

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR19DIG000016/P00018

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NAME OF OFFEROR OR CONTRACTOR
ADAMS COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)															
	<p>Sub (CoreCivic) POC: [REDACTED] [REDACTED] (615) 263 [REDACTED]</p> <p>The purpose of this modification is to:</p> <p>1) Approve the Request for Equitable Adjustment (REA) submitted by CoreCivic on behalf of Adams County Correctional Facility, dated 27-Nov-2023.</p> <p>2) Update the associated CLINs to facilitate the changes.</p> <p>The REA addresses the rates affected by Wage Determination 2015-5173 and the Collective Bargaining Agreement in place at the facility.</p> <p>For billing purposes, the rates in the CLIN below are retroactive with an effective date of 9/1/2023.</p> <p>RETROACTIVE PAY ADJUSTMENT SUMMARY:</p> <table border="1" data-bbox="227 987 617 1113"> <thead> <tr> <th>FY</th> <th>Month</th> <th>Amount Increase</th> </tr> </thead> <tbody> <tr> <td>23</td> <td>Sep</td> <td>[REDACTED]</td> </tr> <tr> <td>24</td> <td>Oct</td> <td>[REDACTED]</td> </tr> <tr> <td>24</td> <td>Nov</td> <td>[REDACTED]</td> </tr> <tr> <td colspan="2">Total:</td> <td>[REDACTED]</td> </tr> </tbody> </table> <p>Adams County may submit a one-time invoice for [REDACTED] to retroactively collect for the previous 3-month period from 9/1/2023 to 11/30/2023.</p> <p>Attachment 1: REA from CoreCivic dated 27-Nov-2023</p> <p>Period of Performance: 09/01/2019 to 08/31/2024</p> <p>Change Item 0009 to read as follows (amount shown is the obligated amount):</p> <p>0009: Year 5 Fixed Monthly Rate [REDACTED]</p> <p>The rate has increased with a retroactive effective date of 9/1/2023:</p> <p>From: \$ [REDACTED] By: \$ [REDACTED] To: \$ [REDACTED] Continued ...</p>	FY	Month	Amount Increase	23	Sep	[REDACTED]	24	Oct	[REDACTED]	24	Nov	[REDACTED]	Total:		[REDACTED]				0.00
FY	Month	Amount Increase																		
23	Sep	[REDACTED]																		
24	Oct	[REDACTED]																		
24	Nov	[REDACTED]																		
Total:		[REDACTED]																		

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0010	<p>Bed Date Rate remains at [REDACTED] Amount: \$0.00 (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0010 to read as follows (amount shown is the obligated amount):</p> <p>Year 5 Over GM [REDACTED]</p> <p>The rate has increased:</p> <p>From: \$ [REDACTED] By: \$ [REDACTED] To: \$ [REDACTED]</p>				0.00
0014	<p>Bed Day Rate remains at: [REDACTED]</p> <p>**Effective if and only if the population is maintained at [REDACTED] or above for a period of 15 consecutive days Amount: \$0.00 (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0014 to read as follows (amount shown is the obligated amount):</p> <p>Transportation Mileage in accordance with GSA rates at time incurred.</p> <p>The guard hourly rate is increased:</p> <p>From: \$ [REDACTED] By: \$ [REDACTED] To: \$ [REDACTED]</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 7
2. AMENDMENT/MODIFICATION NO. P00019	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY DETTENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024	CODE 70CDCR	7. ADMINISTERED BY (If other than Item 6) ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW Washington DC 20024	CODE ICE/DCR
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) ADAMS COUNTY OF 314 STATE ST NATCHEZ MS 391203473		(X) 9A. AMENDMENT OF SOLICITATION NO.	
CODE NLRNAK2LTHY6		FACILITY CODE	9B. DATED (SEE ITEM 11)
		X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR19DIG000016	
			10B. DATED (SEE ITEM 13) 08/29/2019

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:
X	D. OTHER (Specify type of modification and authority) IAW IGSA 70CDCR19DIG000016

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: NLRNAK2LTHY6

COR: [REDACTED] (215) 528-[REDACTED]
 COR: [REDACTED] (210) 283-[REDACTED]
 COR: [REDACTED] (504) 402-[REDACTED]
 COR: [REDACTED] (202) 732-[REDACTED]
 Program POC: [REDACTED] (318) 485-[REDACTED]
 CO: [REDACTED] (682) 308-[REDACTED]
 CS: [REDACTED] (771) 215-[REDACTED]
 Adams County Administrator; [REDACTED] (601) 446-[REDACTED]
 Sub (CoreCivic) POC: [REDACTED] (615) 263-[REDACTED]
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Previous edition unusable

Pres BOS	15C. DATE SIGNED 3/4/24
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NAME OF OFFEROR OR CONTRACTOR
ADAMS COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)												
0010	<p>Sub (CoreCivic) POC: [REDACTED] [REDACTED] (615) 263-[REDACTED]</p> <p>The purpose of this modification is to:</p> <p>1) Approve the Request for Equitable Adjustment (REA) submitted by CoreCivic on behalf of Adams County Correctional Facility, dated 29-Jan-2024.</p> <p>2) Clarify that the Year 5 [REDACTED] GM rate went into effect on November 7, 2023.</p> <p>The REA addresses the rates affected by Executive Order 14026, increasing the minimum wage to [REDACTED]</p> <p>For billing purposes, the rate in the CLIN below was retroactively effective on January 1, 2024.</p> <p>RETROACTIVE PAY ADJUSTMENT SUMMARY:</p> <table style="margin-left: 20px;"> <tr> <td>FY</td> <td>Month</td> <td>Amount</td> <td>Increase</td> </tr> <tr> <td>24</td> <td>Jan</td> <td>[REDACTED]</td> <td></td> </tr> <tr> <td colspan="2">Total:</td> <td>[REDACTED]</td> <td></td> </tr> </table> <p>Adams County may submit a one-time invoice for [REDACTED] to retroactively collect for the previous 1-month period from 1/1/2024 to 1/31/2024.</p> <p>Attachment 1: REA from CoreCivic dated 29-Jan-2024</p> <p>Period of Performance: 09/01/2019 to 08/31/2024</p> <p>Change Item 0010 to read as follows (amount shown is the obligated amount):</p> <p>Year 5 GM [REDACTED]</p> <p>[REDACTED] Bed Day Rate: [REDACTED]</p> <p>The GM rate has increased:</p> <p>From: \$ [REDACTED] By: \$ [REDACTED] To: \$ [REDACTED]</p> <p>The rate increase is in response to a request for equitable adjustment (REA), based on the Federal Continued ...</p>	FY	Month	Amount	Increase	24	Jan	[REDACTED]		Total:		[REDACTED]					0.00
FY	Month	Amount	Increase														
24	Jan	[REDACTED]															
Total:		[REDACTED]															

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Minimum Wage increase to [REDACTED] with a retroactive effective date of January 1, 2024.</p> <p>*For clarification, the [REDACTED] GM rate went into effect on November 8, 2023, and will remain in effect through the duration of this IGSA. The previous [REDACTED] rate is not applicable going forward.</p> <p>Amount: \$0.00 (Option Line Item) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>INVOICE INSTRUCTIONS - ERO</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"> (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; (ii) Unique Entity Identifier (UEI) number; (iii) Invoice date and number; (iv) Contract number, line items and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price and extended price of the items delivered; (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii) Terms of any discount for prompt payment offered; (viii) Remit to Address; (ix) Name, title, and phone number of persons to notify in event of defective invoice; (x) ICE Program Office designated on the order/contract/agreement; and (xi) Whether the invoice is "Interim" or "Final" <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>3. Invoice submission: shall be submitted via one of the following two methods. Improper invoices or those submitted by means other than these two methods will be returned. Email is the preferred method.</p> <p>a. Primary method of submission is email. The Contractor shall submit one (1) invoice in PDF format per e-mail and the subject line of the e-mail will reference the invoice number of the attached invoice to: Invoice.Consolidation@ice.dhs.gov Attn: ICE - (Insert program office name or code) Invoice</p> <p>b. Mail: DHS, ICE Financial Service Center Burlington Attn: ICE-ERO/DRO-FOD-FNL Invoice P.O. Box 1620 Williston, VT 05495-1620</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 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: Continued ...</p>				

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	<p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information <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 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"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> • Mileage rate being applied for that invoice; • Number of miles; • Transportation routes provided; • Locations serviced; • Names of detainees transported; • Itemized listing of all other charges; and, • for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"> • The location where the guard services were provided, • The employee guard names and number of hours being billed, • The employee guard names and duration of the billing (times and dates), and <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>• for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</p> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>1) 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>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>4. 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>Continued ...</p>				

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	<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 http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information on and/or examples of Sensitive PII.</p> <p>4. Payment Inquiries: Questions regarding invoice submission or payment, please contact Financial Service Center Burlington at 1-877-491-6521, Option # 3 or by e-mail at OCFO.CustomerService@ice.dhs.gov</p> <p>Invoices without the above information may be returned for resubmission.</p>				