| AMENDME                      | ENT OF SOLICITATION/MODIFIC  | CATION OF CONTRACT  |                       | 1. CONTRACT ID CODE  | PAGE OF              | PAGES           |
|------------------------------|--|---|-----------------------|--|----------------------|-----------------|
| AMENDING                     | :NT OF SOLICITATION/MODIFIC  | ATION OF CONTRACT   | 175                   |  | 1                    | 2               |
|                              | NT/MODIFICATION NO.  | 3. EFFECTIVE DATE   | 4. REC                | QUISITION/PURCHASE REQ, NO.  | 5. PROJECT NO.       | (If applicable) |
| P00001                       |  | See Block 16C   |                       |  |                      |                 |
| 6, ISSUED BY                 | CODE   | 70CDCR  | 7. AD                 | MINISTERED BY (If other than Item 6)   | CODE ICE/I           | OCR             |
| U.S. Im<br>Office<br>500 12t | ON COMPLIANCE AND REI<br>migration and Customs<br>of Acquisition Manage<br>h St SW<br>TON DC 20024 | s Enforcement   | Imm<br>Off<br>500     | Detention Compliance & igration and Customs Endice of Acquisition Manage 12th St SW hington DC 20024   | forcement            |                 |
| 8. NAME AND                  | ADDRESS OF CONTRACTOR (No., stree  | et, counly, State and ZIP Code)                                   | (x) 9A                | A. AMENDMENT OF SOLICITATION NO.   |                      |                 |
| 576 W MA                     | COUNTY LOCAL GOVERNM<br>AIN AVE STE 145<br>VILLE TX 78580  | ENT CORPORATION   |                       | 3. DATED (SEE ITEM 11)   |                      |                 |
|                              |  |   | ^ 7                   | A, MODIFICATION OF CONTRACT/ORDER NO<br>OCDCR23DIG000007  B, DATED (SEE ITEM 13)   | D.                   |                 |
| CODE IIC                     |  | FACILITY CODE   | _                     | ,  |                      |                 |
| CODE OC                      | CMXB9UX49N3  |   |                       | 09/27/2023   |                      |                 |
|                              | numbered solicitation is amended as set f  | 11. THIS ITEM ONLY APPLIES TO                                     |                       |  | ded. ☐is not ex      |                 |
| each letter of               | or electronic communication makes refere<br>TING AND APPROPRIATION DATA (If req<br>edule           | ence to the solicitation and this amendn<br>quired)               | ment, and is          | may be made by letter or electronic communical<br>seceived prior to the opening hour and date spoon<br>ODIFIES THE CONTRACT/ORDER NO. AS DES | ecified,             | 4.              |
| CHECK ONE                    | A. THIS CHANGE ORDER IS ISSUED<br>ORDER NO. IN ITEM 10A.   | PURSUANT TO: (Specify authority) T                                | 'HE CHANG             | GES SET FORTH IN ITEM 14 ARE MADE IN TH  | E CONTRACT           |                 |
|                              | B. THE ABOVE NUMBERED CONTRA<br>appropriation data, etc.) SET FORT                                 | CT/ORDER IS MODIFIED TO REFLEC<br>H IN ITEM 14, PURSUANT TO THE A | CT THE AD<br>UTHORITY | MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).   | n paying office,     |                 |
|                              | C. THIS SUPPLEMENTAL AGREEMEN  |   | AUTHOR                | ITY OF:  |                      |                 |
| X                            | IAW 70CDCR23DIG00000   |   |                       |  |                      |                 |
|                              | D. OTHER (Specify type of modification   | and authority)  |                       |  |                      |                 |
| E, IMPORTANT                 | T; Contractor ☐ is not   | is required to sign this document                                 | and return            | copies to the issuing  | office.              |                 |
| -                            |  | (Organized by UCF section headings,                               | including s           | solicitation/contract subject matter where feasible  | e.)                  |                 |
| UEI: UC                      | CMXB9UX49N3  |   |                       |  |                      |                 |
| COR:                         |  |   |                       |  |                      |                 |
| Phone: 9                     | 956-433  |   |                       |  |                      |                 |
| Email:                       |  |   |                       |  |                      |                 |
| ACOR:                        |  |   |                       |  |                      |                 |
|                              | 956-206-   |   |                       |  |                      |                 |
|                              | 730 200  |   |                       |  |                      |                 |
| Email:                       |  |   |                       |  |                      |                 |
| ACOR:                        |  |   |                       |  |                      |                 |
| Phone: 9                     | 956-389-   |   |                       |  |                      |                 |
| Continue                     | ed   |   |                       |  |                      |                 |
| Except as prov               | vided herein, all terms and conditions of the  | he document referenced in Item 9 A or                             | 10A, as he            | eretofore changed, remains unchanged and in fu   | Il force and effect. |                 |
| 15A.NAME                     |  |   | 8                     |  | (Type or print)      |                 |
| 15B. CONT                    |  | E SIGNED  |                       |  |                      |                 |
|                              |  |   |                       |  |                      |                 |
|                              | (Signature of person authorized to sign)   |   |                       |  |                      |                 |
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR23DIG000007/P00001
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

| TEM NO. | SUPPLIES/SERVICES (B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|---------|--|-----------------|-------------|-------------------|---------------|
|         | Email:   |                 | Г           |                   |               |
|         | Administrative Contracting Officer:  |                 |             |                   |               |
|         | Phone: 682-218-  |                 |             |                   |               |
|         | Email:   |                 |             |                   |               |
|         | There are no requisitions associated with this                                       |                 |             |                   |               |
|         | action.  |                 |             |                   |               |
|         |  |                 |             |                   |               |
|         | 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.  |                 |             |                   |               |
|         | Period of Performance: 09/30/2023 to 09/29/2028                                      |                 |             |                   |               |
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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT |   |   |                                      | 1, CONTRACT ID CODE  | PAGE OF PAGES                           |                       |  |
|--|---|---|--------------------------------------|--|---|-----------------------|--|
| 2. AMENDME   | NT/MODIFICATION NO.   | 3. EFFECTIVE DATE   | 4. REC                               | L<br>DUISITION/PURCHASE REQ. NO,   | 5. PROJEC                               | T NC. (If applicable) |  |
| P00002   |   | See Block 16C   |                                      |  |   |                       |  |
| 6. ISSUED BY                                       | CODE  | 70CDCR  | 7. ADI                               | MINISTERED BY (if other than Item 6)   | CODE IC                                 | CE/DCR                |  |
| U.S. Im<br>Office<br>500 12t                       | ON COMPLIANCE AND REM<br>migration and Customs<br>of Acquisition Manage<br>h St SW<br>TON DC 20024  | Enforcement   | Imm.<br>Off<br>500                   | Detention Compliance & igration and Customs Endice of Acquisition Manage 12th St SW hington DC 20024   | forceme                                 |                       |  |
| 8. NAME AND  | ADDRESS OF CONTRACTOR (No., street,   | gounty. State and ZIP Code)   | APL                                  | AMENDMENT OF SOLICITATION NO.  | <u> </u>                                |                       |  |
| WILLACY<br>576 W MA                                | COUNTY LOCAL GOVERNM<br>AIN AVE STE 145<br>VILLE TX 78580   |   | 98<br>× 10/7 (                       | DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER NO CDCR 2 3 D I G 0 0 0 0 0 7  B. DATED (SEE ITEM 13)   | 0.                                      |                       |  |
| CODE IIC   | NAME OF THE OWN   | FACILITY CODE   | _                                    | tanded and more as you make a source manage of the source  |   |                       |  |
| ACOURT OC  | MXB9UX49N3  | 11. THIS ITEM ONLY APPLIES TO   | 1 - 1 - 1 - 1 - 1 - 1                | 9/27/2023  |   | -                     |  |
| RECEIVED<br>OFFER, If<br>each letter               | AT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to a<br>or electronic communication makes referent<br>TING AND APPROPRIATION DATA (If requeed u.1) | RECEIPT OF OFFERS PRIOR TO THe change an offer already submitted , such to the solicitation and this amendmented) | E HOUR /<br>ch change<br>ent, end is | ant numbers. FAILURE OF YOUR ACKNOWL AND DATE SPECIFIED MAY RESULT IN REJE may be made by letter or electronic communications are developed prior to the opening hour and date specified the contraction of the properties of the pr | CTION OF Y<br>ation, provide<br>addied. | OUR<br>d              |  |
| CHECK ONE  |   | CT/ORDER IS MODIFIED TO REFLEC<br>I IN ITEM 14, PURSUANT TO THE AU  | T THE AD<br>THORITY                  | SES SET FORTH IN ITEM 14 ARE MADE IN THE<br>MINISTRATIVE CHANGES (such as changes I<br>OF FAR 43,103(b).   |   |                       |  |
| х  | IAW 70CDCR23DIG00000  |   | MUTHURI                              | T F OF.  |   |                       |  |
|  | D. OTHER (Specify type of modification  |   |                                      |  |   |                       |  |
| E. IMPORTAN  | T: Contractor ☐ is not  | ☑ is required to sign this document a   | and return                           |  | office,                                 |                       |  |
| UEI: UC  | TION OF AMENDMENT/MODIFICATION (<br>CMXB9UX49N3<br>956-433-   | Organized by UGF section headings, i  | including a                          | olicitation/contract subject maiter where feasib   | le.)                                    |                       |  |
| Email:   |   |   | <u> </u>                             |  |   |                       |  |
| ACOR:  |   |   |                                      |  |   |                       |  |
| Phone: '<br>Email:                                 | 956-206-  |   |                                      |  |   |                       |  |
| ACOR:  |   | <del></del><br>   |                                      |  |   |                       |  |
|  | 956-389-  |   |                                      |  |   |                       |  |
| Continue   |   |   | 105                                  |  | .11 2.                                  |                       |  |
| 15B. CONTRA  |   |   | 10A, as he                           | retofore changed, remains unchanged and in fu  | ull force and o                         | iffect.               |  |
| T-   | rized (o sign)  | _  02/26/2  | 4                                    |  |   |                       |  |
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NAME OF OFFEROR OR CONTRACTOR

WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY | 1   | UNIT PRICE | AMOUNT    |
|----------|--|----------|-----|------------|-----------|
| (A)      | (B) Email:   | (C)      | (D) | (E)        | (F)       |
|          |  |          |     |            |           |
|          | Administrative <u>Contr</u> acting Officer:  |          |     |            |           |
|          | Phone: 682-218-  |          |     |            |           |
|          | Email:   |          |     |            |           |
|          | There are no requisitions associated with this   |          |     |            |           |
|          | action.  | 1        |     |            |           |
|          |  |          |     |            |           |
|          | The purpose of this modification is to address   |          |     |            |           |
|          | Contracting Officer (CO) subcontractor approval  |          |     |            |           |
|          | in accordance with IGSA Article 14-F which was   |          |     | · I        |           |
|          | 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.  Period of Performance: 09/30/2023 to 09/29/2028                               |          |     |            |           |
|          | 101104 01 101101mande: 03,30,2023 00 03,43,18020   | ĺ        |     |            |           |
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| AMENDMENT OF SOLICITATION/MO   | DIFICATION OF CONTRACT  |                             | 1. CONTRACT ID CODE  | PAGE C                                   | OF PAGES             |
|--|---|-----------------------------|--|--|----------------------|
|  |   | L mm                        |  | 1  | 3                    |
| 2. AMENDMENT/MODIFICATION NO.  | 3. EFFECTIVE DATE   | 4. REC                      | QUISITION/PURCHASE REQ. NO.  | 5, PROJECT NO                            | O. (if applicable)   |
| P00003<br>6. ISSUED BY   | See Block 16C   | 7 45                        | DMINISTERED BY (If other than Item 6)  | CODE TOF                                 | ·                    |
|  | 7 OCDCK   |                             | · · · · · · · · · · · · · · · · · · ·  | 100/                                     | /DCR                 |
| DETENTION COMPLIANCE AND   |   |                             | I/Detention Compliance &   |  |                      |
| U.S. Immigration and Cus<br>Office of Acquisition Mar  |   |                             | migration and Customs Enf  |  | ĵ.                   |
| 500 12th St SW   | nagement  |                             | fice of Acquisition Manag<br>) 12th St SW  | jement                                   |                      |
| WASHINGTON DC 20024  |   |                             | shington DC 20024  |  |                      |
| 2 A 20 T   | 2 50 50 50 50 50 50 50 50 50 50 50 50 50  |                             |  |  |                      |
| 8. NAME AND ADDRESS OF CONTRACTOR (M   | o., street, county, State and ZIP Code)   | (x) 9A                      | A. AMENDMENT OF SOLICITATION NO.   |  |                      |
| WILLACY COUNTY LOCAL GOVE  | имежит сороордитом  |                             |  |  |                      |
| 576 W MAIN AVE STE 145   | SKNMENT CORPORATION   | 9E                          | B. DATED (SEE ITEM 11)   |  |                      |
| RAYMONDVILLE TX 78580  |   |                             | A DOTT hate ( ) have y y   |  |                      |
| AMILIAVINE V MARKAN AND TO THE   |   |                             |  |  |                      |
|  |   | × 70                        | 0A. MODIFICATION OF CONTRACT/ORDER NO<br>OCDCR23DIG000007  | ),                                       |                      |
|  |   | 30                          |  |  |                      |
|  |   | 10                          | DB, DATED (SEE ITEM 13)  |  |                      |
| CODE UCMXB9UX49N3  | FACILITY CODE   |                             | 09/27/2023   |  |                      |
|  | 11. THIS ITEM ONLY APPLIES T  |                             | 75 FEET 17 JULY 17 JUL | <u> </u>                                 |                      |
| ☐ The above numbered solicitation is amended a   |   | , and and address           |  | ided, Dis not e                          |                      |
| OFFER. If by virtue of this amendment you de<br>each letter or electronic communication makes<br>12, ACCOUNTING AND APPROPRIATION DATA<br>See Schedule | esire to change an offer already submitted , su<br>s reference to the solicitation and this amendr<br>A (If required) | uch change<br>Iment, and is | AND DATE SPECIFIED MAY RESULT IN REJECtion may be made by letter or electronic communical size ceceived prior to the opening hour and date specified to the opening hour and d | etion, provided<br>ecified.              |                      |
| 13, THIS ITEM ONLY APPLIES   | S TO MODIFICATION OF CONTRACTS/ORD  | ERS, IT M                   | IODIFIES THE CONTRACT/ORDER NO. AS DES   | CRIBED IN ITEM                           | 114.                 |
| CHECK ONE. A. THIS CHANGE ORDER IS IS ORDER NO. IN ITEM 10A.   | SUED PURSUANT TO: (Specify authority) T   | THE CHANC                   | GES SET FORTH IN ITEM 14 ARE MADE IN TH  | IE CONTRACT                              |                      |
|  |   |                             | OMINISTRATIVE CHANGES (such as changes in<br>Y OF FAR 43.103(b).   | ı paying office,                         |                      |
|  | EMENT IS ENTERED INTO PURSUANT TO   | AUTHORI                     | ITY OF:  | 34 1000000000000000000000000000000000000 |                      |
| x IAW 70CDCR23DIG00  |   |                             |  |  | 54 700000000 by 25 W |
| D. OTHER (Specify type of modil  | fication and authority)   | 3007 SW0AV90                |  | A STATE                                  |                      |
|  |   |                             | 1  |  |                      |
| E. IMPORTANT: Contractor is  |   |                             |  |  |                      |
| 14. DESCRIPTION OF AMENDMENT/MODIFIC/  | ATION (Organized by UCF section headings,   | , including s               | solicitation/contract subject matter where feasible  | Ð.)                                      |                      |
| UEI: UCMXB9UX49N3  | 4   |                             |  |  |                      |
| COR:   | 1   |                             |  |  |                      |
| Phone: 956-433-  |   |                             |  |  |                      |
| Email:   |   |                             |  |  |                      |
|  |   |                             |  |  |                      |
| ACOR:  |   |                             |  |  |                      |
| Phone: 956-206-  |   |                             |  |  |                      |
| Email:   |   |                             |  |  |                      |
|  |   |                             |  |  |                      |
| ACOR:  |   |                             |  |  |                      |
| Phone: 956-389-  | -   |                             |  |  |                      |
| Continued  |   |                             |  |  |                      |
| Except as provided herein, all terms and condition   | as of the document referenced in Item 9 Apr   | r 104, as he                | eratofore changed, remains unchanged and in fu   | ill force and effec                      | 6                    |
| The Marie Me Time and Colored At   | ino   |                             | NAME AND TITLE OF CONTRACTING OFFICE   |  |                      |
|  | ord a lora Ordidar  | +                           | M. M. C. Company of the Company of t |  |                      |
|  | PFC CIPFC Proider   | 11                          |  |  |                      |
| 15B, CONTRACTOR/OF   | 15C, DATE SIGNED  | }                           |  |  |                      |
|  | 12/10/24  |                             |  |  |                      |
| (Signature o   |   |                             |  |  |                      |
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NAME OF OFFEROR OR CONTRACTOR

WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

| EM NO. | SUPPLIES/SERVICES   | QUANTITY | 1   | UNIT PRICE              | AMOUNT |
|--------|---|----------|-----|-------------------------|--------|
| (A)    | (B)   | (C)      | (D) | (E)                     | (F)    |
|        | Email:  Administrative Contracting Officer: Phone: 682-218- Email:  |          |     |                         |        |
|        | There are no requisitions associated with this action.  |          |     |                         |        |
|        | The purpose of this modification is to:   |          |     |                         |        |
|        | 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 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 as outlined in the schedule below and shall take effect February 1, 2024.   |          |     |                         |        |
|        | 4. A retroactive payment in the amount of is approved on the applicable Task Order to satisfy the rate increase between January 1, 2024 - January 31, 2024.   |          |     |                         |        |
|        | Period of Performance: 09/30/2023 to 09/29/2028   |          |     |                         |        |
|        | Change Item 0001 to read as follows(amount shown is the obligated amount):  |          |     |                         |        |
| 1      | Fixed Monthly Facility Operating Charge (FOC)   |          |     |                         |        |
|        | IGSA Year 1 Rate:   |          |     |                         |        |
|        | Effective through January 31, 2024: per month Continued   |          |     |                         |        |
|        |   |          |     |                         |        |
|        |   |          |     | nn- 2007-200120-0000 at |        |

|                    | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE C | )F |
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| CONTINUATION SHEET | 70CDCR23DIG000007/P00003                  | 3      | 3  |

NAME OF OFFEROR OR CONTRACTOR
WILLACY COUNTY LOCAL GOVERNMENT CORPORATION

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|--------|
| (A)      | (B)  | (C)      | (D)  | (E)        | (F)    |
|          | Effective February 1, 2024: per  |          |      |            |        |
|          | month  |          |      |            |        |
|          | The monthly rate for IGSA Year 1 has increased:  |          |      |            |        |
|          |  |          |      |            |        |
|          | From:<br>By:   |          |      |            |        |
|          | To:  |          |      |            |        |
|          | ·  |          |      |            |        |
|          | IGSA Year 2 Rate: per month  |          |      |            |        |
|          | per month  |          |      |            |        |
|          | The monthly rate for IGSA Year 2 has increased:  |          |      |            |        |
|          | From:  |          |      |            |        |
|          | By:  | İ        |      |            |        |
|          | To:  |          |      |            |        |
|          | IGSA Year 3 Rate: per month  |          |      |            |        |
|          | rear o nace.   |          |      |            |        |
|          | The monthly rate for IGSA Year 3 has increased:  |          |      |            |        |
|          | From:  |          |      |            |        |
|          | By:  |          |      |            |        |
|          | To:  |          |      |            |        |
|          | IGSA Year 4 Rate: per month  |          |      |            |        |
|          | restriction of the section of the se |          |      |            |        |
|          | The monthly rate for IGSA Year 4 has increased:  |          |      |            |        |
|          | From:  |          |      |            |        |
|          | By:  |          |      |            |        |
|          | To:  | Ì        |      |            |        |
|          | IGSA Year 5 Rate: per month  |          |      |            |        |
|          | <b>1</b> 40 40 40 40 40 40 40 40 40 40 40 40 40  |          |      |            |        |
|          | The monthly rate for IGSA Year 5 has increased:  |          |      |            |        |
|          | From:  |          |      |            |        |
|          | By:  |          |      |            |        |
|          | To:  |          |      |            |        |
|          | Obligated Amount: \$0.00   |          |      | ,          |        |
|          |  |          |      |            |        |
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