

2. AMENDMENT/MODIFICATION NO. P00001	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
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
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) WILLACY COUNTY LOCAL GOVERNMENT CORPORATION 576 W MAIN AVE STE 145 RAYMONDVILLE TX 78580	(x) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR23DIG000007 10B. DATED (SEE ITEM 13) 09/27/2023
CODE UCMXB9UX49N3 FACILITY CODE	

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).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: IAW 70CDCR23DIG000007
	D. OTHER (Specify type of modification and authority)

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: UCMXB9UX49N3

COR: [REDACTED]

Phone: 956-433-[REDACTED]

Email: [REDACTED]

ACOR: [REDACTED]

Phone: 956-206-[REDACTED]

Email: [REDACTED]

ACOR: [REDACTED]

Phone: 956-389-[REDACTED]

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	(Type or print)
[REDACTED]	[REDACTED]
15B. CONTRACTOR'S REPRESENTATIVE SIGNED	[REDACTED]
(Signature of person authorized to sign)	[REDACTED]

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR23DIG000007/P00001

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NAME OF OFFEROR OR CONTRACTOR
WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Email: [REDACTED]</p> <p>Administrative Contracting Officer: [REDACTED]</p> <p>Phone: 682-218-[REDACTED]</p> <p>Email: [REDACTED]</p> <p>There are no requisitions associated with this action.</p> <p>The purpose of this modification is to incorporate an updated staffing plan which is being revised to update certain medical personnel. See Attachment 13 - Staffing Plan_1-08-2024. All other terms and conditions remain unchanged.</p> <p>Period of Performance: 09/30/2023 to 09/29/2028</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. P00002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
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, county, State and ZIP Code) WILLACY COUNTY LOCAL GOVERNMENT CORPORATION 576 W MAIN AVE STE 145 RAYMONDVILLE TX 78580		(x) 9A. AMENDMENT OF SOLICITATION NO.	
		9B. DATED (SEE ITEM 11)	
		x 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR23DIG000007	
		10B. DATED (SEE ITEM 13) 09/27/2023	
CODE UCMXB9UX49N3	FACILITY CODE		

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12. ACCOUNTING AND APPROPRIATION DATA (If required)
See Schedule

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	D. OTHER (Specify type of modification and authority)

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: UCMXB9UX49N3
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 Phone: 956-433-[REDACTED]
 Email: [REDACTED]
 ACOR: [REDACTED]
 Phone: 956-206-[REDACTED]
 Email: [REDACTED]
 ACOR: [REDACTED]
 Phone: 956-389-[REDACTED]
 Continued ...

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15B. CONTRACTOR SIGNATURE [REDACTED]	15C. DATE SIGNED 02/26/24
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70CDCR23DIG000007/P00002

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NAME OF OFFEROR OR CONTRACTOR
WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Email: [REDACTED]</p> <p>Administrative Contracting Officer: [REDACTED]</p> <p>Phone: 682-218-[REDACTED]</p> <p>Email: [REDACTED]</p> <p>There are no requisitions associated with this action.</p> <p>The purpose of this modification is to address Contracting Officer (CO) subcontractor approval in accordance with IGSA Article 14-F which was erroneously omitted from the initial agreement. The CO hereby approves Management and Training Corporation (MTC) to perform as a subcontractor under this IGSA. This approval is retroactive to 9/30/2023. Subcontractors that perform under this agreement are subject to all terms and conditions of this IGSA. The service provider shall ensure that any subcontract includes all provisions of this agreement.</p> <p>Period of Performance: 09/30/2023 to 09/29/2028</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 3
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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CODE UCMXB9UX49N3 FACILITY CODE		X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR23DIG000007	
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	D. OTHER (Specify type of modification and authority)

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.)

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COR: [REDACTED]

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Phone: 956-206-[REDACTED]

Email: [REDACTED]

ACOR: [REDACTED]

Phone: 956-389-[REDACTED]

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.

15. CONTRACTOR OR OFFEROR (Type or print) [REDACTED] PFC, CJFC President	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]
15B. CONTRACTOR OR OFFEROR (Signature) [REDACTED]	15C. DATE SIGNED 03/18/24

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NAME OF OFFEROR OR CONTRACTOR
WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>Email: [REDACTED]</p> <p>Administrative Contracting Officer: [REDACTED]</p> <p>Phone: 682-218-[REDACTED]</p> <p>Email: [REDACTED]</p> <p>There are no requisitions associated with this action.</p> <p>The purpose of this modification is to:</p> <ol style="list-style-type: none"> 1. Approve the Service Contract Act (SCA) price adjustment received on February 20, 2024 from Management and Training Corporation (MTC), submitted on behalf of the Local Government Corporation Willacy County, concerning a rate adjustment for the Facility Operating Charge (FOC) at the El Valle Facility in Willacy County, TX. 2. The SCA price adjustment addresses Wage Determination (WD) 2015-5309, Revision 22 which was issued on December 26, 2023 in accordance with Executive Order (E.O.) 14026 wherein the contractor is required to pay all covered workers at least [REDACTED] per hour for all hours performing on the contract in 2024. 3. The new rate is retroactively incorporated beginning January 1, 2024. For billing purposes, the monthly FOC has increased by [REDACTED] as outlined in the schedule below and shall take effect February 1, 2024. 4. A retroactive payment in the amount of [REDACTED] is approved on the applicable Task Order to satisfy the rate increase between January 1, 2024 - January 31, 2024. <p>Period of Performance: 09/30/2023 to 09/29/2028</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>Fixed Monthly Facility Operating Charge (FOC)</p> <p>IGSA Year 1 Rate:</p> <p>Effective through January 31, 2024: [REDACTED] per month</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Effective February 1, 2024: [REDACTED] per month</p> <p>The monthly rate for IGSA Year 1 has increased:</p> <p>From: [REDACTED] By: [REDACTED] To: [REDACTED]</p> <p>IGSA Year 2 Rate: [REDACTED] per month</p> <p>The monthly rate for IGSA Year 2 has increased:</p> <p>From: [REDACTED] By: [REDACTED] To: [REDACTED]</p> <p>IGSA Year 3 Rate: [REDACTED] per month</p> <p>The monthly rate for IGSA Year 3 has increased:</p> <p>From: [REDACTED] By: [REDACTED] To: [REDACTED]</p> <p>IGSA Year 4 Rate: [REDACTED] per month</p> <p>The monthly rate for IGSA Year 4 has increased:</p> <p>From: [REDACTED] By: [REDACTED] To: [REDACTED]</p> <p>IGSA Year 5 Rate: [REDACTED] per month</p> <p>The monthly rate for IGSA Year 5 has increased:</p> <p>From: [REDACTED] By: [REDACTED] To: [REDACTED]</p> <p>Obligated Amount: \$0.00</p>				