2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJEC	CT NO. (If applicable)			
P00013	See Block 16C							
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	et. county. State and ZIP Code)	, , 9A.	AMENDMENT OF SOLICITATION NO.					
ADAMS COUNTY OF ATTN 314 STATE STREET NATCHEZ MS 39120		y Joa. Modification of contract/order no. 70CDCR19DIG000016						
CODE NLRNAK2LTHY6	FAC LITY CODE	-	8/29/2019					
NIUNAVZTIHIO	11. THIS ITEM ONLY APPLIES TO							
☐ The above numbered solicitation is amended as set t				tended □i	is not extended.			
	er already submitted , such change may d is received prior to the opening hour an quired) MODIFICATION OF CONTRACTS/ORDE	be made be date spe	y telegram or letter, provided each telegran	n or letter make	N ITEM 14.			
	CT/ORDER IS MODIF ED TO REFLECT H N ITEM 14, PURSUANT TO THE AU NT IS ENTERED INTO PURSUANT TO A		M NISTRATIVE CHANGES (such as change OF FAR 43.103(b). 'Y OF:	es in paying off	fice,			
D. OTHER (Specify type of modification	n and authority)							
X IAW IGSA 70CDCR19D	IG000016							
E. IMPORTANT Contractor 🗵 is not,	is required to sign this document ar	nd return	copies to the issu	ing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION COR: ACOR: Contracting Officer: Contract Specialist: Adams County Administrator; Subcontractor (CoreCivic) PC	<pre>@ice.dhs.gov; 20 @ice.dhs.gov @ice.dhs.gov @ic @ic ###############################</pre>	02-487	7- 3-483- s.gov @ice.dhs.gov @adamscountyms.g	ov	ecivic.com			
The purpose of this administ 1. Update the background set Positions) within our contra Continued Except as provided herein, all terms and conditions of to 15A. NAME AND TITLE OF SIGNER (Type or print)	ctings for CLIN 0015 acting system to allo	(Adva ow fur	anced Practice Provide nding to be added on t	he Task	Order			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) NSN 7540-01-152-8070	15C. DATE SIGNED							

NSN 7540-01-152-8070 Previous edition unusable
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR19DIG000016/P00013
 PAGE 2
 2
 2

NAME OF OFFEROR OR CONTRACTOR ADAMS COUNTY OF

M NO.	SUPPL ES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	level.				
	2. Update the Contracting Officer and Contract				
	Specialist to				
	respectively.				
	lespectively.				
	All other terms and conditions name in unchanged				
	All other terms and conditions remain unchanged.				
	Period of Performance: 09/01/2019 to 08/31/2024				
		1			
		I			