   | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|---|----------|-----|------------|--------|
| (A)      | (B)   | (C)      | (D) | (E)        | (F)    |
|          | Phone: 832-435 Email:   |          |     |            |        |
|          | Indi:   |          |     |            |        |
|          | Contractor POC:   |          | ĺ   |            |        |
|          | Phone: 561-999-   |          |     |            |        |
|          | Email:  |          |     |            |        |
|          | Contracting Officer/Specialist:   |          |     |            |        |
|          | Phone: 202-91   |          |     |            |        |
|          | Email   |          |     |            |        |
|          | There is no requisition associated with this  |          |     |            |        |
|          | action.   |          |     |            |        |
|          |   |          |     |            |        |
|          | The purpose of modification P00022 is to correct  |          |     |            |        |
|          | the incorrect starting rates establish in P00021 resulting in incorrect ending rates. The below |          |     |            |        |
|          | rates are now in accordance with the approved   |          |     |            |        |
|          | Request for Equitable Adjustment (REA) for ICE  |          |     |            |        |
|          | IGSA 70CDCR18DIG000013 concerning Joe Corley  |          |     |            |        |
|          | Processing Center as result of the new Collective   |          |     |            |        |
|          | Bargaining Agreement (CBA).   |          |     |            |        |
|          | 1. As a result, CLIN 0001, concerning Detention   |          |     |            |        |
|          | Services has been established at effective  |          |     |            |        |
|          | 1 Aug 23.   |          |     |            |        |
|          | 2. As a result, CLIN 0002, concerning On-Call and   |          |     |            |        |
|          | Remote Post has been established at   |          |     |            |        |
|          | effective 1 Aug 23.   |          |     |            |        |
|          | 3. As a result, CLIN 0007, concerning   |          |     |            |        |
|          | Transportation has been established at  |          |     |            |        |
|          | effective 1 Aug 23.   |          |     |            |        |
|          | Period of Performance: 09/01/2018 to 08/31/2023   |          |     |            |        |
|          | Change Item 0001 to read as follows(amount shown  |          |     |            |        |
|          | is the obligated amount):   |          |     |            |        |
|          |   |          |     |            |        |
| 0001     | Detention Services - Bed Day Rate (BDR)   |          |     |            |        |
|          | As a result of the approved REA, CLIN 0001 rates,   |          |     |            |        |
|          | concerning Detention Services has been increased:   |          |     |            |        |
|          |   |          |     |            |        |
|          | Effective 1 Aug 23  |          |     |            |        |
|          | From  |          |     |            |        |
|          | By:   |          |     |            |        |
|          | To:   |          |     |            |        |
|          | Obligated Amount: \$0.00 Continued  |          |     |            |        |
|          | Concinued   |          |     |            |        |
|          |   |          |     |            |        |
|          |   |          |     |            |        |
|          |   |          |     |            |        |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR18 DIG000013/P00022
 PAGE 3
 OF 3

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|--------|
| (A)      | (B)  | (C)      | (D)  | (E)        | (F)    |
|          | Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  |          |      |            |        |
|          | Change Item 0002 to read as follows(amount shown is the obligated amount):   |          |      |            |        |
| 0002     | On-Call Services   |          |      |            |        |
|          | As a result of the approved REA, CLIN 0002 rates, concerning On-Call and Remote Post is increased:                 |          |      |            |        |
|          | Effective 1 Aug 23   |          |      |            |        |
|          | From By: BTO:  |          |      |            |        |
|          | Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD               |          |      |            |        |
|          | Change Item 0007 to read as follows(amount shown is the obligated amount):   |          |      |            |        |
| 0007     | Transportation   |          |      |            |        |
|          | As a result of the approved REA, CLIN 0007, concerning monthly Transportation cost is increased:                   |          |      |            |        |
|          | Effective 1 Aug 23   |          |      |            |        |
|          | From: By: To: Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD |          |      |            |        |
|          |  |          |      |            |        |
|          | All other terms and conditions shall remain unchanged.   |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |
|          |  |          |      |            |        |

| AMENDMENT OF SOLICITATION/MODIFIC  | NDMENT OF SOLICITATION/MODIFICATION OF CONTRACT  1. CONTRACT ID CODE  PAGE OF PAGES  |           |  |                                 |                             | PAGES    |  |  |
|--|--|-----------|--|---------------------------------|-----------------------------|----------|--|--|
| 2. AMENDMENT/MODIFICATION NO.  | DIFICATION NO. 3. EFFECTIVE DATE 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable  |           |  |                                 |                             |          |  |  |
| P00023   | See Block 16C  |           |  |                                 |                             | 50 - 15M |  |  |
| 6. ISSUED BY CODE  | 70CDCR   | 7. ADI    | MINISTERED BY (If other than Item 6)   | CODE                            | TCE/                        | DCP      |  |  |
| DETENTION COMPLIANCE AND REM<br>U.S. Immigration and Customs<br>Office of Acquisition Manage<br>500 12th St SW<br>WASHINGTON DC 20024  | 7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR 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   | Lounty State and 7IP Code)   | IOA       | AMENDMENT OF SOLICITATION NO.  |                                 |                             |          |  |  |
| MONTGOMERY COUNTY OF<br>501 N THOMPSON SUITE 401<br>CONROE TX 773012893  |  | (x)       | . DATED (SEE ITEM 11)  |                                 |                             | 12       |  |  |
|  |  | x 10,     | A. MODIFICATION OF CONTRACT/ORDER N<br>0 CDCR18 DIG000013  | 10.                             |                             |          |  |  |
|  |  | 10        | B. DATED (SEE ITEM 13)   |                                 |                             |          |  |  |
| CODE DR3UM2VRE4D7  | FACILITY CODE  | 1 0       | 9/04/2018  |                                 |                             |          |  |  |
|  | 11. THIS ITEM ONLY APPLIES TO A  | MENDA     | MENTS OF SOLICITATIONS   |                                 |                             |          |  |  |
| separate letter or electronic communication which inc RECEIVED AT THE PLACE DESIGNATED FOR THE OFFER. If by virtue of this amendment you desire to each letter or electronic communication makes refere 12. ACCOUNTING AND APPROPRIATION DATA (If reg See Schedule  13. THIS ITEM ONLY APPLIES TO M  | RECEIPT OF OFFERS PRIOR TO THE<br>change an offer already submitted, such<br>nee to the solicitation and this amendmen<br>uired)   | HOUR A    | AND DATE SPECIFIED MAY RESULT IN REJE<br>may be made by letter or electronic communic                | ECTION<br>cation, p<br>pecified | N OF YOUR<br>provided<br>I. |          |  |  |
| B. THE ABOVE NUMBERED CONTRA<br>appropriation data, etc.) SET FORT   |  | THE AD    | GES SET FORTH IN ITEM 14 ARE MADE IN T<br>MINISTRATIVE CHANGES (such as changes<br>of FAR 43.103(b). |                                 |                             |          |  |  |
| D. OTHER (Specify type of modification   | and authority)   |           |  |                                 |                             |          |  |  |
| X   IAW 70CDCR18DIG00000   | 13   |           |  |                                 |                             |          |  |  |
| E. IMPORTANT: Contractor 🗵 is not  | is required to sign this document an   | id return | copies to the issuin   | g office                        | 9.                          |          |  |  |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION UEI: DR3UM2VRE4D7 COR: Phone: 480-267- Email:  | (Organized by UCF section headings, in   | cluding : | solicitation/contract subject matter where feasii  | ble.)                           | E.                          |          |  |  |
| ACOR:<br>Phone: 830-498-<br>Email:   |  |           |  |                                 |                             |          |  |  |
| ACOR: Continued Except as provided herein, all terms and conditions of to 15A NAME AND TITLE OF SIGNER (Type or print) Mack J. Ke one gh. Covert y Jim   | the document referenced in Item 9 A or 11  | OA, as h  | eretofore changed, remains unchanged and in  | full force                      | ce and effec                | ž.       |  |  |
| A STATE OF THE STA | 15C. DATE SIGNED   |           |  |                                 |                             |          |  |  |

Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR18DIG000013/P00023

PAGE 2

OF 6

| ITEM NO. | SUPPLIES/SERVICES (B)  | QUANTITY<br>(C) | UNIT | UNIT PRICE | AMOUNT |
|----------|--|-----------------|------|------------|--------|
| (A)      | Phone: 832-435-  | (0)             | (D). | (E)        | (F)    |
|          | Email:   |                 |      |            |        |
|          | Contractor POC:<br>Phone: 561-999-   |                 |      | :          |        |
|          | Email:   |                 |      |            |        |
|          | Contracting Officer/Specialist:<br>Phone: 202-913-   |                 |      |            |        |
|          | Email:   |                 |      | at .       |        |
|          | There is no requisition associated with this   |                 |      |            |        |
|          | action.  |                 |      |            |        |
|          | The purpose of modification P00023 is to:  | ı               |      |            |        |
|          | 1. Extend the Period of Performance (PoP) end  |                 |      |            | Ġ.     |
|          | date for five and a half months. The PoP end date is hereby extended to 15 Jan 24. The Government  |                 |      | e e        |        |
|          | may require continued performance of any services  |                 |      |            |        |
|          | within the limits and at the rates specified in the contract.                                      |                 |      |            |        |
|          | 2. Incorporate Wage Determination No: 2015-5233,   |                 |      |            |        |
|          | Revision 25, dated 12 Jul 23. The wage   |                 |      |            |        |
|          | determination is in effect from 1 Sep 23. The CBA incorporated P00015 is in effect for this period |                 |      |            |        |
|          | as well.   |                 |      |            |        |
|          | Period of Performance: 09/01/2018 to 01/15/2024  |                 |      |            | D      |
|          | Change Item 0001 to read as follows(amount shown is the obligated amount):                         |                 |      |            |        |
|          |  |                 |      |            |        |
| 0001     | Detention Services - Bed Day Rate (BDR)  |                 |      |            | UF     |
|          | As a result of the approved REA, CLIN 0001 rates,  |                 |      |            |        |
|          | concerning Detention Services has been increased:  | 1               |      |            | o .    |
|          | Effective 1 Aug 23   |                 |      |            |        |
|          | From:  |                 |      |            |        |
|          | By:  |                 |      | ž.         |        |
|          | Obligated Amount: \$0.00   |                 |      |            |        |
|          | Product/Service Code: S206   |                 |      | 1          |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |                 |      |            |        |
|          | Change Item 0001a to read as follows (amount shown   |                 |      | 0.40       |        |
|          | Continued  |                 |      |            |        |
|          |  |                 |      |            |        |
|          |  |                 |      |            | ,      |
|          |  |                 |      |            |        |

## CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR18DIG000013/P00023 PAGE 0F 3 6

| TEM NO.<br>. (A) | SUPPLIES/SERVICES  | QUANTITY |     | UNIT PRICE | AMOUNT |
|------------------|--|----------|-----|------------|--------|
| . (A)            | (B) is the obligated amount):  | (C)      | (D) | (E)        | (F)    |
|                  | 20 0   |          |     |            |        |
| 0001a            | Detention Services:  |          | EA  |            |        |
|                  | As a result of the approved REA, CLIN 0001a  |          |     |            |        |
|                  | rates, concerning Detention Services has been  |          |     |            |        |
|                  | increased:   |          | 11  |            |        |
|                  | Effective 7 Mar 23   |          |     |            |        |
|                  | From:  |          |     |            |        |
|                  | By:  |          |     |            |        |
|                  | To:  |          |     |            |        |
|                  | Effective 1 Aug 23   |          |     | Į.         |        |
|                  | The same of the sa |          |     |            |        |
|                  | From:<br>By:   |          |     |            |        |
|                  | To:  |          | 1   |            |        |
|                  | Obligated Amount: \$0.00<br>Product/Service Code: S206   |          |     |            |        |
|                  | Product/Service Code: S200 Product/Service Description: HOUSEKEEPING- GUARD  |          |     | 1          |        |
|                  |  |          |     |            |        |
|                  | Change Item 0002 to read as follows (amount shown  |          |     |            |        |
|                  | is the obligated amount):  |          |     |            |        |
| 0002             | On-Call Services   |          |     |            |        |
|                  | As a result of the approved REA, CLIN 0002 rates,  |          |     |            |        |
|                  | concerning On-Call and Remote Post is increased:   |          |     |            |        |
|                  | Effective 1 Aug 23   |          |     |            |        |
|                  | From:  |          |     |            |        |
|                  | By:  |          |     |            |        |
|                  | To:  |          |     |            |        |
|                  | Obligated Amount: \$0.00   |          |     |            |        |
|                  | Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD  |          |     | Ξ.         |        |
|                  | FIGURE PROCEEDING GOARD  |          |     |            |        |
|                  | Change Than 0002s to used as fallow (seems)  |          |     |            |        |
|                  | Change Item 0002a to read as follows (amount shown is the obligated amount):   |          |     |            |        |
|                  |  |          |     | i          |        |
| 0002a            | On-Call Services   |          |     | ¥          |        |
|                  | As a result of the approved REA, CLIN 0002a  |          |     |            |        |
|                  | rates, concerning On-Call and Remote Post is Continued   |          |     |            |        |
|                  | CONCERNIGO   |          |     |            |        |
|                  |  |          |     |            |        |
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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR18DIG000013/F00023

PAGE 4 OF 6

| ITEM NO. | SUPPLIES/SERVICES   | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|---|----------|-----|------------|--------|
| (A)      | (B)   | (C)      | (D) | (E)        | (F)    |
|          | increased:  |          |     |            |        |
|          | Effective 7 Mar 23  |          | ľ   |            |        |
|          |   |          |     |            |        |
|          | From:   |          |     |            |        |
|          | By:   |          |     |            |        |
|          | To:   |          |     |            |        |
|          | Effective 1 Aug 23  |          |     |            |        |
|          |   |          |     |            |        |
|          | From:   |          |     | i          |        |
|          | By:   |          |     |            |        |
|          | To:<br>Obligated Amount: \$0.00   |          |     |            |        |
|          | Product/Service Code: S206  |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD                            |          |     | Į.         |        |
|          |   |          |     |            |        |
|          | Change Item 0006 to read as follows(amount shown                            |          |     |            |        |
|          | is the obligated amount):   |          |     | l L        |        |
|          |   |          |     | 1 1        |        |
| 0006     | Volunteer Work Program  | 1        | 1   |            |        |
|          | Rate:   |          |     | 1 1        |        |
|          | Obligated Amount: \$0.00<br>Product/Service Code: \$206                     | [        |     | 1 1        |        |
|          | Product/Service Code: 5200 Product/Service Description: HOUSEKEEPING- GUARD | 1        |     | 1          |        |
|          | A A A A A A A A A A A A A A A A A A A                                       |          |     |            |        |
|          |   |          |     |            |        |
|          | Change Item 0007 to read as follows (amount shown is the obligated amount): |          |     | 1 1        |        |
|          | is the obligated amount):   |          |     |            |        |
| 0007     | Transportation  | 1        |     |            |        |
|          | As a result of the approved REA, CLIN 0007,                                 |          |     |            |        |
|          | concerning monthly Transportation cost is                                   |          |     |            |        |
|          | increased:  | 1        |     |            |        |
|          |   |          |     |            |        |
|          | Effective 1 Aug 23  |          |     |            |        |
|          | From:   |          | 1   |            |        |
|          | ву:   | 1        | 1   |            |        |
|          | To:   | 1        | 1   | i          |        |
|          | Obligated Amount: \$0.00  |          | 1   | 1          |        |
|          | Product/Service Code: S206  |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD                            |          | 1   | 1          |        |
|          |   |          |     |            |        |
|          | Change Item 0007a to read as follows (amount shown                          |          |     |            |        |
|          | is the obligated amount):   |          |     |            |        |
|          | Continued   |          |     | 1          |        |
|          | H p   |          |     | 1          |        |
|          |   |          |     |            |        |
|          |   |          | 1   | 1 1        |        |
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## CONTINUATION SHEET Reference no. of Document Being continued 70CDCR18DIG000013/P00023 PAGE 0F 5 6

| ITEM NO. | SUPPLIES/SERVICES   | QUANTITY | 1 1 | UNIT PRICE | AMOUNT |
|----------|---|----------|-----|------------|--------|
| (A)      | (B)   | (C)      | (D) | (E)        | (F)    |
| 0007a    | Transportation Monthly Rate   |          | П   |            |        |
|          | As a result of the approved REA, CLIN 0007,                                 |          | 1-1 |            |        |
|          | concerning Transportation is increased:                                     |          | 1   | 1          |        |
|          | 500   | -        |     |            |        |
|          | Effective 7 Mar 23  |          |     |            |        |
|          | From:   |          |     | 7          |        |
|          | By:   | 1        |     | <i>a</i>   |        |
|          | To:   |          |     |            |        |
|          | N N   |          |     |            |        |
|          | Effective 1 Aug 23  |          | 1 1 |            |        |
|          | From:   |          | 1 1 | `          |        |
|          | By:   |          | 1   |            |        |
|          | To:   | i        | Ιİ  | i          |        |
|          | Obligated Amount: \$0.00  |          | 1 1 | 1          |        |
|          | Product/Service Code: S206  |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD                            |          | l l |            |        |
|          |   |          | 1   |            |        |
|          | Change Item 0008 to read as follows(amount shown                            |          |     |            |        |
|          | is the obligated amount):   |          |     | ļ          |        |
| 0008     | Town in Jate water and Town   |          |     |            |        |
| 0008     | Rate: month flat fixed fee  |          |     |            |        |
|          | per year)   | 1        | 1 1 |            |        |
|          | Period of Performance for this CLIN starts when                             |          |     |            |        |
|          | the area is ready for occupation, and will                                  |          |     |            |        |
|          | terminate after 60 months.  | 1        |     |            |        |
|          | Obligated Amount: \$0.00<br>Product/Service Code: S206                      |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD                            |          | 1   | 1          |        |
|          | •   |          |     |            |        |
|          |   |          |     |            |        |
|          | Change Item 0009 to read as follows (amount shown is the obligated amount): |          |     |            |        |
|          | is the obligated amount).   |          |     |            |        |
| 0009     | ICE Detainee Phone Requirements   |          |     |            |        |
|          |   | 1        | 1   |            |        |
|          | Each ICE detainee shall receive a total of 520                              |          |     | l l        |        |
|          | free telephone minutes per month.   |          |     |            |        |
|          | The rates associated with this would be based on                            |          |     |            |        |
|          | the following:  |          | 93  |            |        |
|          | Domestic calls: /min  |          |     |            |        |
|          | International calls: min  |          |     |            |        |
|          | This requirement is due in response to the                                  |          |     |            |        |
|          | COVID19 outbreak and has an effective date of                               |          |     |            |        |
|          | Continued   |          |     |            |        |
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| CONTINUATION SHEET    | 70CDCR18DIG000013/P00023                     | 6    | 6  |

| TEM NO. | SUPPLIES/SERVICES  | QUANTITY |      | UNIT PRICE | AMOUNT |
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| (A)     | (B)  | (C)      | (D)  | (E)        | (F)    |
|         | 06/01/2020.  |          |      |            | -      |
|         | The Government may rescind this requirement at   |          |      |            |        |
|         | anytime through written direction from the CO or   |          |      |            |        |
|         | the COR.   |          |      |            |        |
|         | Obligated Amount: \$0.00   |          |      |            |        |
|         | Product/Service Code: S206   |          |      |            |        |
|         | Product/Service Description: HOUSEKEEPING- GUARD   |          |      |            |        |
|         | Secretary Control Cont |          |      | 1          |        |
|         |  |          |      |            |        |
|         |  | 1        |      |            |        |
|         | All other terms and conditions shall remain  |          | 1    |            |        |
|         | unchanged.   |          |      | -          |        |
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| AMENDME                       | NT OF SOLICITATION/MODIFIC   | ATION OF CONTRACT   |                                    | 1. CONTRACT ID CODE  |                             | PAGE OF      | PAGES       | 500                 |
|-------------------------------|--|---|------------------------------------|--|-----------------------------|--------------|-------------|---------------------|
| 2. AMENDME                    | NT/MODIFICATION NO.  | 3. EFFECTIVE DATE   | 4. RE0                             | QUISITION/PURCHASE REQ. NO.  | 5. PR                       | OJECT NO     | . (If appli | 3<br>icable)        |
| P00024                        |  | See Block 16C   |                                    |  | 1000                        |              | to make t   | 2005.17331 <b>5</b> |
| 6. ISSUED BY                  | CODE   | 70CDCR  | 7. AD                              | MINISTERED BY (If other than Item 6)   | CODE                        | ICE/         | DCR         |                     |
| U.S. Important Office 500 12t | ON COMPLIANCE AND REM<br>migration and Customs<br>of Acquisition Manage<br>h St SW<br>TON DC 20024   | Enforcement   | Imm<br>Off<br>500                  | /Detention Compliance & igration and Customs Erice of Acquisition Mana 12th St SW hington DC 20024   | forc                        | novals       |             |                     |
| 8. NAME AND                   | ADDRESS OF CONTRACTOR (No., street   | county. State and ZIP Code)   | . 94                               | A. AMENDMENT OF SOLICITATION NO.   |                             |              |             |                     |
| MONTGOME<br>501 N TH          | ERY COUNTY OF<br>HOMPSON SUITE 401<br>EX 773012893   |   | 9E x 107                           | B. DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER NO CONTR | NO.                         |              |             |                     |
| CODE DD                       | 2111/017777477   | FACILITY CODE   | - 1                                | B. DATED (SEE ITEM 13)   |                             |              |             |                     |
| DR                            | 3UM2VRE4D7   | 11. THIS ITEM ONLY APPLIES TO   |                                    | 09/04/2018   |                             |              |             |                     |
| OFFER. If it                  | by virtue of this amendment you desire to our electronic communication makes referent that any appropriation data (If required to a second that are the second that ar | change an offer already submitted, such<br>nee to the solicitation and this amendmental<br>uired)  ODIFICATION OF CONTRACTS/ORDER  PURSUANT TO: (Specify authority) THE | n change<br>nt, and is<br>RS. IT M | AND DATE SPECIFIED MAY RESULT IN REJ<br>may be made by letter or electronic communi-<br>s received prior to the opening hour and date s<br>ODIFIES THE CONTRACT/ORDER NO. AS DE<br>GES SET FORTH IN ITEM 14 ARE MADE IN TO<br>OMINISTRATIVE CHANGES (such as changes<br>OF FAR 43.103(b).  | cation, p pecified  ESCRIBE | ED IN ITEM   |             |                     |
|                               | C. THIS SUPPLEMENTAL AGREEMEN  D. OTHER (Specify type of modification  TANK 7.00 DODG 2010 DEC 2000 01   | and authority)  | UTHOR                              | ITY OF:  |                             |              |             |                     |
| E. IMPORTAN                   | IAW 70CDCR18DIG00001 T: Contractor ☐ is not  | is required to sign this document an  |                                    | 1 copies to the issuir   |                             | 4            |             |                     |
| UEI: DE                       | R3UM2VRE4D7  | Organized by UCF section headings, in   | cluding :                          | solicitation/contract subject matter where feasi   | ble.)                       |              |             |                     |
| ACOR:<br>Continue             | vided herein, all terms and conditions of th   | e document referenced in Item 9 A or 10   | _                                  | aretofore changed, remains unchanged and in  |                             |              | *           |                     |
| 15A. NAME AI<br>10NT90        | Mery County Judo   | e May K.J. Keoug<br>5C. DATE SIGNED<br>09-20-23   | h 3                                | NAME AND TITLE OF CONTRACTING OFFI   | CEB /T                      | ino os ndali |             |                     |

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR18DIG000013/P00024 PAGE 2 3

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|--|----------|-----|------------|--------|
| (A)      | (B)  | (C)      | (D) | (E)        | (F)    |
|          | Phone: 832-435   |          |     |            |        |
|          | Email:   |          |     |            |        |
|          | Contractor POC:  |          |     |            |        |
|          | Phone: 561-999   |          |     |            |        |
|          | Email:   |          |     |            |        |
|          |  |          |     |            |        |
|          | Contracting Officer/Specialist: Phone: 202-91  |          |     |            |        |
|          | Email:   |          |     |            |        |
|          |  |          |     |            |        |
|          |  |          |     |            |        |
|          | There is no requisition associated with this modification.                                     |          |     |            |        |
|          | modification.  |          |     |            |        |
|          | The purpose of this modification is to address   |          |     |            |        |
|          | the following:   |          |     |            |        |
|          | 1 Incorporate wirtual attemper wisitation (7737)   |          |     |            |        |
|          | 1. Incorporate virtual attorney visitation (VAV) and transgender care guidance requirements in |          |     |            |        |
|          | Attachment 1, 2 and incorporate installation of 3  |          |     |            |        |
|          | VAV booths to meet ICE requirements as outlined  |          |     |            |        |
|          | in the attachment.   |          |     |            |        |
|          | 2 Add CLIN 0010 for the numbers and  |          |     |            |        |
|          | 2. Add CLIN 0010 for the purchase and installation of 3 VAV booths in the amount of            |          |     |            |        |
| ı        | Funding will be placed on the task   |          |     |            |        |
|          | order. Delivery will be 6 weeks from the full  |          |     |            |        |
|          | execution of this agreement modification.  |          |     |            |        |
|          | As a result, the total value of the agreement is   |          |     |            |        |
|          | increased by   |          |     |            |        |
|          | Period of Performance: 09/01/2018 to 01/15/2024  |          |     |            |        |
|          |  |          |     |            |        |
|          | Add Item 0010 as follows:  |          |     |            |        |
| 010      | Purchase and Installation of 3 VAV/Soundproof  |          |     |            |        |
|          | phone booths.  |          |     |            |        |
|          |  |          |     |            |        |
|          | One-time cost of for purchase and  |          |     |            |        |
|          | installation of booths in accordance with the accepted final proposal dated 7/31/2023.         |          |     |            |        |
|          | accepted limit proposal dated 7,31,2023.   |          |     |            |        |
|          | Obligated Amount: \$0.00   |          |     |            |        |
|          | Product/Service Code: S206   |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |     |            |        |
|          |  |          |     |            |        |
|          |  |          |     |            |        |
|          | All other terms and conditions shall remain Continued  |          |     |            |        |
|          | Concinued  |          |     |            |        |
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| CONTINUATION SHEET | 70CDCR18DIG000013/P00024 | 3    | 3  |

| EM NO. | SUPPLIES/SERVICES | QUANTITY |     | UNIT PRICE | AMOUNT |
|--------|-------------------|----------|-----|------------|--------|
| (A)    | (B)               | (C)      | (D) | (E)        | (F)    |
|        | unchanged.        |          |     |            |        |
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