

2. AMENDMENT/MODIFICATION NO. P00003	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
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6. ISSUED BY DETTENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, [REDACTED] WASHINGTON D	7. ADMINISTERED BY (If other than Item 6) ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, [REDACTED] Washington DC 205
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) WINCHESTER CITY OF ATTN [REDACTED] 15 NORTH CAMERON STREET WINCHESTER VA 226014786	9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11)
CODE NAZGLF3NYJR4 FACILITY CODE	X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR21DIG000008
	10B. DATED (SEE ITEM 13) 02/22/2021

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 telegram 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 telegram or letter, provided each telegram or letter 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 date, 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) Other Administrative Action

E. IMPORTANT Contractor is not, 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: NAZGLF3NYJR4

NJRDC POC: [REDACTED], 540-722-[REDACTED]

COR: [REDACTED], 703-285-[REDACTED]

CS: [REDACTED], 202-732-[REDACTED]

CO: [REDACTED], 202-924-[REDACTED]

The purpose of this administrative modification is to:

1) For CLIN 0001, increase the Bed Day Rate by [REDACTED], from [REDACTED] to [REDACTED]. Please see 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)	
15B. CONTRACTOR/OFFEROR _____ (Signature of person authorized to sign)	15C. DATE SIGNED

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR21DIG000008/P00003

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NAME OF OFFEROR OR CONTRACTOR
WINCHESTER CITY OF

ITEM NO. (A)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>CLIN 0001 below for details.</p> <p>With this Modification, the total value of this Inter-Governmental Service Agreement (IGSA) is increased:</p> <p>FROM: [REDACTED] BY: [REDACTED] TO: [REDACTED]</p> <p>All other terms and conditions of this Inter-Governmental Service Agreement (IGSA) remain unchanged.</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>Detention Services for Winchester, VA Guaranteed Minimum (GM): [REDACTED] beds</p> <p>With this Modification (P00003):</p> <p>The Bed Day Rate is increased by [REDACTED], from [REDACTED] per detainee to [REDACTED] per detainee. Effective Date of Increase: 02/22/2023</p> <p>Obligation Amount: \$0.00</p> <p>*In Modification P00002, the Bed Day Rate was increased by [REDACTED], from [REDACTED] per detainee to [REDACTED] per detainee. The total amount of this CLIN was increased by [REDACTED], from [REDACTED] to [REDACTED]. As an oversight, the amount stated in CLIN 0001 was not updated at the time of issue of P00002. Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>				