| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT   |   |  | CONTRACT ID CODE   | PAGE   | PAGE OF PAGES             |  |  |
|--|---|--|--|--|---------------------------|--|--|
|  |   | 1  |  | 1  | 3                         |  |  |
| 2. AMENDMENT/MODIFICATION NO.  | 3. EFFECTIVE DATE   |  | UISITION/PURCHASE REQ. NO.<br>25FDGCARO0024.4  | 5. PROJECT                                     | NO. (If applicable)       |  |  |
| P00003<br>6. ISSUED BY CODE  | See Block 16C   |  |  | CODE TO  | - /                       |  |  |
| DETENTION COMPLIANCE AND REM<br>U.S. Immigration and Customs<br>Office of Acquisition Manage<br>500 12th St SW<br>WASHINGTON DC 20024  | Enforcement   | ICE/<br>Immi<br>Off:<br>500                                | /ININISTERED BY (If other than Item 6)  / Detention Compliance & igration and Customs Encice of Acquisition Manalizth St SW hington DC 20024 | Removal  |                           |  |  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street,  | county, State and ZIP Code)   | (x) 9A.  | AMENDMENT OF SOLICITATION NO.  |  |                           |  |  |
| CAROLINE COUNTY OF<br>P O BOX 447<br>BOWLING GREEN VA 224270001  |   | 9B.<br>x 10A   | DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER NO CDCR 2 4 D I G 0 0 0 0 0 3  B. DATED (SEE ITEM 13)                                 | NO.  |                           |  |  |
| CODE ZGLRAX4QJJ77  | FACILITY CODE   |  | 1/27/2023  |  |                           |  |  |
|  | 11. THIS ITEM ONLY APPLI  |  |  |  |                           |  |  |
|  | change an offer already submitted<br>ace to the solicitation and this am<br>dired)      | d , such change<br>endment. and is                         | may be made by letter or electronic communic   | cation, provided pecified.                     |                           |  |  |
|  | T/ORDER IS MODIFIED TO RE<br>I IN ITEM 14, PURSUANT TO TH                               | FLECT THE ADI<br>HE AUTHORITY                              | IES SET FORTH IN ITEM 14 ARE MADE IN T<br>MINISTRATIVE CHANGES (such as changes<br>OF FAR 43.103(b).   |  |                           |  |  |
| D. OTHER (Specify type of modification   | and authority)  |  |  |  |                           |  |  |
| X Other Administrative   |   |  |  |  |                           |  |  |
| E. IMPORTANT: Contractor 🗵 is not  | is required to sign this docum  | ment and return  | copies to the issuir   | ng office                                      |                           |  |  |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (UEI: ZGLRAX4QJJ77  COR , 703-633-  Contracting Officer:  Contract Specialist:   | ), 202-923<br>, 202-731   | ,  |  | •  |                           |  |  |
| The purpose of administrativ Equitable/Service Contract A 02, 2024, concerning facilit (Regular Rate) (CLIN 0005) a County Detention Center. The 07/22/2024 and effective 12/Continued  Except as provided herein, all terms and conditions of the | ct Adjustment suly operating charged Transportation REA addresses War 21/2024 and was a | bmitted P<br>ge (CLIN<br>n Guard<br>age Deter<br>incorpora | oy Caroline County Virg<br>0001) and Transportati<br>(OT Rate) (CLIN 0006) a<br>rmination 2015-4313, Re<br>ated into the contract            | ginia on<br>on Guard<br>at the Ca<br>evision a | d<br>aroline<br>26, dated |  |  |
| 15A. NAME AND TITLE OF SIGNER (Type or print)  |   | 16A. I   | NAME AND TITLE OF CONTRACTING OFFI   | CER (Type or p                                 | rint)                     |  |  |
| 15B. CONTRACTOR/OFFEROR  | 15C. DATE SIG   | NED 16B. U   | UNITED STATES OF AMERICA   |  | 16C. DATE SIGNED          |  |  |
| (Signature of person authorized to sign)   | —   |  | (Signature of Contracting Officer)   |  |                           |  |  |
| ( organization of portion auditorized to algri)  |   | -  | ( organization of contracting officer)   |  |                           |  |  |

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR24DIG000003/P00003

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NAME OF OFFEROR OR CONTRACTOR CAROLINE COUNTY OF

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|--|----------|-----|------------|--------|
| (A)      | (B)  | (C)      | (D) | (E)        | (F)    |
|          | 70CDCR24DIG000003 P00002. The new rates are retroactively incorporated beginning 12/01/2024. |          |     |            |        |
|          |  |          |     |            |        |
|          | For billing purposes, the new rates as indicated below shall take effect retroactively to    |          |     |            |        |
|          | 12/01/2024.  |          |     |            |        |
|          | The following rates are hereby revised:  |          |     |            |        |
|          | CLIN 0001 - Facility Operating Cost is increased   |          |     |            |        |
|          | from \$ by to  |          |     |            |        |
|          | \$ month   |          |     |            |        |
|          | CLIN 0005 - Transportation Guard (Regular Rate) -  |          |     |            |        |
|          | is increased from \$/hr by \$ to   |          |     |            |        |
|          | l/hour   |          |     |            |        |
|          | CLIN 0006 - Transportation Guard (OT Rate) - is  |          |     |            |        |
|          | increased from \$ hour hour  |          |     |            |        |
|          |  |          |     |            |        |
|          | Accounting Info:   |          |     |            |        |
|          |  |          |     |            |        |
|          | 10/01/0000 11/00/0000  |          |     |            |        |
|          | Period of Performance: 12/01/2023 to 11/30/2028  |          |     |            |        |
|          | Change Item 0001 to read as follows(amount shown   |          |     |            |        |
|          | is the obligated amount):  |          |     |            |        |
| 0001     | Facility Operating Cost  |          |     |            |        |
|          | Effective 12/01/2024 the rate increases to   |          |     |            |        |
|          | \$   |          |     |            |        |
|          | The following rates are hereby revised:  |          |     |            |        |
|          | From \$  |          |     |            |        |
|          | To month   |          |     |            |        |
|          | Product/Service Code: S206   |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |     |            |        |
|          |  |          |     |            |        |
|          | Change Item 0005 to read as follows (amount shown is the obligated amount):                  |          |     |            |        |
|          |  |          |     |            |        |
| 0005     | Transportation Guard (Regular Rate)  |          | HR  | 0.00       |        |
|          | Effective 12/01/2024 the rate is \$  |          |     |            |        |
|          | Continued  |          |     |            |        |
|          |  |          |     |            |        |
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR24DIG000003/P00003

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NAME OF OFFEROR OR CONTRACTOR
CAROLINE COUNTY OF

| ITEM NO. | SUPPLIES/SERVICES  | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|--|----------|-----|------------|--------|
| (A)      | (B)  | (C)      | (D) | (E)        | (F)    |
|          | The following rates are hereby revised: From \$ 100.000000000000000000000000000000000      |          |     |            |        |
|          | By Section 4   |          |     |            |        |
|          | To hour  |          |     |            |        |
|          |  |          |     |            |        |
|          | Obligated Amount: \$0.00<br>Product/Service Code: S206                                     |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |     |            |        |
|          |  |          |     |            |        |
|          | Change Item 0006 to read as follows(amount shown   |          |     |            |        |
|          | is the obligated amount):  |          |     |            |        |
|          |  |          |     |            |        |
| 0006     | Transportation Guard (Overtime Rate)   |          | HR  | 0.00       |        |
|          | Effective 12/01/2024 the rate is \$  |          |     |            |        |
|          |  |          |     |            |        |
|          | The following rates are hereby revised:  |          |     |            |        |
|          | From \$  |          |     |            |        |
|          | To hour  |          |     |            |        |
|          |  |          |     |            |        |
|          | Obligated Amount: \$0.00<br>Product/Service Code: S206                                     |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD   |          |     |            |        |
|          |  |          |     |            |        |
|          | There shall be no public disclosure regarding  |          |     |            |        |
|          | this agreement made by the provider (or any subcontractors) without review and approval of |          |     |            |        |
|          | such disclosure by ICE.  |          |     |            |        |
|          |  |          |     |            |        |
|          | All other terms and conditions remain unchanged.   |          |     |            |        |
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