

|  |   |  |  |                                  |  |
|--|---|--|--|----------------------------------|--|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>  |   | 1. CONTRACT ID CODE  |  | PAGE OF PAGES<br>1 6             |  |
| 2. AMENDMENT/MODIFICATION NO.<br>P00019  |   | 3. EFFECTIVE DATE<br>See Block 16C   |  | 4. REQUISITION/PURCHASE REQ. NO. |  |
| 6. ISSUED BY CODE 70CDCR   |   | 7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR   |  | 5. PROJECT NO. (If applicable)   |  |
| DETENTION COMPLIANCE AND REMOVALS<br>U.S. Immigration and Customs Enforcement<br>Office of Acquisition Management<br>500 12th St SW<br>WASHINGTON DC 20024   |   | ICE/Detention Compliance & Removals<br>Immigration and Customs Enforcement<br>Office of Acquisition Management<br>500 12th St SW<br>Washington DC 20024                              |  |                                  |  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br><br>MANAGEMENT TRAINING CORPORATION<br>ATTN [REDACTED]<br>PO BOX 10<br>CENTERVILLE UT 840141708   |   | 9A. AMENDMENT OF SOLICITATION NO.<br><br>9B. DATED (SEE ITEM 11)<br><br>X 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>70CDCR20D00000006<br><br>10B. DATED (SEE ITEM 13)<br>12/19/2019 |  |                                  |  |
| CODE G58ZEJ7HJGM1 FACILITY CODE  |   |  |  |                                  |  |
| <b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>   |   |  |  |                                  |  |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended.<br>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)<br>See Schedule  |   |  |  |                                  |  |
| <b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>   |   |  |  |                                  |  |
| 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.<br><br>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).<br><br>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:<br><br>X D. OTHER (Specify type of modification and authority)<br>Administrative Action IAW 70CDCR20D00000006 |  |  |                                  |  |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> 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.)<br>UEI: G58ZEJ7HJGM1<br>COR: [REDACTED], (619)-436-[REDACTED]<br>ACOR: [REDACTED], email: [REDACTED]; (619)-517-[REDACTED]<br>Contract Specialist: [REDACTED], (202)-732-[REDACTED]<br>Contracting Officer: [REDACTED], (202) 430-[REDACTED]<br>Vendor POC: [REDACTED], (801) 693-[REDACTED]   |   |  |  |                                  |  |
| There is no requisition associated with this modification.   |   |  |  |                                  |  |
| This administrative modification serves as a supplement of P00018 that approved the Request For Equitable Adjustment submitted by Management & Training Corporation (MTC) for the 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)  |   | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)   |  |                                  |  |
|  |   | [REDACTED]   |  |                                  |  |
| 15B. CONTRACTOR/OFFEROR  | 15C. DATE SIGNED  | 16B. UNITED STATES OF AMERICA<br>Digitally signed by [REDACTED]<br>Date: 2025.04.15 08:09:23 -04'00'   |  | 16C. DATE SIGNED                 |  |
| (Signature of person authorized to sign)   |   | (Signature of Contracting Officer)   |  | 04/15/2025                       |  |

NAME OF OFFEROR OR CONTRACTOR  
MANAGEMENT TRAINING CORPORATION

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D)             | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------------------|-------------------|---------------|
|                 | Imperial CDF on January 13, 2025, and adjusts the rates for Option I (Y2-Y5) and Option II (Y1-Y5) under CLIN 1001, 2001, 1003 and 2003 addressed in DOL Wage Determination (2015-5607 (Rev 24)) per the following changes: |                 |                         |                   |               |
|                 | 1. Bed Day Rates changes:   |                 |                         |                   |               |
|                 | A. CLIN 1001 Bed Day rates.<br>Detention Services Guaranteed Minimum - ( )  |                 |                         |                   |               |
|                 | Changed from:   |                 |                         |                   |               |
|                 | Year 1 (12/20/24 - 12/19/25) \$   |                 |                         |                   |               |
|                 | Year 2 (12/20/25 - 12/19/26) \$   |                 |                         |                   |               |
|                 | Year 3 (12/20/26 - 12/19/27) \$   |                 |                         |                   |               |
|                 | Year 4 (12/20/27 - 12/19/28) \$   |                 |                         |                   |               |
|                 | Year 5 (12/20/28 - 12/19/29) \$   |                 |                         |                   |               |
|                 | Changed to:   |                 |                         |                   |               |
|                 | Year 1 (12/20/24 - 12/19/25) \$   |                 | Not-to-Exceed (NTE) \$  |                   |               |
|                 | Year 2 (12/20/25 - 12/19/26) \$   |                 | NTE: \$                 | 00                |               |
|                 | Year 3 (12/20/26 - 12/19/27) \$   |                 | NTE: \$                 | 00                |               |
|                 | Year 4 (12/20/27 - 12/19/28) \$   |                 | NTE: \$                 | 00                |               |
|                 | Year 5 (12/20/28 - 12/19/29) \$   |                 | NTE: \$                 | 00                |               |
|                 | Option I (12/20/24 - 12/19/29) NTE: \$  |                 |                         |                   |               |
|                 | B. CLIN 2001 Bed Day Rates.<br>Above Guaranteed Minimum ( )   |                 |                         |                   |               |
|                 | Changed from:   |                 |                         |                   |               |
|                 | Year 1 (12/20/29 - 12/19/30) \$   |                 | Not-to-Exceed (NTE): \$ |                   |               |
|                 | Year 2 (12/20/30 - 12/19/31) \$   |                 | NTE: \$                 |                   |               |
|                 | Year 3 (12/20/31 - 12/19/32) \$   |                 | NTE: \$                 |                   |               |
|                 | Year 4 (12/20/32 - 12/19/33) \$   |                 | NTE: \$                 |                   |               |
|                 | Year 5 (12/20/33 - 12/19/34) \$   |                 | NTE: \$                 |                   |               |
|                 | Changed to:   |                 |                         |                   |               |
|                 | Year 1 (12/20/29 - 12/19/30) \$   |                 | Not-To-Exceed (NTE): \$ |                   |               |
|                 | Year 2 (12/20/30 - 12/19/31) \$   |                 | NTE: \$                 |                   |               |
|                 | Year 3 (12/20/31 - 12/19/32) \$   |                 | NTE: \$                 |                   |               |
|                 | Year 4 (12/20/32 - 12/19/33) \$   |                 | NTE: \$                 |                   |               |
|                 | Year 5 (12/20/33 - 12/19/34) \$   |                 | NTE: \$                 |                   |               |
|                 | Option I (12/20/29 - 12/19/34) NTE: \$  |                 |                         |                   |               |
|                 | C. CLIN 1003 Transportation Monthly Fee.  |                 |                         |                   |               |
|                 | Continued ...   |                 |                         |                   |               |

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000006/P00019PAGE OF  
3 6NAME OF OFFEROR OR CONTRACTOR  
MANAGEMENT TRAINING CORPORATION

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | Changed from:<br>Year 1 (12/20/24 - 12/19/25) \$ [REDACTED] ; Not-to-Exceed (NTE) : \$ [REDACTED]<br>Year 2 (12/20/25 - 12/19/26) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 3 (12/20/26 - 12/19/27) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 4 (12/20/27 - 12/19/28) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 5 (12/20/28 - 12/19/29) \$ [REDACTED] ; NTE: \$ [REDACTED]<br><br>Changed to:<br><br>Periods of Performance and Monthly Fee:<br>Year 1 (12/20/24 - 12/19/25) \$ [REDACTED] ; Not-to-Exceed (NTE) : \$ [REDACTED]<br>Year 2 (12/20/25 - 12/19/26) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 3 (12/20/26 - 12/19/27) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 4 (12/20/27 - 12/19/28) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 5 (12/20/28 - 12/19/29) \$ [REDACTED] ; NTE: \$ [REDACTED]<br><br>Option I (12/20/24 - 12/19/29) NTE: \$ [REDACTED] (-Y1).<br><br>D. CLIN 2003 Transportation Monthly Fee.<br><br>Changed from:<br><br>Option II Periods of Performance and Monthly Fee:<br>Year 1 (12/20/29 - 12/19/30) \$ [REDACTED] ; Not-to-Exceed (NTE) : \$ [REDACTED]<br>Year 2 (12/20/30 - 12/19/31) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 3 (12/20/31 - 12/19/32) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 4 (12/20/32 - 12/19/33) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 5 (12/20/33 - 12/19/34) \$ [REDACTED] ; NTE: \$ [REDACTED]<br><br>Changed to:<br><br>Option II Periods of Performance and Monthly Fee:<br>Year 1 (12/20/29 - 12/19/30) \$ [REDACTED] ; Not-To-Exceed (NTE) : \$ [REDACTED]<br>Year 2 (12/20/30 - 12/19/31) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 3 (12/20/31 - 12/19/32) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 4 (12/20/32 - 12/19/33) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Year 5 (12/20/33 - 12/19/34) \$ [REDACTED] ; NTE: \$ [REDACTED]<br>Option II (12/20/29 - 12/19/34) NTE: \$ [REDACTED]<br><br>2. All the above changes are based on FAR 52.222-43 Fair Labor Standards Act and Service Contract Labor Standards-Price Adjustment (Multiple Year and Option Contracts).<br><br>3. Add as an Alternate Contracting Officer's Representative (ACOR) [REDACTED], email: [REDACTED]; Phone: (619)-517-[REDACTED].<br><br>All other terms and conditions remain the same.<br><br>Continued ... |                 |             |                   |               |

NAME OF OFFEROR OR CONTRACTOR  
MANAGEMENT TRAINING CORPORATION

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 1001            | <p>Period of Performance: 12/20/2024 to 12/19/2029</p> <p>Change Item 1001 to read as follows (amount shown is the total amount):</p> <p>Detention Services Guaranteed Minimum - ( )</p> <p>Beds)</p> <p>Periods of Performance and Bed Day Rates:</p> <p>Year 1 (12/20/24 - 12/19/25) \$ Not-to-Exceed (NTE) \$ .</p> <p>Year 2 (12/20/25 - 12/19/26) \$ NTE: \$ 00</p> <p>Year 3 (12/20/26 - 12/19/27) \$ NTE: \$ 00</p> <p>Year 4 (12/20/27 - 12/19/28) \$ NTE: \$ 00</p> <p>Year 5 (12/20/28 - 12/19/29) \$ NTE: \$ .00</p> <p>Option I (12/20/24 - 12/19/29) NTE: \$</p> <p>Obligated Amount: \$0.00</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1002 to read as follows (amount shown is the total amount):</p> |                 |             |                   |               |
| 1002            | <p>Detention Services Above Guaranteed Minimum ( )</p> <p>Periods of Performance and Bed Day Rates:</p> <p>Year 1 (12/20/24 - 12/19/25) \$ ;</p> <p>Year 2 (12/20/25 - 12/19/26) \$ ;</p> <p>Year 3 (12/20/26 - 12/19/27) \$ ;</p> <p>Year 4 (12/20/27 - 12/19/28) \$ ;</p> <p>Year 5 (12/20/28 - 12/19/29) \$ ;</p> <p>Option 1 (12/20/24 - 12/19/29) NTE: \$</p> <p>Obligated Amount: \$0.00</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 1003 to read as follows (amount shown is the total amount):</p>  |                 |             |                   |               |
| 1003            | <p>Transportation Monthly Fee</p> <p>Continued ...</p>   |                 |             |                   |               |

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR20D00000006/P00019PAGE OF  
5 6NAME OF OFFEROR OR CONTRACTOR  
MANAGEMENT TRAINING CORPORATION

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | Periods of Performance and Monthly Rates:<br>Year 1 (12/20/24 - 12/19/25) \$ [REDACTED] ; Not-to-Exceed (NTE): \$ [REDACTED]<br>Year 2 (12/20/25 - 12/19/26) \$ [REDACTED] : NTE: \$ [REDACTED]<br>Year 3 (12/20/26 - 12/19/27) \$ [REDACTED] : NTE: \$ [REDACTED]<br>Year 4 (12/20/27 - 12/19/28) \$ [REDACTED] : NTE: \$ [REDACTED]<br>Year 5 (12/20/28 - 12/19/29) \$ [REDACTED] : NTE: \$ [REDACTED]<br><br>Option I (12/20/24 - 12/19/29) NTE: \$ [REDACTED].<br><br>Obligated Amount: \$0.00<br>Product/Service Code: S206<br>Product/Service Description: HOUSEKEEPING- GUARD<br><br>Change Item 2001 to read as follows (amount shown is the total amount):<br><br>2001 Detention Services Guaranteed Minimum - [REDACTED] 0.00<br><br>Periods of Performance and Bed Day Rates:<br>Year 1 (12/20/29 - 12/19/30) \$ [REDACTED] : Not-To-Exceed (NTE): \$ [REDACTED]<br>Year 2 (12/20/30 - 12/19/31) \$ [REDACTED] : NTE: \$ [REDACTED]<br>Year 3 (12/20/31 - 12/19/32) \$ [REDACTED] : NTE: \$ [REDACTED]<br>Year 4 (12/20/32 - 12/19/33) \$ [REDACTED] : NTE: \$ [REDACTED]<br>Year 5 (12/20/33 - 12/19/34) \$ [REDACTED] : NTE: \$ [REDACTED]<br><br>Option 1 (12/20/29 - 12/19/34) NTE: \$ [REDACTED]<br><br>Amount: \$ [REDACTED] (Option Line Item)<br>12/20/2029<br>Product/Service Code: S206<br>Product/Service Description: HOUSEKEEPING- GUARD<br><br>Change Item 2002 to read as follows (amount shown is the total amount):<br><br>2002 Detention Services 0.00<br>Above Guaranteed Minimum = [REDACTED]<br><br>Periods of Performance and Bed Day Rates:<br>Year 1 (12/20/29 - 12/19/30) \$ [REDACTED] ;<br>Year 2 (12/20/30 - 12/19/31) \$ [REDACTED] ;<br>Year 3 (12/20/31 - 12/19/32) \$ [REDACTED] ;<br>Year 4 (12/20/32 - 12/19/33) \$ [REDACTED] ;<br>Year 5 (12/20/33 - 12/19/34) \$ [REDACTED] ;<br><br>Option I (12/20/29 - 12/19/34) NTE: \$ [REDACTED]<br><br>Continued ... |                 |             |                   |               |

|                    |   |      |    |
|--------------------|---|------|----|
| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED<br>70CDCR20D00000006/P00019 | PAGE | OF |
|                    |   | 6    | 6  |

NAME OF OFFEROR OR CONTRACTOR  
MANAGEMENT TRAINING CORPORATION

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 2003            | <p>Amount: \$ (Option Line Item)<br/>12/20/2029</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 2003 to read as follows (amount shown is the total amount):</p> <p>Transportation Monthly Fee</p> <p>Option II Transportation Monthly Fee</p> <p>Year 1 (12/20/29 - 12/19/30) \$ ;</p> <p>Not-To-Exceed (NTE): \$ ;</p> <p>Year 2 (12/20/30 - 12/19/31) \$ ; NTE: \$</p> <p>Year 3 (12/20/31 - 12/19/32) \$ ; NTE: \$</p> <p>Year 4 (12/20/32 - 12/19/33) \$ ; NTE: \$</p> <p>Year 5 (12/20/33 - 12/19/34) \$ ; NTE: \$</p> <p>Option II (12/20/29 - 12/19/34) NTE: \$</p> <p>Award Type: Firm-fixed-price</p> <p>Amount: \$ (Option Line Item)</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Period of Performance: 12/20/2029 to 12/19/2034</p> <p>Note*** For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE.</p> |                 |             |                   | 0.00          |



| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT   |   | 1. CONTRACT ID CODE   | PAGE OF PAGES  |                  |
|--|---|---|--|------------------|
|  |   |   | 1  | 2                |
| 2. AMENDMENT/MODIFICATION NO.  | 3. EFFECTIVE DATE   | 4. REQUISITION/PURCHASE REQ. NO.  | 5. PROJECT NO. (If applicable)                               |                  |
| P00020   | See Block 16C   |   |  |                  |
| 6. ISSUED BY   | CODE  | 7. ADMINISTERED BY (If other than Item 6)   | CODE   | ICE/DCR          |
| DETENTION COMPLIANCE AND REMOVALS<br>U.S. Immigration and Customs Enforcement<br>Office of Acquisition Management<br>500 12th St SW<br>WASHINGTON DC 20024   | 70CDCR  | ICE/Detention Compliance & Removals<br>Immigration and Customs Enforcement<br>Office of Acquisition Management<br>500 12th St SW<br>Washington DC 20024 |  |                  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  |   | (X)   | 9A. AMENDMENT OF SOLICITATION NO.                            |                  |
| MANAGEMENT TRAINING CORPORATION<br>ATTN [REDACTED]<br>PO BOX 10<br>CENTERVILLE UT 840141708  |   |   | 9B. DATED (SEE ITEM 11)                                      |                  |
|  |   | X   | 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>70CDCR20D00000006 |                  |
|  |   |   | 10B. DATED (SEE ITEM 13)<br>12/19/2019                       |                  |
| CODE   | G58ZEJ7HJGM1  | FACILITY CODE   |  |                  |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  |   |   |  |                  |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended.<br>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)<br>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.  |   |  |                  |
| X  | 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)   |   |  |                  |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> 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: G58ZEJ7HJGM1  |   |   |  |                  |
| COR: [REDACTED], (619)-436-[REDACTED]  |   |   |  |                  |
| ACOR: [REDACTED], email: [REDACTED]; (619)-517-[REDACTED]  |   |   |  |                  |
| Contract Specialist: [REDACTED], (202)-732-[REDACTED]  |   |   |  |                  |
| Contracting Officer: [REDACTED], (202) 430-[REDACTED]  |   |   |  |                  |
| Vendor POC: [REDACTED], (801) 693-[REDACTED]   |   |   |  |                  |
| There is no requisition associated with this modification.   |   |   |  |                  |
| This administrative modification designates [REDACTED] as the Contracting Officer's Representative for the above-mentioned subject order:<br>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)  |   | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  |  |                  |
|  |   | [REDACTED]  |  |                  |
| 15B. CONTRACTOR/OFFEROR  | 15C. DATE SIGNED  | 16B. UNITED STATES OF AMERICA   |  | 16C. DATE SIGNED |
| (Signature of person authorized to sign)   |   | [REDACTED] Digitally signed by [REDACTED]<br>Date: 2025.04.18 09:37:49 -04'00'  |  | 04/18/2025       |
|  |   | (Signature of Contracting Officer)  |  |                  |

NAME OF OFFEROR OR CONTRACTOR  
MANAGEMENT TRAINING CORPORATION

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
|                 | <p>1. email: [REDACTED]</p> <p>2. Phone: (619)-436-[REDACTED].</p> <p>All other terms and conditions remain the same.</p> <p>Period of Performance: 12/20/2024 to 12/19/2029</p> <p>Note*** For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE.</p> |                 |             |                   |               |