AMENDME	NT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	1 5 OJECT NO. (If applicable)			
P00006		See Block 16C							
6. ISSUED BY	CODE	70CDCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR			
U.S. Im Office 500 12t	ON COMPLIANCE AND REM migration and Customs of Acquisition Manage h St SW TON DC 20024	Enforcement	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., stree	t, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.					
ATTN 854 HIGH	COUNTY OF HWAY 90 NT LOUIS MS 39520		9B.	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER IOCDCR 2 0 D I G 0 0 0 0 5 B. DATED (SEE ITEM 13)	NO.				
CODE CI	JWZXC91JF1	FACILITY CODE	$\parallel \parallel_{0}$	4/29/2020					
		11. THIS ITEM ONLY APPLIES TO		· · ·					
separate let RECEIVED OFFER. If each letter	tter or electronic communication which inc AT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to or electronic communication makes refere TING AND APPROPRIATION DATA (If requedule	ludes a reference to the solicitation and a RECEIPT OF OFFERS PRIOR TO THE change an offer already submitted, such nee to the solicitation and this amendme uired)	amendme E HOUR / n change nt, and is	eipt of this amendment on each copy of the or ent numbers. FAILURE OF YOUR ACKNOW AND DATE SPECIFIED MAY RESULT IN REJ may be made by letter or electronic communi received prior to the opening hour and date s	LEDGEN ECTION cation, p specified.	MENT TO BE OF YOUR rovided			
	13. THIS ITEM ONLY APPLIES TO N	IODIFICATION OF CONTRACTS/ORDER	RS. IT MO	ODIFIES THE CONTRACT/ORDER NO. AS DI	ESCRIBE	ED IN ITEM 14.			
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) THE	E CHANG	SES SET FORTH IN ITEM 14 ARE MADE IN	THE CO	NTRACT			
		CT/ORDER IS MODIFIED TO REFLECT H IN ITEM 14, PURSUANT TO THE AUT IT IS ENTERED INTO PURSUANT TO A		MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b). TY OF:	in payin	g office,			
37	D. OTHER (Specify type of modification	••							
X	IAW IGSA #70CDCR20D1	_		1	-				
UEI: C									
CO: CS: COR: COR: COR:	, , ,	,504-402-)2) 8	93-					
County D County D County D Continue	POC:			, 228 466- , 228 395- , 228-466- ex	ex				
Except as pro		ne document referenced in Item 9 A or 10		retofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OFF					
15B. CONTRA	ACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B.	1		lly signed by			
Previous edition		1	-			2025 05 08 07:48:47 -05'00' RD FORM 30 (REV: 11/2016) d by GSA FAR (48 CFR) 53.243			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR20DIG000005/P00006
 PAGE 2
 5

NAME OF OFFEROR OR CONTRACTOR HANCOCK COUNTY OF

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	The purpose of this modification is to extend the				
	period of performance through 30 April 2026 while developing the new IGSA for additional five (5)				
	years.				
	years.				
	All other terms and conditions remain unchanged.				
	Period of Performance: 05/01/2020 to 04/30/2026				
	ICE - INVOICE INSTRUCTIONS ERO				
	Beginning December 9, 2024 all invoicing				
	procedures will take place on www.IPP.gov.				
	Vendors must be registered www.IPP.gov. Registration on www.IPP.gov is required to				
	receive payment.				
	Invoices will not be accepted by any other method.				
	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".				
	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-				
	(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 t	þ			
	notify in event of defective invoice;				
	Continued				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR20DIG000005/P00006

PAGE 3 OF 5

NAME OF OFFEROR OR CONTRACTOR HANCOCK COUNTY OF

m no. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(x) ICE Program Office designated on the order/contract/agreement; and				
	(xi) Whether the invoice is "Interim" or "Final (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.	,,			
	3. Invoice submission: The above information will be required to complete the invoice submission requirements within IPP. Please refer to www.IPP.gov for additional information on Getting Started, Benefits, Features, and Enrollment. 4. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows: (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:				
	 a. Detention Bed Space Services 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 				
	(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with Continued				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

70CDCR20DIG000005/P00006

PAGE OF

5

NAME OF OFFEROR OR CONTRACTOR HANCOCK COUNTY OF

NO.	SUPPLIES/SERVICES	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	documentation substantiating the costs and/or				
	reflecting the established price in the contract				
	and shall be submitted in .pdf format:				
	a. Detention Bed Space Services. For detention				
	bed space CLINs without a GM, the supporting				
	documentation must include:				
	• 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				
	b. Transportation Services: For transportation				
	CLINs without a GM, the supporting documentation				
	must include:				
	• 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.				
	10001900.				
	c. Stationary Guard Services: The itemized				
	<u> </u>				
	monthly invoice shall state:				
	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				
	for individual or detainee group escort				
	services only, the name of the detainee(s) that				
	was/were escorted.				
	was, were escorted.				
	d. Other Direct Charges (e.g. VTC support,				
	transportation meals/sack lunches, volunteer				
	detainee wages, etc.):				
	5. The invoice shall include appropriate				
	supporting documentation for any direct charge				
	billed for reimbursement. For charges for				
	detainee support items (e.g. meals, wages, etc.),				
	the supporting documentation should include the				
	name of the detainee(s) supported and the date(s)				
	and amount(s) of support.				
	Continued				
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR20 DIG0000005 / P000006
 PAGE 5
 5

NAME OF OFFEROR OR CONTRACTOR
HANGOCK COUNTY OF

HANCOCK COUNTY OF								
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT			
(A)	(B)	(C)	(D)	(E)	(F)			
ITEM NO.	SUPPLIES/SERVICES							
	information, the follow precautions are required: (i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract. (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. (iii) Use shredders when discarding paper documents containing Sensitive PII. (iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-pri vacy-safeguardingsensitivepiihandbook-march2012.pd f for more information on and/or examples of Sensitive PII. Invoices without the above information may be returned for resubmission.							