AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  P00001
3. EFFECTIVE DATE  05/12/2008
4. REQUISITION/PURCHASE REQ. NO.  N/A
5. PROJECT NO. (if applicable)
6. ISSUED BY  ICE/DE/DC
   CODE  ICE/DE/DC
   ICE/Deputat Mgmt/Deputat Contracts-DC
   Immigration and Customs Enforcement
   Office of Acquisition Management
   425 I Street NW, Washington DC 20536

7. ADMINISTERED BY (if other than Item 6)  ICE/DE/DC
   CODE  ICE/DE/DC
   ICE/Deputat Mgmt/Deputat Contracts-DC
   Immigration and Customs Enforcement
   Office of Acquisition Management
   425 I Street NW, Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (Use, street, county, State and ZIP Code)

   STEWART COUNTY GA
   79 HOLDER ROAD
   ADESA
   22 838-
   LUMPIN GA 3185

   CODE  99000000000099
   FACILITY CODE

9. AMENDMENT OF SOLICITATION NO.

   DATED (SEE ITEM 11)

   X
   10A. MODIFICATION OF CONTRACT/ORDER NO.
       DROGSA-05-0006/

   DATED (SEE ITEM 11)
   06/30/2006

10. 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
   ACKNOWLEDGMENT 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. It is the 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.

11. ACCOUNTING AND APPROPRIATION DATA (If required)

   See Schedule

12. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

   [X] 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.

   [X] 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:

   [X] D. OTHER (Specify type of modification and authority)

   Administrative modification to revise invoice submission

E. IMPORTANT: Contractor [ ] is, [ ] is not 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)

   Tax ID Number: 58-6001114
   DUNS Number: 084354919
   Program Office Point of Contact:
   [ ]

   Contracting Officer:
   [ ]

   202/616-
   Continued ...

   Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as herein changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

   [ ]

15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED

   [Signature of person authorized to sign]

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

   [ ]

16B. CONTRACTOR/OFFEROR 16C. DATE SIGNED

   [ ]

Previous edition unusable

GSA FORM 30 (REV. 10-05)

NIK 7549-01-152-8670

FAR (ABA Clarification) 53.243
The purpose of this modification is to revise the procedure for Providers to submit their invoices for Agreement DROIGSA-06-00005/. This revised procedure is effective June 02, 2008 and pertains to all invoices submitted on that date and thereafter.

1. In accordance with billing procedures, revise paragraph (A) "Invoicing" to read as follow:

   Invoices shall be submitted via one of the following three methods:

   a. By mail:

   DHS, ICE
   Burlington Finance Center
   F.O. Box 1620
   Williston, VT 05495-1620
   Attn: ICE-DRO-POD-ATLANTA

   b. By facsimile (fax): (include a cover sheet with point of contact & # of pages)

   802-283-7658

   c. By e-mail:

   Invoice.Consolidation@dhs.gov

   Invoices submitted by other than these three methods will be returned. The contractor's Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE on or after June 02, 2008 to ensure prompt payment provisions are met. The ICE program office shall also be notated on every invoice.

2. The information required with each invoice submission is as follows:

   a. The name and address of the facility;
   b. Invoice date and number;
   c. Agreement number, Task Order Number and line item number.
   d. Terms of any discount for prompt payment offered;

   Continued ...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e. Name, title, and phone number of person to notify in event of defective invoice;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this Agreement. (See paragraph 1 above.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. The daily rate; h. The total number of residential/detainee days;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. The name of each ICE resident/detainee; j. Resident’s/detainee’s A-number; k. Specific dates of detention for each resident/detainee; l. The total residential/detainee days multiplied by the daily rate; m. For transportation/stationary guard services, the itemized monthly invoice shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the resident(s)/detainee(s) that was guarded.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Items a. through h. and l. must be on the cover page of each invoice submission.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invoices without the above information may be returned for resubmission.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. All other terms and conditions remain the same.</td>
<td></td>
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</table>
### AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

**2. AMENDMENT/MODIFICATION NO.**

PO0002

**3. EFFECTIVE DATE**

See Block 1E

**4. PROCUREMENT/PURCHASE REQ. NO.**

ICE/DM/DC-DC

**5. PROJECT NO. (If applicable)**

ICE/DM/DC-DC

**6. ISSUED BY CODE**

ICE/DM/DC-DC

**7. ADMINISTERED BY CODE**

ICE/DM/DC-DC

**A. NAME AND ADDRESS OF CONTRACTOR (Name, street, city, state and zip code)**

STEWART COUNTY GA
79 HOLDER ROAD
ATTN [Redacted]
22 838-315
LUMPKIN GA 31815

**B. AMENDMENT OF SOLICITATION NO.**

[Redacted]

**C. DATED (See Item 11)**

[Redacted]

**D. MODIFICATION OF CONTRACT/ORDER NO.**

DROTCGA-06-000057/

**E. DATED (See Item 13)**

06/30/2006

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 compiling Items 8 and 15, and returning a copy of this amendment; (b) by acknowledging receipt of this amendment in each copy of the offer submitted; or (c) by separate letter or telegram which requires a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT 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. It is your responsibility to change an offer already submitted, such change may be made by telegram or letter, provided such telegrams or letters contain 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 CONTRACT/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).

X

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

**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.)

**Tax ID Number:** 58-6001114

**DUNS Number:** 08435919

**Program Office Point of Contact:** [Redacted]

**COTR:** [Redacted]

**Contracting Officer:** [Redacted]

202/732- [Redacted]

The purpose of this no cost modification is to name John Vanek at the Contracting Officer's Technical Representative (COTR).

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as herein changed, remain unchanged and in full force and effect.

16A. NAME AND TITLE OF SIGNER (Type or print)

16B. CONTRACT/ORDER

16C. DATE SIGNED

18A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

18B. DATE SIGNED

(signature of person authorized to sign)

[Redacted]

NSN 7540-01-152-8070

Previous edition unsuitable
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

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<tr>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (If Applicable)</th>
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8. ISSUED BY CODE

ICE/DM/DD/DC/DD

Implement and Customs Enforcement
Office of Acquisition Management
425 1 Street NW, Washington DC 20536

9. ADMINISTERED BY CODE

ICE/DM/DD/DC/DD

Implement and Customs Enforcement
Office of Acquisition Management
425 1 Street NW, Washington DC 20536

10. NAME AND ADDRESS OF CONTRACTOR (Inc. street, city, state and zip code)

STEWARD COUNTY GA
79 HOLDER ROAD
ATTN: [Redacted]
22 838
LONGSTANIA 31815

FACILITY CODE: 9900000000000000

11. AMENDMENT OF SOLICITATION NO.

ST67, DATED (SEE ITEM 10)

12. MODIFICATION OF CONTRACT ORDER NO.

DRO15SA-06-000557

13. DATED (SEE ITEM 10)

06/30/2006

This item only applies to modification of contract orders. It modifies the contract order No. as described in item 14.

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: ( Specify authority)

B. THE ABOVE NUMBERED CONTRACT ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in payee office, disposition data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 41.102.

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)

I. IMPORTANT: Contractor is required to sign this document and return 1 copy to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION: (Organized by UCF section headings, including solicitation contract subject matter where feasible.)

Tax ID Number: 58-6001114
DUNS Number: 084351919
Program Office Point of Contact: [Redacted]

The purpose of this no cost modification is to implement a mileage rate for transportation services under the Stewart Georgia Inter-Governmental Service Agreement (IGSA).

Continued...

[Redacted]
Add paragraph 8 under Transportation Services under DROIGSA-06-0005 as follows:

8. Effective with costs incurred 1 July 2009, all transportation services performed under this IGSA shall be at the rate of [redacted] per mile. This rate includes but not limited to wages and benefits, trip equipment and supplies, vehicle fuel and repairs and maintenance, operational support, insurance, communications, taxes, corporate expenses, and profit. Cost for meals and lodging that are in accordance with GSA related expenses, if incurred are not included.

Transportation costs shall be provided as separate items on submitted invoices.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. 3. EFFECTIVE DATE
CE00004 01/27/2010

4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (if applicable)

6. ISSUED BY CODE
ICE/DM/DY-DC

7. ADMINISTERED BY (If other than Item 6) CODE
ICE/DM/DY-DC

ICE/DM/DY-DC

Immigration and Customs Enforcement
901 I Street NW,
Washington DC 20536

Attorney
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (ie., street, city, State and ZIP Code)
STEWART COUNTY, GA
79 HOLDER ROAD
ATTN: [redacted]
22 638
LUMPKEN GA 31515

9. AMENDMENT OF SOLICITATION NO.

10. DATED (SEE ITEM 11)
06/30/2005

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS
☐ This above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offer is extended. ☐ Not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation as amended, by one of the following methods: (a) By completing items 6 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 number. 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 this amendment and states the nature of the change. If your offer is rejected, you will be advised of the reason for rejection.

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

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

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 10.

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation code, UIJ) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.108(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

☐ FAR 43.103(a) Bilateral Agreement

X ☐ OTHER ( Specify type of modification and authority)

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Compliment your ICF section headings, including solicitation number, subject matter, where feasible)

Tax ID Number: 58-6001114
DUNS Number: 084354919
Program Office Point of Contact: [redacted]
404-893- [redacted]

COTR: [redacted]
Contract Specialist: [redacted] (202) 732-
Contracting Officer: [redacted] (202) 732-

Continued...

Except as provided therein, all terms and conditions of the document referenced in Item 6A or 10A, as hereinbefore changed, remain unchanged and in full force and effect.

NAME AND TITLE OF SIGNER (Type or print)

Stewart County
Chairman of Commission

SIGNATURE DATE: 02/10/10

[Signature]

(Original and when applicable)

PREVIOUS EDITION REUSEABLE

PREVIOUS EDITION REUSEABLE

PREVIOUS EDITION REUSEABLE
The purpose of this modification is to incorporate Operations Manual Immigration and Customs Enforcement (ICE) Performance Based National Detention Standards (PBNSD) which can be downloaded from the hyperlink below:

[Blacked out]

All other terms and conditions remain the same.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. 00005

3. EFFECTIVE DATE 6/30/2006

4. REQUISITION/PURCHASE REC. NO. 9900000000000999

5. PROJECT NO. (if applicable) 6/30/2006

6. ISSUED BY

ICE/Detent Mgmt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Attention: Washington DC 20536

7. ADMINISTERED BY

ICE/Detent Mgmt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR

STEWART COUNTY GA
79 HOLDER ROAD
ATTN: LUMPKIN GA 31815

9. AMENDMENT OF SOLICITATION NO.

10. DATED (SEE ITEM 11)

11. MODIFICATION NO. DROIGSA-06-00005/

12. DATED (SEE ITEM 13)

13. AMENDMENT ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above-numbered solicitation is amended as set forth in Items 14. The hour and date specified for receipt of Offers are extended. ☐ Not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation as amended, by one of the following methods: (a) by completing Items 9 and 10, 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 ACKNOWLEDGMENT 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 you wish to acknowledge this amendment by a letter, provide each legation or letter and reference the solicitation and this amendment, and is received prior to the opening hour and date specified.

14. AMENDMENT OR MODIFICATION (Describe as to how this amendment or modification modifies the solicitation and contract/order. Include any dates, times, locations, etc.)

☐ THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

☐ OTHER (Specify type of modification and authority)

☐ IMPORTANT: Contractor is not required to sign this document and return copies to the issuing office.

15. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF sections headings, including solicitation/contract subject matter where feasible.)

DOMS Number: 08/323919

Program Office Point of Contact: 202-732-230

Contract Specialist: 202-732-230

Contracting Officer: 202-732-230

The purpose of this modification is to change the Contracting Officer's Technical Representative (COTR) for the Stewart County, GA, Inter-Governmental Service Agreement (IGSA) Number: DROIGSA-06-00005/ as follows:

From:

Continued...

Exhibit a provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereafter changed, remain unchanged and in full force and effect.

16A. NAME AND TITLE OF SIGNER (Type or print)

16B. CONTRACT OFFER OR ORDER

16C. DATE SIGNED

(Designation of person authorized to sign)

FAR (40 CFR) 52.243
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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<tbody>
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<td>229-838-</td>
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<td></td>
<td></td>
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</tbody>
</table>

To:

229-838-

All other terms and conditions remain the same.
The purpose of this modification is to add the required security language for Sensitive/But Unclassified (SBU) DoD contracts attached.

All other terms and conditions remain the same.
<table>
<thead>
<tr>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (If applicable)</th>
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<td>11/16/2011</td>
<td></td>
<td></td>
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<tr>
<td>6. ISSUED BY CODE</td>
<td>ICE/DM/DC-DC</td>
<td>7. ADMINISTERED BY (If other than Item 6) CODE</td>
<td>ICE/DM/DC-DC</td>
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<td>ICE/Detent Mgmt/Detent Contracts-DC</td>
<td>Immigration and Customs Enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office of Acquisition Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>801 I Street NW, Washington DC 20536</td>
<td>8. NAME AND ADDRESS OF CONTRACTOR (With, street, county, State and ZIP Code)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEWART COUNTY GA</td>
<td>79 HOLDER ROAD</td>
<td>ATTN</td>
<td>22 838</td>
</tr>
<tr>
<td>LUMPKIN GA 31815</td>
<td>CODE</td>
<td>9900000000999</td>
<td>FACILITY CODE</td>
</tr>
</tbody>
</table>

- 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 10 and returning a copy 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.

- 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:
- D. OTHER (Specify type of modification and authority)

X 43.103(h) Unilateral Modification

E. IMPORTANT: Contractor [ ] is not, [ ] is required to sign this document and return 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

<table>
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<tr>
<th>DUNS Number</th>
<th>Program Office Point of Contact</th>
<th>COTR</th>
<th>Contract Specialist</th>
<th>Contracting Officer</th>
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<td>404-893-</td>
<td>229-838-</td>
<td>202-732-</td>
<td>202-732-</td>
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The purpose of this modification is to amend the GSA to incorporate a contract specific wage determination (CSWD) #2011-0190 as issued by the Department of Labor on 10/28/2011. This CSWD should be incorporated on all existing task orders. All other terms and conditions remain the same.

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged as in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15B. CONTRACTOR/OFFEROR

16C. DATE SIGNED

(Signature of person authorized to sign)

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 36 (REV. 10-83)
Prescribed by OSA
FAR (48 CFR) 53.243
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (if applicable)

6. ISSUED BY

ICE/DE/DC-DC

7. ADMINISTERED BY (if other than Item 6)

ICE/DE/DC-DC

8. NAME AND ADDRESS OF CONTRACTOR (firm, street, city, state and ZIP Code)

STEWART COUNTY GA

79 HOLDER ROAD

ATTN

22 838

LUMPkin GA 31815

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (see item 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.

DRO4CSA-06-00005/

10B. DATED (see item 13)

06/30/2006

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 amendment and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT 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 your offer is modified by this amendment, you should make all changes on offer already submitted, by changing the text on offer, by separate letter, telegram, or both, 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.

☐ 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 NUMERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in payee, appropriation data, 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:

☐ D. OTHER (Specify type of modification and authority)

☐ X Unilateral Modification / 43.103(b)

E. IMPORTANT: Contractor [☐] is, [☐] is not, 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)

DUNS Number: 084354919

Program Office Point of Contact: [Redacted]

404-893-5555

COTR: [Redacted]

229-838-5555

Contract Specialist: [Redacted]

202-732-5555

Contracting Officer: [Redacted]

202-732-5555

The purpose of this modification is to make the effective date of the Contract Specific Wage Determination (CSWD) to November 20, 2011. All other terms and conditions remain the same.

Except as provided herein, all terms and conditions of the document referenced in Item 9A, or 10A, as hereinafter changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. CONTRACTOR/OFFERER

15C. DATE OF SIGNING

(Signature of person authorized to sign)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16B. DATE SIGNED

12/9/11

NSN 7540-01-152-8070

Previous edition unusable

FAR 43 CFR 53.343
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.
   20009

3. ISSUE BY
   ICE/Det. Mgmt./Detent Contracts-DC
   Immigration and Customs Enforcement
   Office of Acquisition Management
   801 1st Street NE
   Attention: [Redacted]
   Washington, DC 20536

4. NAME AND ADDRESS OF CONTRACTOR
   STEWART COUNTY GA
   79 Holder Road
   Attn: [Redacted]
   Lumpkin, GA 31815

5. CODE
   99000000000999

6. THE ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

   [Redacted]

11. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.

   CHECK ONE
   [ ] 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.
   [X] THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in pricing, administration data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF PARA 43.103(a).
   [ ] OTHER (Specify type of modification and authority)

   The purpose of this modification is to increase the bed-day rate on CLIN 0001 as follows:

   From: [Redacted]
   To: [Redacted]

   The increased wage rate shall take effective starting on November 20, 2011. Also, the per

   (continued...)

   [Redacted]

   [Redacted]
diem rate shall take effective starting on January 1, 2012.
Exempt Action: Y
All other terms and conditions remain the same.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. 1. EFFECTIVE DATE 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (if applicable)
   P00010: See Block 16C 192113FATATL00213

6. ISSUED BY: CODE ICS/DN/DC-DC
   ICE/Detain Mgmt/Detain Contracts-DC
   Immigration and Customs Enforcement
   Office of Acquisition Management
   801 1 Street SW, Washington DC 20536

6A. NAME AND ADDRESS OF CONTRACTOR
   STEWART COUNTY GA
   79 HOLDER ROAD
   ATTN: 22 858-********
   LUMPKIN GA 31815

6B. AMENDMENT OF SOLICITATION NO.

7A. DATED (SEE ITEM 11) 7B. DATED (SEE ITEM 11)

8. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-05-000050/

9. CODE 900000000000999

10A. MODIFICATION OF CONTRACT/ORDER NO.

10B. DATED (SEE ITEM 11) 06/30/2006

11. THIS ITEM ONLY APPLIES TO MODIFICATIONS 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 15 and 16, 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 ACKNOWLEDGMENT 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 MODIFICATIONS OF CONTRACT/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, agency/office code, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(a).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (specify type of modification and authority)

☐ Bilateral Modification / FAR 43.103(a)

☐ [Other]

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitations/contract subject matter/whome issued)

DUNS Number: 084354919

Program Office Point of Contact: 404-893-202-732-

Contract Specialist:

Contracting Officer:

The purpose of this modification is to incorporate the Contract Line Item Numbers (CLIN) for Detention Bed Day Services, Transportation Services, Stationary Guard Services and Stationary Guard Services Overtime to the Inter-Governmental Service Agreement (IGSA) with Stewart County, Georgia.

All other terms and conditions remain unchanged.

Continued...

15A. NAME AND TITLE OF SINGER (Type or print)

15B. CONTRACTOR/GOVERNOR

16A. DATE SIGNED

16B. DATE SIGNED

[Signature of person authorized to sign]

[Signature of person authorized to sign]

[Name]

[Name]

[Title]

[Title]

PND 05-01-1528070

Previous bid is not usable

M39 (REV. 10/63)
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<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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Funded: $0.00
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

2. AMENDMENT/MODIFICATION NO.
P00011

3. EFFECTIVE DATE
See Block 16C

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (if applicable)

7. ADMINISTERED BY (if other than item 6)
ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, Washington DC 20536

8. ISSUED BY
ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, Washington DC 20536

3A. AMENDMENT OF SOLICITATION NO.
(x)

4B. DATED (SEE ITEM 11)

9A. MODIFICATION OF CONTRACT ORDER NO.

10A. MODIFICATION OF CONTRACT ORDER NO.

10B. DATED (SEE ITEM 13)
06/30/2006

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.
☐ is extended.

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

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT ORDERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.

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 CHANGE 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 43.16(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

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.)

DUNS Number: 084354919

Program Office/Contracting Officer's Representative (COR): 404-893-xxxx

Contracting Officer: 202-732-xxxx

The purpose of this modification is to change the COR into the Inter-Governmental Service Agreement (IGSA) as follows:
From: ☒ ☐ To: ☒ ☐
Exempt Action: ☐ Y

All other terms and conditions remain the same.

Except as provided herein, all terms and conditions of the document referenced in Items 9A or 10A, as herein or otherwise, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16C. DATE SIGNED

Signature of person authorized to sign

NSM 7540-01-152-02370

Previous edition not usable

FAR (48 CFR) 53.243
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. F00012

3. EFFECTIVE DATE See Block 15C

4. REQUISITION/PURCHASE REQ. NO. ICE/DM/DC-DC

5. PROJECT NO. (If applicable) ICE/DM/DC-DC

6. ISSUED BY

ICE/Detent Mgmt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW,
Attention: Security
Washington DC 20536

7. ADMINISTERED BY (If other than item 6)

ICE/Detent Mgmt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW,
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (Wk. street, county, state and Zip Code)

STEWART COUNTY GA
79 Holder Road
Atha
22 938-
Lumpkin GA 31815

9A. AMENDMENT OF SOLICITATION NO.

10. DATED (SEE ITEM 11)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

If 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 9 and 10, and returning copies of the amendment to the contractor or (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 TO ACKNOWLEDGE RECEIPT AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. A copy of this amendment may be requested by the contractor or (d) By separate letter or telegram which includes a reference to the solicitation and amendment number. 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 CONTRACT 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 43.1003.

☒ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

Immigration & Nationality Act – Mutual Agreement of the Parties

☐ D. OTHER: (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is x is required to sign this document and return copies to the issuing office.

DUNS Number: 084354919

COR: ☐ 404-893-

CO: 202-732-

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by ICE section headings, including solicitation/contract subject matter where feasible):

The purpose of this modification is to incorporate all of the ICE Performance Based Detention Standards (PBNDS) 2011 Minimum Standards, several Optimal Standards and the attached Quality Assurance Surveillance Plan (QASP). The PBNDS 2011 Standards may be viewed in their entirety at the following link:

[Insert link here]

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 14A or 10A as amended, delayed, extended or incorporated by this amendment shall apply with the same force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

JOE LEE WILLIAMS

15B. CONTRACTOR/OFFEROR

Joe Lee Williams

15C. DATE SIGNED 6-11-13

16A. NAME AND TITLE OF SIGNER (Type or print)

16B. CONTRACTOR/OFFEROR

16C. DATE SIGNED 6-12-13

[Signatures or print]

[Insert signature or print]

[Insert signature or print]
Please see Attachment A of this modification regarding the implementation of the PBNDS 2011 Optimal Standards.

It is agreed that the aforementioned minimum and optimum standards are, herein, incorporated into the IUSA at no additional cost.

The Service Provider shall provide its revised policies to ICE within 53 days of execution of this modification. Within 30 days of ICE's approval, the facility shall be compliant with all PBNDS 2011 Standards stated herein.

Should there be a conflict between the PBNDS 2011 Standards and any other term and/or condition of the agreement identified in Block 10A of this modification, please contact the Contracting Officer for clarification.

Exempt Action: Y

*** All other terms and conditions remain unchanged. ***
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

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ICE/Detent Mgmt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW,
Attention: [Redacted]
Washington DC 20536

NAME AND ADDRESS OF CONTRACTOR (Nov., street, county, State and Zip Code)

STEWART COUNTY OF
PO BOX 157
LUMPKIN GA 31810157

CODE: 0843549190000

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 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 includes 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 43.109(b).

X ☐ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF IMMIGRATION & NATIONALITY ACT - MUTUAL AGREEMENT OF THE PARTIES

☐ D. OTHER (Specify type of modification and authority)

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

DUNS Number: 084354919

COR: [Redacted]

CO: 202-732-[Redacted]

The purpose of this modification is to incorporate all of the ICE Performance Based Detention Standards (PBND) 2011 Minimum Standards, several Optimal Standards and the attached Quality Assurance Surveillance Plan (QASP). The PBND 2011 Standards may be viewed in their entirety at the following link:

[Redacted]

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

[Redacted]

15B. CONTRACTOR/ORDERER

[Redacted]

15C. DATE OF SIGNATURE

11-10

16C. DATE SIGNED

07/09/14

NSN 7540-01-150-8070

Previous edition unusable

Purchased by GSA

FAR (48 CFR) 53.243

FORM 30 (REV 10-85)
Please see Attachment A of this modification regarding the implementation of the PBNDG 2011 Optimal Standards.

It is agreed that the aforementioned minimum and optimum standards are, herein, incorporated into the IGSA at no additional cost.

The Service Provider shall provide its revised policies to ICE within 53 days of execution of this modification. Within 30 days of ICE's approval, the facility shall be compliant with all PBNDG 2011 Standards stated herein.

Should there be a conflict between the PBNDG 2011 Standards and any other term and/or condition of the agreement identified in Block 10A of this modification, please contact the Contracting Officer for clarification.

Exempt Action: Y
*** All other terms and conditions remain unchanged. ***
The above referenced 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 9 and 10, 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 ACKNOWLEDGMENT 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 OR ORDER AS DESCRIBED IN ITEM 14.

The purpose of this modification is to incorporate Department of Labor Contract Specific Wage Determination (CSWD) No. 2011-0190 Revision No. 4, dated August 20, 2013 (a copy of which is attached). The identified wages are in effect as of August 20, 2013.

The Service Provider must notify the Contracting Officer in writing within thirty (30) days after receipt of this modification of any increase claimed under the Fair Labor Standards Act 2014...
The following payroll data must be submitted to support any claim for a price adjustment:

1. Employee Name and C5WD Job Classification Title/Number

2. Actual hours paid and/or worked

3. Actual hourly wages and wage rates used in previous performance period

4. Actual H&W wages and rates used in previous performance period

5. How was H&W paid? (i.e. cash to employees or paid to third party)

6. Applicable workers compensation rate (if H&W was paid in cash to employees)

7. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA) (if applicable).

SUGGESTED FORMAT: Price Adjustment Calculation Tool (PACT)

The PACT is a format service providers may use to present data need to support written claims for price adjustments under the Service Contract Act. The PACT may be obtained online at www.wdol.gov. Exempt Action: Y
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE
2. AMENDMENT/MODIFICATION NO.
   P00015
3. EFFECTIVE DATE
   See Block 16C
4. REQUISITION/PURCHASE REQ. NO.
   See Block 16C
5. PROJECT NO. (if applicable)
   See Block 16C
6. PROJECT NO. (if applicable)
   See Block 16C
7. ADMINISTERED BY (If different than Item 6)
   ICE/Detent Mgmt/Detent Contracts-DC
   Immigration and Customs Enforcement
   Office of Acquisition Management
   801 I Street NW
   Washington DC 20536
8. NAME AND ADDRESS OF CONTRACTOR (Gov., street, county, state and zip code)
   STEWART COUNTY OF
   PC BOX 157
   LUMPKIN GA 318150157
9A. AMENDMENT OF SOLICITATION NO.
9B. DATED (SEE ITEM 11)
10A. MODIFICATION OF CONTRACT/ORDER NO.
    DROIGSA-06-000057/
10B. DATED (SEE ITEM 13)
    06/30/2006

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. □ The above numbered solicitation is not amended.
   Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation as amended, by one of the following methods: (a) By completing Items 16A and 16B and returning □ copies of this 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 number. 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 you have any questions, please contact the Contracting Officer for this solicitation.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDERS. IT MODIFIES THIS 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 14A.
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 43.100(b).
□ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
   Title 29 Labor Part 4 Labor Standards for Federal Service Contracts
   □ D. OTHER (Specify type of modification and authority)

6. IMPORTANT: Contractor □ is not, □ is required to sign this document and return 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by ICE section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 084354919
Contract Specialist: 202-732-...
COR: 404-893-...
CO: 202-732-...

The purpose of this modification is to incorporate Department of Labor Contract Specific Wage Determination (CSWD) No. 2011-0190 Revision No. 5, dated July 18, 2014 (a copy of which is attached). The identified wages are in effect as of August 1, 2014.

The Service Provider must notify the Contracting Officer in writing within thirty (30) days after receipt of this modification of any increase claimed under the Fair Labor Standards.

Continued...

Except as provided herein, all terms and conditions of the document referenced in item 14A and this contract are in full force and effect.

16A. NAME AND TITLE OF SIGNER (Type or print)

16B. CONTRACTOR/ORDER

16C. DATE SIGNED

(Signature of person authorized to sign)

NSN 7540-01-55-0070
Previous edition unsuitable

GSA Form 30 (Rev 10-05)
Act and Service Contract Act.

The following payroll data must be submitted to support any claim for a price adjustment:

1. Employee Name and CSWD Job Classification Title/Number

2. Actual hours paid and/or worked

3. Actual hourly wages and wage rates used in previous performance period

4. Actual H&W wages and rates used in previous performance period

5. How was H&W paid? (i.e. cash to employees or paid to third party)

6. Applicable workers compensation rate (if H&W was paid in cash to employees)

7. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA) (if applicable).

SUGGESTED FORMAT: Price Adjustment Calculation Tool (PACT)

The PACT is a format service providers may use to present data need to support written claims for price adjustments under the Service Contract Act. The PACT may be obtained online at www.wdol.gov. Exempt Action: Y
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.
   P00016

3. EFFECTIVE DATE
   See Block 16C

4. REQUISITION/PURCHASE REQ. NO.
   [Blank]

5. PROJECT NO. (if applicable)
   [Blank]

6. ISSUED BY CODE
   ICE/DCR

ICE Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW
WASHINGTON DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code):

STEWART COUNTY OF
PO BOX 157
LUMPkin GA 31815-0157

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.
   DROIGSA-06-000001

10B. DATED (SEE ITEM 13)
   06/30/2006

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. 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 you in your amendment you desire to change an offer already submitted, such change may be made by telegram or letter provided such 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 43.100p(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER (Specify type of modification and authority)
   X Title 29 Labor Part 4 Labor Standards for Federal Service Contracts

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCP section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 084354919
Contract Specialist: 202-732-404-893
CO: 202-732-615-260
Stewart POC: [Redacted]

The purpose of this modification is to correct the effective dates for the following Department of Labor Contract Specific Wage Determinations (CSWD):

a) Number 2011-0190 Revision No. 4, dated August 20, 2013 as incorporated under Modification 14 and Continued ...

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. CONTRACTOR/OPPовор

15C. DATE SIGNED

(Signature of person authorized to sign)

15C DATE SIGNED 9/4/14

NSN 7540-01-152-9570
Previous edition unusable
b) Number 2011-0190 Revision No. 5, dated July 18, 2014 as incorporated under Modification 15:

The effective dates are as follows:

- 2011-0190 Revision No. 4 (09/22/2013 - 09/21/2014)
- 2011-0190 Revision No. 5 (09/22/2014 - 09/21/2015)

The Service Provider must notify the Contracting Officer in writing by OCTOBER 4, 2014 any increase claimed under the Fair Labor Standards Act and Service Contract Act.

The following payroll data must be submitted to support any claim for a price adjustment:

1. Employee Name and CSWD Job Classification Title/Number
2. Actual hours paid and/or worked
3. Actual hourly wages and wage rates used in previous performance period
4. Actual H&W wages and rates used in previous performance period
5. How was H&W paid? (i.e. cash to employees or paid to third party)
6. Applicable workers compensation rate (if H&W was paid in cash to employees)
7. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA) (if applicable).

**SUGGESTED FORMAT:** Price Adjustment Calculation Tool (PACT)

The PACT is a format service providers may use to present data need to support written claims for Continued ...
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<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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<td>0005</td>
<td>Monthly Internet Service to support VTC of detainees with their attorneys in preparation for administrative immigrations proceedings.</td>
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<td>0.00</td>
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  1. CONTRACT ID CODE
P00015  PAGE 1 OF 2

3. EFFECTIVE DATE
See Block 16C

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (if applicable)

6. ISSUED BY CODE
ICE/Detent Mgmt/Detent Contracts-DC
ICE/DM/DC-DC

7. ADMINISTERED BY CODE
ICE/Detent Mgmt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

STEWART COUNTY OF
PC BOX 157
LUMPKIN GA 318150157

X 12A. MODIFICATION OF CONTRACT ORDER NO.
DROIGSA-06-000057

13C. DATED (SEE ITEM 13)
06/30/2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS
☐ This 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 as amended, by one of the following methods: (a) By completing Items 6 and 15, and returning copies of this 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.

10. MODIFICATION OF CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.
See Schedule

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 15.

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 43.100(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
Title 29 Labor Part 4 Labor Standards for Federal Service Contracts

D. OTHER (Specify type of modification and authority)

5. IMPORTANT: Contractor ☐ is not, ☐ is required to sign this document and return 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
DUNS Number: 084354919
Contract Specialist: 202-732-
COR: 404-893-
CO: 202-732-

The purpose of this modification is to incorporate Department of Labor Contract Specific Wage Determination (CSWD) No. 2011-0190 Revision No. 5, dated July 18, 2014 (a copy of which is attached). The identified wages are in effect as of August 1, 2014.

The Service Provider must notify the Contracting Officer in writing within thirty (30) days after receipt of this modification of any increase claimed under the Fair Labor Standards Continued ...

16A. NAME AND TITLE OF SIGNER (Type or print)

16B. CONTRACTOR/OPPER (Type or print)

16C. DATE SIGNED (Type or print)

(Signature of person authorized to sign)
Act and Service Contract Act.

The following payroll data must be submitted to support any claim for a price adjustment:

1. Employee Name and CSWD Job Classification Title/Number
2. Actual hours paid and/or worked
3. Actual hourly wages and wage rates used in previous performance period
4. Actual H&W wages and rates used in previous performance period
5. How was H&W paid? (i.e. cash to employees or paid to third party)
6. Applicable workers compensation rate (if H&W was paid in cash to employees)
7. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA) (if applicable).

SUGGESTED FORMAT: Price Adjustment Calculation Tool (FACT)

The FACT is a format service providers may use to present data need to support written claims for price adjustments under the Service Contract Act. The FACT may be obtained online at www.wdol.gov. Exempt Action: Y
The purpose of this modification is to incorporate Department of Labor Contract Specific Wage Determination (CSWD) No. 2011-0190 Revision No. 4, dated August 20, 2013 (a copy of which is attached). The identified wages are in effect as of August 20, 2013.

The Service Provider must notify the Contracting Officer in writing within thirty (30) days after receipt of this modification of any increase claimed under the Fair Labor Standards Act.
Act and Service Contract Act.

The following payroll data must be submitted to support any claim for a price adjustment:

1. Employee Name and CSWD Job Classification Title/Number

2. Actual hours paid and/or worked

3. Actual hourly wages and wage rates used in previous performance period

4. Actual H&W wages and rates used in previous performance period

5. How was H&W paid? (i.e. cash to employees or paid to third party)

6. Applicable workers compensation rate (if H&W was paid in cash to employees)

7. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA) (if applicable).

SUGGESTED FORMAT: Price Adjustment Calculation Tool (PACT)

The PACT is a format service providers may use to present data need to support written claims for price adjustments under the Service Contract Act. The PACT may be obtained online at www.wdol.gov.

Exempt Action: Y
**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

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<td>See Block 15C</td>
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<td>4 REQUISITION/PURCHASE REQ NO</td>
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<td>Office of Acquisition Management</td>
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<td>801 I Street, NW</td>
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<td>WASHINGTON DC 20536</td>
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<tr>
<td>NAME AND ADDRESS OF CONTRACTOR (Line, street, county, State and ZIP Code)</td>
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<td></td>
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<tr>
<td>LUMPKIN GA 318150157</td>
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<td>CODE</td>
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<td>FACILITY CODE</td>
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</table>

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 are not extended.

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers are extended.

Others 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 B and 15, and returning copies of the amendment, (b) By acknowledging receipt of the 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 ACKNOWLEDGMENT 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. Failure to acknowledge receipt of this amendment in accordance with one of the above methods will result in rejection of your offer. If by value of the amendment you desire to change an offer already submitted such change may be made by telegram or letter, provided such telegram or letter states 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 43.103c(e)

☐ C THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF Immigration and Nationality Act

☐ D OTHER (Specify type of modification and authority)

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 ICF section headings, including solicitation/contract subject matter where feasible)

DUNS Number: 084354919

Contract Specialist: 202-732-

Contracting Officer: 202-732-

COR: 404-693-

Stewart POC: 413-263-

The purpose of this modification is to incorporate the following agreement and rate adjustments:

a) PBNS 2011 OPTIMALS (ADDENDUM A)

Continued...
The Service Provider shall implement the following PBADS 2011 Optimals as detailed in the attached Addendum A:

- 5.4 Recreation (Item A)
- 5.7 Visitation
- 6.3 Law Libraries and Legal Material

In exchange, ICE agrees to pay a bed day rate increase of [Redacted].

The Service Provider shall provide [Redacted] square feet of modular office space to accommodate [Redacted] ICE staff at the Stewart Detention Center as detailed in the Addendum B.

b) OFFICE SPACE

The Service Provider shall provide [Redacted] square feet of modular office space to accommodate [Redacted] ICE staff at the Stewart Detention Center as detailed in the Addendum B.

c) PRISION RAPE ELIMINATION ACT (PREA)


The Service Provider must notify the Contracting Officer in writing within 30 days after receipt of this modification of any equitable adjustment claimed as a result of the incorporation of the standards detailed in Addendum C.

Exempt Action: Y

Accounting Info: [Redacted]

Change Item 0001 to read as follows (amount shown is the total amount):

Continued...
<table>
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<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
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<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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<tr>
<td>0001</td>
<td>Detention Guard Services. The Bed Day Rate is increased as follows:</td>
<td>DA</td>
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<td>0.00</td>
</tr>
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By: [Redacted]
From: [Redacted]
To: [Redacted]

Funding will be obligated under task order NMCEDM-14-F-IG224.

Product/Service Code: S206
Product/Service Description: HOUSEKEEPING- GUARD
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  
3. EFFECTIVE DATE  
5. PROJECT NO. (If applicable)  

6. ISSUED BY  
7. ADMINISTERED BY (If other than Item 6)  

ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement  
Office of Acquisition Management  
501 1 Street NW  
Washington DC 20530

8. NAME AND ADDRESS OF CONTRACTOR (As street, city, state and zip code)  

STEWART COUNTY OF  
PO BOX 157  
LUMPEN GA 318150157

9. AMENDMENT OF SOLICITATION NO.

10. DATED (See Item 11).

11. MODIFICATION OF CONTRACT/ORDER NO.  

12. DATED (See Item 13).

13. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  
   The above numbered solicitation is amended as set forth in Item 14. The hour and date stated for expiration of Orders in Item 14 is hereby extended. This extension will be in effect if not amended in accordance with Item 14. The contract will be extended

14. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.  

15. DESCRIPTION OF AMENDMENT/MODIFICATION (Describe by contract number and change notice number and subject matter).

DDM/CBE: 09/29/2014
Contract Specialist: ERO Program: Stewart POC: 814-0567-05  
EOO: 059-728-0500  
Stewart POC: 814-234-0500

The purpose of this bilateral modification is to comply with the recommendation of the Administrative Conference of the United States (ACUS) to implement a videoconferencing platform to allow detainees to consult with their attorneys in preparation for administrative immigration proceedings at the Stewart Detention Center.  

Continued ...
<table>
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<th>ITEM NO.</th>
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<td>0005</td>
<td>Monthly Internet Service to support VTC of detainees with their attorneys in preparation for administrative immigration proceedings at no additional cost to the government.</td>
<td>1</td>
<td>9.00</td>
<td>9.00</td>
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</table>

ICE accepts the proposal of the Corrections Corporation of America (CCA) submitted to ICE on August 28, 2014 to provide a data circuit, router, and monthly service at Stewart at no cost to the government. (A copy of CCA's proposal is attached).

Therefore, CLIN 0005 entitled "Monthly Internet Service to support VTC of detainees with their attorneys in preparation for administrative immigration proceedings" is hereby created at no additional cost to the government.

ICE will send [2] laptops or desktops (GPE) to be specifically identified later, with Polycom Software/Windows to Stewart Detention Center. CCA will appoint a POC to receive and sign for the GPE. CCA will back-up the laptops or desktops.

CCA will then provide a monthly bundle to (data circuit) service delivering 60 up and down and a router that will support the 2 ICE provided laptops or desktops. CCA will provide very minimal support as described above. Polycom will provide help desk support.

Should the ICE provided laptops or desktops malfunction or break, CCA will notify the ICE GPE POC designated for Stewart Detention Center. The ICE GPE POC will examine the GPE and send it to the ICE Program office, who will either fix or replace the GPE.

CCA will have 60 days from the date this modification is executed to provide above referenced services.

Accept Action: Y

Accepting Info: 

Change Item 0005 to read as follows: (amount shown is the total amount):

0005 Monthly Internet Service to support VTC of detainees with their attorneys in preparation for administrative immigration proceedings at no additional cost to the government.

Continued...
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Obligated Amount: $0.00
The purpose of this modification is to remove the current COR for this Contract, [REDACTED] and replace her with the new COR, David Gruman.

Exempt Action: Y
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  PO00020
3. EFFECTIVE DATE  See Block 16C
4. REQUISITION/PURCHASE REQ. NO.  
5. PROJECT NO. (if applicable)  

8. ISSUED BY  ICE/DCR
CODE  ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 1 Street, NW
WASHINGTON DC 20536

9. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

STEWART COUNTY OF
FO BOX 157
LUMPKIN GA 318150157

10. MODIFICATION OF CONTRACT/OFFER.NO. DROIGSA-06-090005/
11. MODIFIED BY (If other than item 6)  ICE/DCR
CODE  ICE/DCR

12. ACCOUNTING AND APPROPRIATION DATA (if required)

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/OFFERS. IT MODIFIES THE CONTRACT/OFFER 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:

D. OTHER (Specify type of modification and authority)

X FAR 43.103 (b)

E. IMPORTANT: Contractor  
   X 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: Sections/contract, subject matter where feasible).

DUNS Number:  084354919
Contract Specialist:  202-732-3
COR 1:  (404) 893-7
COR 2:  229-838-
ACOR:  (229) 838-
Stewart DOC:  615-263-

The purpose of this modification is to appoint 2 Primary CORs for this Contract,  

Exempt Action:  Y

Except as provided herein, all terms and conditions of the document referenced in Items 5A or 10A, as hereafter changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)  
15C. DATE SIGNED  
16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  
16C. DATE SIGNED  

(Signature of person authorized to sign)  

NSN 7540-01-132-0070
Previous edition unusable

STANDARD FORM 30 (REV. 10-63)
Prepared by GSA
FAR (48 CFR) 53.243
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. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation 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 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 payee, appropriation data, etc.) SET FORTH IN ITEM 14, PERSUANT TO THE AUTHORITY OF FAR 43.103(b)

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF

X in accordance with IGSA

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

DUNS Number: 084354919

Contract Specialist:   202-732-

COR 1:   [Redacted]  (404) 893-

COR 2:   [Redacted]  (229) 838-

COR:   [Redacted]  615-263-

ACOR:   [Redacted]

Stewart POC:   [Redacted]

The purpose of this modification is to implement the supplemental agreement referenced in Modification 17, Addendum B to this Agreement (See attached). This supplemental agreement provides for a rate increase of [Redacted] cents per bed day, tiered pricing, as specified in the Attached Addendum B, and a guaranteed minimum amount of [Redacted] in exchange for the Service Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as hereafter changed, remain unchanged and in full force and effect.

NAME AND TITLE OF SIGNER (Type or print)

[Redacted]  WILLIAM S

DATE SIGNED

2-9-2016

18c. DATE SIGNED

[Redacted]
Provider providing the following:
- [number] square feet of modular office space to
the Stewart Detention Center to accommodate [number] ICE Staff which includes the following:
A total facility capacity of [number] beds, a total general population capacity of [number] beds and a
total of [number] beds of segregated population.
-conversion of existing program space to
-processing
-outdoor recreation upgrades to include new
fencing, extending the existing sidewalk, two (2)
new paved basketball courts, two (2) new inmate
toilets, and new recreation yard lighting.

The effective date for the implementation of this
Supplemental Agreement is May 23, 2015. Funding
will be provided under Task Order
HSCEOM-15-F-1G284.

Beyond the initial first twelve months, effective
May 22, 2016, the Year 2 rates shall apply as
specified in the attached Addendum B.
Exempt Action: Y
Period of Performance: 08/21/2014 to 08/31/2016

Add Item 0006 as follows:

0006 Detention Guard Services Tier 1
Guaranteed Minimum Beds: [number]
Effective May 23 2015
Bed Day Rate: [number]
Product/Service Code: S206
Product/Service Description: HOUSEKEEPING- GUARD

Add Item 0007 as follows:

0007 Detention Guard Services Tier 2
Above Guaranteed Minimum Beds: [number]
Effective May 23 2015
Bed Day Rate: [number]
Product/Service Code: S206
Product/Service Description: HOUSEKEEPING- GUARD

Add Item 0008 as follows:

Continued...
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<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>0.00</td>
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<td></td>
<td>Tier 3</td>
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<td></td>
<td>Above Guaranteed Minimum</td>
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<td>Effective May 23 2015</td>
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<td>Bed Day Rate:</td>
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<td>Product/Service Code: S206</td>
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<td>Product/Service Description: HOUSEKEEPING- GUARD</td>
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  
PO0022

3. EFFECTIVE DATE  
See Block 16C

4. REQUISITION/PURCHASE REQ. NO.  
192116FADEV00053.5

5. PROJECT NO. (If applicable)  

6. ISSUED BY CODE  
ICE/DCR

7. ADMINISTERED BY (If other than item 6) CODE  
ICE/DCR

ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement  
Office of Acquisition Management  
801 I Street, NW, Washington DC 20536

B. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

STEWART COUNTY OF  
PO BOX 157  
LUMPKIN GA 318150157

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/OFFER NO.

DROIGSA-06-000057

10B. DATED (SEE ITEM 13)

06/30/2006

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 ACKNOWLEDGMENT 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 CONTRACT/OFFER. IT MODIFIES THE CONTRACT/OFFER 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.

X B. THE ABOVE NUMBERED CONTRACT/OFFER 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 FASA 44.19(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

☐ D. OTHER (Specify type of modification and authority).

E. IMPORTANT: Contractor ☑ is not. ☐ is required to sign this document and return ______ copies to the issuing office.

DUNS Number: 084354919

Contracting Officer: (202) 732-____

Contract Specialist: (202) 732-____

COR: (229) 838-____

ACOR: (404) 893-____

The purpose of this modification is to change the COR and ACOR in the IIGSA as follows:

Change COR to -

Change ACOR to -

Exempt Action: Y

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16C. DATE SIGNED

STANDARD FORM 50 (REV. 10-93)
Prescribed by GSA
FAR (49 CFR) 53.243

NSN 7540-01-152-0070
Previous edition unsuitable
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<th>UNIT (D)</th>
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<th>AMOUNT (F)</th>
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<td>Period of Performance: 08/21/2014 to 08/31/2016</td>
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

C1: CONTRACT ID CODE
C2: EFFECTIVE DATE
C4: REQUEST/PURCHASE REQ. NO.
C5: PROJECT NO. (if applicable)
C6: ISSUED BY
C7: ADMINISTERED BY (if other than Item C6)
C8: NAME AND ADDRESS OF CONTRACTOR (inc. street, city, state, and Zip Code)
C9: AMENDMENT OF SOLICITATION NO.
C10: DATED (SEE ITEM 11)
C11: MODIFICATION OF CONTRACT/ORDER NO.
C12: DATED (SEE ITEM 13)
C13: OTHER (Specify type of modification and authority)

Stewart County of
PO Box 157
Lumpkin GA 31815-0157

Code: 0843549190000C
Facility Code: NE

1. The above referenced solicitation is amended as set forth in Item 14. The hour and date specified for receipt ofOffers are amended.
Offere 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 13, and attaching 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 when 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 you desire to change an offer previously submitted, such change may be made by letter or telegram, provided such letter or telegram 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.

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.
X

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 43.150B.

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF

D. OTHER (Specify type of modification and authority)

5. IMPORTANT: Contractor is not, X is required to sign this document and return one copy to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCP section headings, including solicitation/purchased subject matter where feasible.)

DUNS Number: 084354919
Contractor: [Redacted]
Contracting Officer: [Redacted]
Contract Specialist: [Redacted]
COR: [Redacted]
ACOR: [Redacted]
Prime Contractor: Joe Williams- Chairman of Stewart, [Redacted]
Sub-Contractor: CCA [Redacted]

This bilateral modification is issued to increase the bed day rate under the above referenced agreement effective 10/01/2016. The bed day rate is being equitably adjusted based on Modifications 14 and 15, which incorporated updated DOL Contract Specific Wage

Exhibit as provided by the Lt. Governor of the State of Georgia for all agreements referenced in Item 9A or 10A, as hereinafter changed, remains unchanged and is fully enforceable.

15A. NAME AND TITLE OF SIGNER (Type of print)
Joe LEE WILLIAMS
Chairman

15B. CONTRACTOR/ORDER NO.
11-8-2016

162. DATED SIGNED
8/28/2016

ISSN 1750-0173-0070
Previous edition unsuitable
Determinations (CSWD) into this agreement, specifically 2011-0190 Revision 4 dated 8/20/13 and Revision 5 dated 7/18/14. ICE agrees to adjust the mileage rate and guard hour rate effective 10/1/16 based on the CSWDs incorporated into Modifications 14 and 15 in a subsequent Modification. Also with the completion of this modification, and as requested by ICE, the Service Provider agrees to waive, release, and relinquish the rights, claims, and demands for the outstanding payments to which the Service Provider is entitled under Modifications [Redacted] for the period 8/01/14 to 9/30/2016. The bed day rate change effective 10/1/16 is as follows:

| Rate Changed to: |
| Rate Changed by: |
| Rate Changed from: |

The complete pricing schedule is attached.

All other terms and conditions remain unchanged.
Exempt Action: Y
Period of Performance: 08/21/2014 to 08/31/2020
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.
PS9024

3. EFFECTIVE DATE
See Block 1&2

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

6. ISSUED BY
ICE/DCR

7. ADMINISTERED BY (If other than item 6)
ICE/USA

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisitions Management
801 1 Street, NW
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (Gov: street, city, state and zip code)

STEWART COUNTY OF
ATTN: JOE LEE WILLIAMS
PO BOX 157
LUMPKIN GA 31815

9. AMENDMENT OF SOLICITATION NO.

10. DATED (See item 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.
PRO159A-08-000025

10B. DATED (See item 11)
06/30/2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS.

The above mentioned solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is 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 a copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; and (c) By separate letter or telegram which includes all amendments and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT 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.

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 funding, appropriation date, etc.) SET FORTH IN ITEM 14. PURSUANT TO THE AUTHORITY OF FAR 43.109(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF Immigration & Nationality Act - Mutual Agreement of both Parties

D. OTHER (Specify type of modification and authority).

E. IMPORTANT: Contractor (Yes or No) (Note: is required to sign the document and return 3 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by Section headings, including solicitation/contract subject matter where feasible.)

AMC Number: 0843549130000

Contracting Officer:

Contract Specialist:

CGR:

ACGR:

Prime Contractor: Joe Williams - Chairman of Stewart,

Sub-Contractor:

The purpose of this bilateral modification is to acknowledge the receipt and acceptance of PS9024 as revised on January 12, 2017

Continued...

Not as provided herein, all terms and conditions of the document referenced in Item 6.4 or 10A, as heretofore changed, remain unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

Joe Williams

15C. DATE SIGNED
02-07-2017

16A. DATE SIGNED
13 Feb 2017

STANDARDS FORM 30 (REV. 10-03)
Prescribed by GSA
FAR (48 CFR) 53.243

Previous edition unsuitable
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<td>Exempt Action: Y</td>
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

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<th>5 PROJECT NO (if applicable)</th>
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<td>TCE/Detention Compliance &amp; Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW Washington DC 20536</td>
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<tr>
<td>Name and Address of Contractor</td>
<td>Stewart County of</td>
<td>Atth Williams Chairman PO Box 15 Lawpah SA 33150157</td>
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<td>091 AMENDMENT OF SOLICITATION NO</td>
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<td>104 MODIFICATION OF CONTRACT ORDER NO DRC010A-06-000087/106 DATED (SEE ITEM 13)</td>
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| 9 DATED (SEE ITEM 11) |
| 06/30/2006 |

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<th>11 THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</th>
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</tr>
<tr>
<td>offer 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 item 11 and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted in separate letter or telegram which includes a reference to the solicitation and amendment numbers; FAILURE OF YOUR ACKNOWLEDGMENT 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. It is your responsibility to ensure that you have received the amendment prior to the opening hour and date specified</td>
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12 ACCOUNTING AND APPROPRIATION DATA (if required): See Schedule

13 THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS/OFFERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.

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<td>B THE ABOVE MODIFIED CONTRACT ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES [such as changes in payment, acquisitional cost, etc.]/SET FORTH IN ITEM 14 PURSUANT TO THE AUTHORITY OF FAR 15.206</td>
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<tr>
<td>C THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF IMMIGRATION &amp; NATIONALITY ACT - Mutual Agreement of both Parties</td>
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<td>D (OTHER, Specify type of modification and authority)</td>
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14 DESCRIPTION OF AMENDMENT/MODIFICATION (Specify by UCF section headings, including solicitation/contract subject matter where reasonable):

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<td>001</td>
<td>Description of Amendment 1</td>
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<tr>
<td>002</td>
<td>Description of Amendment 2</td>
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DD Number: 0813459999
Contracting Officer: [redacted] (202) 732-9910
Contract Specialist: [redacted] (202) 732-9910
CORR: [redacted] (229) 833-8900
ACOR: [redacted] (404) 833-9000
Prime Contractor: Joseph B. Williams - Chairman, 2291926-9000
Sub-Contractor: Core Civic - [redacted] (815) 769-9000

This bilateral modification is issued to increase the staffing plan temporarily to an additional 40 Guard/Medical Officers positions (individual hourly rate of [redacted]). This is to cover eleven (11) additional OIA at a fixed monthly rate of [redacted].

15A NAME AND TITLE OF SIGNED (Type or print)
Chaynn Joseph Williams

15B CONTRACTOR/OFFICER
[Signature] (Signature of person authorized to sign)

15C DATE SIGNED
02-21-2007

16A NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16B DATED (SEE ITEM 11)
02-21-2007

STANDARD FORM 30 (REV 10-05)
Printed by GSA
FAX (48 CFR) 51.245

Previous edition unstable
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<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
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</table>

for **[redacted]** months at an annual cost of **[redacted]**. Pricing is in accordance with CoreCivic and ICE agreed/approved quote (see Attachment A). This temporary staffing plan increase is in support of the Stewart Detention Center medical renovation. Addendum A is incorporated into this modification by agreement of both parties. In addition, a separate task order HSCEDM-17-F-IG111 will be issued in support of additional Guard/Medical Officers (Temporary) services.

Period of Performance: June 01, 2017 through May 31, 2018

Services shall not exceed a duration not more than **[redacted]** months after execution of the start date. The period of performance may be shortened if early completion of the medical renovations and is agreed/approved by ICE.

If renovations are completed earlier than **[redacted]** months and agreed/approved by ICE, a modification will be processed deleting/discontinuing the additional Guard/Medical Officers (Temporary) from this IGSA and subsequent task order. Payment shall be made for only services rendered up to the date agreed/approved by ICE. If renovations are performed for the full **[redacted]** months duration, at the end of the duration, a modification will be processed ending the additional Guard/Medical Officers (Temporary) services from this IGSA and task order HSCEDM-17-F-IG111.

Exempt Action: Y Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/31/2020
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. P00026
3. EFFECTIVE DATE See Block 16C
4. REQUISITION/PURCHASE REQ. NO. 
5. PROJECT NO. (If applicable) 
6. ISSUED BY CODE ICE/DCR
ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW
WASHINGTON DC 205

7. ADMINISTERED BY (If other than item 6) CODE ICE/DCR
ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW,
Washington DC 205

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and Zip Code)

STEWART COUNTY OF
ATTN JOSEPH B WILLIAMS CHAIRMAN
PO BOX 157
LUMPKIN GA 318150157

(9A. AMENDMENT OF SOLICITATION NO. 
(9B. DATED (SEE ITEM 11) 

X (10A. MODIFICATION OF CONTRACT/ORDER NO. 
DROIGSA-06-000057

(10B. DATED (SEE ITEM 13) 
06/30/2006

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.

FA LURE 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 CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

☐ 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 43.130(a).

X C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF IMIGRATION & NATIONALITY ACT - MUTUAL AGREEMENT OF BOTH PARTIES

D. OTHER (Specify type of modification and authority)

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 084354919
Contracting Officer: , (202) 732
Contract Specialist: , (202) 732
COR: , (229) 838
ACOR: , (404) 693
Prime Contractor: JOSEPH B. WILLIAMS - CHAIRMAN, (229) 838
Sub-Contractor: CORECIVIC -

This unilateral modification is issued to incorporate DOL (Contract Specific Wage Determination #2011-0190) revisions 6 through 9 into this IGSA and the subsequent task orders with an effective date of 03/02/2017. Any request for a price increase, shall be in Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNING OFFICER (Type or print)

15B. CONTRACTOR/OFFEROR 

15C. DATE SIGNED

(NAME of person authorized to sign)

NSN 7540-01-152-8070
Previous edition unusable

Prescribed by GSA
P4R (48 CFR) 53.243
<table>
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<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
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CTA as detailed in Attachment 1 to this modification P00027 are hereby incorporated into the Agreement.

All other terms and conditions remain unchanged.
Exempt Action: Y Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/31/2020
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2 AMENDMENT/MODIFICATION NO. 2
3 EFFECTIVE DATE See Block 16C
4 REQUISITION/PURCHASE REC. NO. 5 PROJECT NO. (if applicable)

50028

6 AMENDED BY 7 ADMINISTERED BY (if other than item 6)

ICE/DCR

ICE/DCR

8 NAME AND ADDRESS OF CONTRACTOR (Inc., street, county, State and ZIP Code)

STEWART COUNTY OF
ATTN JOSEPH B WILLIAMS CHAIRMAN
PO BOX 157
LUMPION GA 318150157

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT ORDER NO.

DG01GSA-06-00005/7

10B. DATED (SEE ITEM 13)

06/30/2006

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 8a and 15a, 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 ACKNOWLEDGMENT 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 such 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/OFFERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.

☐ A. THE CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 16A.

☐ 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 43.102(b).

☐ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

☐ D. OTHER (Specify type of modification and authority)

☐ Bilateral Modification

E. IMPORTANT: Contractor ☐ is not ☑ is required to sign this document and return ______ copies to the issuing office.

DUNS Number: 084354919
Contracting Officer: (202) 732-4000
COR: (229) 838-5640
ACOR: (404) 893-0000
Prime Contractor: Joseph B. Williams - Chairman, (229) 838-5640
Sub-Contractor: CoreCivic - (615) 263-0000

This Unilateral modification is issued to increase the bed day, guard, and mileage rates under the above referenced agreement effective 03/02/2017 as follows:

Bed Day Rate
Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 8 above remain in effect otherwise.

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

NSN 7540-01-152-8070
Previous edition unusable

FAR (48 CFR) 53.243

Prepared by GSA
REV 10-83
Also with the completion of this modification, and as requested by ICE, the Service Provider agrees to provide payroll data supporting the increase fringe benefits within 60 days of receipt of this modification. Failure to provide this data within the requested time will result in a rescission of rates to those prior to this modification.

Pricing schedule is attached.

All other terms and conditions remain unchanged.

Exempt Action: Y Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/31/2020
This Bilateral modification is issued to:

1-Incorporate the attached Staffing Plan in the above referenced agreement effective Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 8A or 10A, as heretofore changed, remains unchanged and in full force and effect.
2/01/2019.

2-I incorporate the following Staffing Plan

Compliance Language:

The number, type and distribution of staff as described in the contract staffing plan shall be maintained throughout the term of the contract.

Written requests to change the number, type and/or distribution of staff described in the staffing plan must be submitted to the COR, through the COR, for approval prior to implementation. Staffing levels shall not fall below a monthly minimum of 95% of the approved staffing plan.

Each month, CoreCivic shall submit to the COR the currently average monthly vacancy rate, and indicate any individual positions that have been vacant for more than 120 days. Failure to fill any individual positions within 120 days of the vacancy may result in a deduction from the monthly invoice if the vacancy (in combination with other vacancies) brings the overall monthly staffing levels below 95% of the incorporated Staffing Plan. The deduction shall be based on the daily salary/payment and benefits that CoreCivic would have paid to the employee if the position was not vacant and calculated retroactive to day one of the vacancy, excluding the days for ICE conditional approval process, starting on the day of receipt and concluding on the day conditional approval is granted.

No deduction shall apply for those periods within the 120 days that CoreCivic documents that a vacant position is covered through the use of overtime, contract staff, or ICE onboarding process. However if the use of overtime or contract labor exceeds 120 days, ICE may assess a deduction based on the daily salary and benefits of the vacant positions effective on the 121 day of vacancy.

Compliance begins March 01, 2018.

Additional required documents:

Monthly Staff report
Monthly Vacancy Report
Monthly Terminations, Retirements, and Resignations Report

All other terms and conditions remain unchanged.

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<th>ITEM NO.</th>
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENMENT/MODIFICATION NO.  POC030
3. EFFECTIVE DATE  See Block 16C

6. ISSUED BY  CODE  ICE/DCR
ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW
WASHINGTON DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, state and ZIP Code)

STEWART COUNTY OF
ATTN JOSEPH B WILLIAMS CHAIRMAN
PO BOX 157
LUMPKIN GA 318150157

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 amended. ☐ is not amended.
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 Item 9 and, 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 states 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 CONTRACT/ORDER. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in payee, 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

D. OTHER (Specify type of modification and authority)

X Bilateral Modification

8. NAME AND TITLE OF SIGNER (Type or print)
Joel B. Williams, Chairman

16. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16C. DATE SIGNED  July 24, 2018

This Bilateral modification is issued to:

1) Increase the Bed Day rate under the above referenced Intergovernmental Service Agreement Continued...

Excerpt provided herein, all terms and conditions of the document referenced in Item 9 A or 104, as amended, remain unchanged and in full force and effect.
<table>
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<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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</table>

effective 5/23/2017 as follows:

From: [Redacted]
By: [Redacted]
To: [Redacted]

2) Incorporate the attached bed day rate schedule which is updated from the previously attached in F00017.

Exempt Action: Y
Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/31/2020
All other terms and conditions remain unchanged.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. P00031
3. EFFECTIVE DATE 08/01/2018
4. REQUISITION/PURCHASE REQ. NO. 
5. PROJECT NO. (If applicable) 
6. ISSUED BY CODE ICE/DCR
ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW
WASHINGTON DC 20536

7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR
ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, __________
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (No., street, city, state and zip code)

STEWART COUNTY OF
ATTN JOSEPH B WILLIAMS CHAIRMAN
PO BOX 157
LUMPKN GA 318150157

9A. AMENDMENT OF SOLICITATION NO. 

10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-06-000057
10B. DATED (SEE ITEM 11) 06/30/2006

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 the amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) by completing items 12 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 CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

X Bilateral Modification

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 0843549191
Contract Specialist: ___________ (202) 732-_________
Contracting Officer: ___________ (202) 732-_________
COR: ___________ (229) 838-_________
ACOR: ___________ (404) 893-_________
Prime Contractor: Joseph B. Williams - Chairman, (229)838-_________
Sub-Contractor: CoreCivic - ___________ (615) 263-_________

This Modification is issued to:

1) Increase the Bed Day rate under DROIGSA-06-00005 effective 8/01/2018 per the attached
Continued ...
Rate schedule as follows:

2) Incorporate the attached WDOL Wage Determination No. 2015-4503 Rev. 10 dated July 03, 2018.

In accordance with FAR 52.222-43, Fair Labor Standards Act and Service Contract Act-Price Adjustment (Multiple Year and Option Contracts) (f) "The Contractor shall notify the Contracting Officer of any increase claimed under this clause within 30 days after receiving a new wage determination unless the notification period is extended in writing by the Contracting Officer. The Contractor shall promptly notify the Contracting Officer of any decrease under this clause, but nothing in this clause shall preclude the Government from asserting a claim within the period permitted by law. The notice shall contain a statement of the amount claimed and any relevant supporting data, including payroll records that the Contracting Officer may reasonably require.

Exempt Action: Y Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/31/2020
All other terms and conditions remain unchanged.
**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
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<th>1. CONTRACT ID CODE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (if applicable)</th>
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**2. AMENDMENT/MODIFICATION NO.**
P000032

**3. EFFECTIVE DATE**
See Block 16C

**5. ISSUED BY**

ICE/DETENTION COMPLIANCE & REMOVALS
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW Washington DC 20536

**6. ADMINISTERED BY**

ICE/DETENTION COMPLIANCE & REMOVALS
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, Washington DC 20536

**8. NAME AND ADDRESS OF CONTRACTOR**

STEWART COUNTY OF
ATTN JOSEPH B WILLIAMS CHAIRMAN
PO BOX 157
LUMPKIN GA 318150157

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

- The above numberd solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers is 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 ACKNOWLEDGMENT 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.**

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT

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:

D. OTHER (Specify type of modification and authority)

X Bilateral Modification

**E. IMPORTANT:** Contractor is required to sign this document and return copies to the issuing office.

**DUNS Number:** 084354919

**Contract Specialist:** [Redacted]
**Contracting Officer:** [Redacted] (202) 732-7600
**Prime Contractor:** Joseph B. Williams - Chairman, (229) 838-4499

**Sub-Contractor:** CoreCivic - [Redacted] (615) 263-7000

This Bilateral Modification is issued to:

1- Add CLIN 0009 "Medical Services" to this agreement with a period of performance continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10 A, as hereafter changed, remain unchanged and in full force and effect.

**15A. NAME AND TITLE OF SIGNER (Type or print)**

[Redacted]

**15B. CONTRACTOR/OFFICER**

[Redacted]

**15C. DATE SIGNED**

09-24-2018

**16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)**

[Redacted]

**16C. DATE SIGNED**

9/25/2018

**FAR (48 CFR) 52.243**

Previous edition unusable
9/25/2018 to 9/24/2020. The following fixed annual costs apply and are billed per diem on the Tier 1 Guarantee Minimum (GM) of
9/25/2018 to 9/24/2019 - [Redacted] yr or
day
9/25/2019 to 9/24/2020 - [Redacted] yr or
day
2- Add CLIN 0010 "Electronic Health Records" to this agreement with a period of performance 9/25/2018 to 9/24/2020 at a fixed rate of [Redacted] billed per diem on the Tier 1 Guarantee Minimum (GM) of [Redacted]
3- Incorporate the separately attached addenda for CLIN 0009
   • Article 6
   • Attachment 1 - 2018 IHSC National Formulary
   • Attachment 2 - IHSC 067 Request for
   • Non-Formulary Medication
   • Attachment 3A - Example of Minimum Staffing
   Levels PBNS
   • Attachment 3B - Examples of Minimum Staffing
   Levels National Detention Standards
   • Attachment 4 - PBNS Intake Screening Form
   • Attachment 5 - IHSC Sample Clinical Guidelines
   • Attachment 6 - eVersion of the QMC Tool
   • Attachment 7 - IHSC Incident Report Form
   • Attachment 9 - Government Furnished Information
   • Attachment 10 - Requirement Traceability
   Matrix-RTM
4- Incorporate the attached Health Services
   Staffing Plan (Attachment 11) and the following
   Staffing Plan Compliance Language:

   The number, type and distribution of staff as
described in the contract Health Services
   Staffing Plan shall be maintained throughout the
term of the contract. Written requests to change
the number, type and/or distribution of staff
described in the staffing plan must be submitted
to the CO, through the COR, for approval prior to
implementation. Staffing levels shall not fall
below a monthly minimum of 90% of the approved
staffing plan.

   Each month, CoreCivic shall submit to the COR
the currently average monthly vacancy rate, and
indicate any individual positions that have been
Continued...
vacant for more than 120 days. Failure to fill any individual positions within 120 days of the vacancy may result in a deduction from the monthly invoice if the vacancy (in combination with other vacancies) brings the overall monthly staffing levels below 90% of the incorporated Staffing Plan. The deduction shall be based on the daily salary/payment and benefits that CoreCivic would have paid to the employee if the position was not vacant and calculated retroactive to day one of the vacancy, excluding the days for ICE conditional approval process, starting on the day of receipt and concluding on the day conditional approval is granted.

No deduction shall apply for those periods that CoreCivic documents that a vacant position is covered through the use of overtime, qualified contract staff, or ICE onboarding process. Except if the use of overtime exceeds 120 days, ICE may assess a deduction based on the daily salary and benefits of the vacant positions effective on the 121st day of vacancy.

Additional required documents:
Monthly Staff report
Monthly Vacancy Report
Terminations, Retirements, and Resignations Report

5- Incorporate FAR 52.222-62 Paid Sick Leave Under Executive Order 13706

6- The government agrees to the use of Allscripts to meet the requirement for Electronic Health Records (eHR) for up to 1 year or until such time that EClinicalWorks (eCW) is at full functionality, pursuant to a plan approved by ICE and incorporated into this agreement, whichever is sooner. The Medical Service Provider will provide a plan for eCW within 30 days of contract acceptance to meet the government requirement for Electronic Health Records (eHR) under Article 6, section BB. The plan, including its cost, will be approved by the government and incorporated into this agreement. The Medical Service Provider shall not be obligated to comply with Article 6, section BB until such plan is incorporated into the agreement.

Exempt Action: Y Sensitive Award: SPII
Delivery Location Code: ICE/ERO
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<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
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<td><strong>Period of Performance:</strong> 08/21/2014 to 08/20/2025**</td>
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<td><strong>Add Item 0009 as follows:</strong></td>
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<td><strong>Medical Services</strong></td>
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<td><strong>The maximum allocated amount of [redacted] on GM</strong></td>
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<td><strong>All other terms and conditions remain unchanged.</strong></td>
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Article 6. Medical Services

A. The Service Provider must provide adequate space for health services, to include office and support space within the medical clinic.

The Medical Service Provider shall be responsible for providing health care services for ICE detainees at the Facility in accordance with the current 2011 PBDDS, NCCHC and/or the ACA standards that are in place at the time of this agreement, including but not limited to intake arrival screening, infectious disease screening and treatment, emergent, acute and chronic care, on-site sick call, dental services, and mental health services. Also required is over-the-counter and prescription medications per the current ICE Health Service Corps (IHSC) Formulary FY 2018 (Attachment 1) and IHSC form 067 for approval of non-formulary medications (Attachment 2) or equivalent. Elicitation of a history and provision of required vaccinations per the Centers for Disease Control and Prevention (CDC) and the Advisory Committee for Immunization Practices (ACIP) recommendations is a requirement of all Service Providers providing health care services for ICE detainees, at a minimum to address the population that are the highest risk (i.e. Diabetics, HIV, Cancer, Seizure, Heart Disease, Asthma, Cancer and over the age of 50, pregnant females and other special populations), as well as those necessary to address pandemic events according to guidance provided by the IHSC Field Medical Coordinator (FMC). On-site routine labs and CLIA waived testing will be a requirement of the Medical Service Provider. Off-site labs must be approved through the Medical Payment Authorization Request (MedPAR) system and will be paid for by IHSC. All routine medical supplies will be provided at no additional cost to the government or the ICE detainee. All of the above costs except off site specialty care, emergent care, hospitalizations, related off-site transportation and security and approved formulary and non-formulary retail purchases of medications and durable medical equipment will be included in the Medical Services daily rate for this contract.

The exception would be any approved prescription medications that must be filled at a retail pharmacy location, to include: approved non-formulary medications, or any approved newly marketed medication not currently available at the on-site pharmacy, as well as durable medical equipment identified as necessary by a medical provider. The mechanism for approval of retail purchases of medications is required of the clinical medical authority, as designated through the position description submitted by the Medical Service Provider, and durable medical equipment will be made available
through the MedPAR system with assistance of the IHSC Field Medical Coordinator (FMC) or designee as needed.

A. In the event of a medical emergency, the Medical Service Provider shall proceed immediately to provide necessary emergency medical treatment, including initial on-site stabilization and off-site transport to an appropriate emergent care facility, as needed. The Medical Service Provider shall notify ICE immediately regarding the nature of the transferred detainee’s illness or injury and the type of treatment provided. The cost of all emergency medical services provided off-site will be the responsibility of ICE Health Service Corps (IHSC). At no time shall the Medical Service Provider or detainee incur any financial liability related to such services. All such services are submitted for approval through the MedPAR system. The primary point of contact for obtaining pre-approval for non-emergent care as well as the post-approval for emergent care will be the IHSC FMC assigned to this location.

B. The Medical Service Provider shall furnish a twenty-four (24) hours/seven days per week emergency medical/dental/mental health care contact list which must include local hospitals and other off-site specialty care providers. The Medical Service Provider shall ensure they have access to an off-site emergency medical provider at all times.

C. The Medical Service Provider must make available a facility emergency evacuation procedure guide that includes any patients currently housed in a medical/mental health housing area, including any isolation rooms as well as other special housing areas within the facility. The Medical Service Provider must provide training on all emergency plans to the on-site medical staff, both initially and annually after hire.

D. A separate medical record, apart from the resident’s social record/or alien file, is to be maintained by the authorized Medical Service Provider. Medical records will be created and maintained by the responsible authorized Medical Service Provider and/or the ICE contracted vendor. IHSC will have full and open access to all detainee medical records during custody and up through the record retention timeframe, and as stipulated by state and local regulations. These documents will be maintained and stored per the following:

   a) ICE Health Service Corps uses the following retention requirement to maintain detainee health records for 10 years after release from custody for adults; the records for minors will be maintained until the minor reaches the age of 27 years. Records will be maintained in a format that is easily accessed and in a location, that is secure, pest and vermin free environment, protected from fire, flood, humidity, dust, mildew, mold, and preferably climate controlled.

   b) A copy of a detainee’s medical records shall be transferred with the detainee upon request of the detainee. Otherwise a medical transfer summary shall accompany each detainee outlining necessary care during transit and initial period of detention entry into another facility, including current medications, medical precautions, tuberculosis testing and evaluation status, equipment needed, and appropriately authorized methods of travel. It is preferred that the Medical Service Provider seek to provide an Office of the National Coordinator (ONC) certified electronic health
record for recording all detainee encounters. If a paper record is used, the record format must adhere to the NCCHC and/or other National Health Record format.

E. The Medical Service Provider shall furnish on-site health care under this Agreement as defined by the Facility Local Health Authority (usually the Health Administrator) and as approved by the ICE Health Authority on the effective date of this Agreement. The Medical Service Provider shall not charge any ICE detainee a fee or co-payment for medical services or treatment provided at the Facility. The Medical Service Provider shall ensure that ICE detainees receive no lower level of onsite medical care and services than those spelled out in the current 2011 PBNDS and based on community standards of care.

F. The Medical Service Provider shall ensure that all health care providers utilized for the care of ICE detainees are credentialed, to include: primary source verification, current licensure, certifications, and/or registrations within the State and/or City where they treat the detained population, and inquiry regarding sanctions or disciplinary actions (i.e. National Practitioner Data Bank). The Medical Service Provider shall retain, at a minimum, staffing levels as approved by IHSC at the time of implementation of this contract per Attachment 11- Contract Health Services Staffing Plan. (Attachment 3A and 3B are included as examples of staffing levels). The Medical Service Provider shall ensure that all health care staff employed under this agreement to provide care to ICE Detainees shall be licensed and/or certified as required by the State in which the designated facility covered under this agreement resides. At no time will unlicensed and/or uncertified health care staff provide care to ICE Detainees.

G. The Medical Service Provider shall ensure that its healthcare system /employees solicit from each detainee requests for healthcare (sick call) daily and that this is tracked through a written system of accountability and within the health record with care delivered per current 2011 PBNDS, NCCHC and/or ACA standards.

H. On-site health care personnel shall perform initial medical screening within 12 hours of arrival to the Facility. Arrival screening shall include, at a minimum, all questions captured on the PBNDS Intake Screening Form (Attachment 4) or equivalent: testing for TB infection and/or disease, and the elicitation and recording of past and present medical history (mental and physical, dental, pregnancy status, history of substance abuse, screening questions for other infectious disease, and current health status). Initial screening will also entail measurement of height, weight, and a complete set of vital signs (BP, P, R, and T). Blood sugar and O2 readings may be necessary dependent upon specified diagnosis or current medical concern exhibited or verbalized by the detainee and observed by medical provider.

   a) A full health assessment to include a history and physical examination shall be completed within the first 14 days of an adult detainee arrival unless the clinical situation dictates an earlier evaluation. Detainees with chronic medical, dental, and/or mental health conditions shall receive prescribed treatment and follow-up care with the appropriate level of provider and in accordance with the current 2011 PBNDS, NCCHC and/or ACA standards.
b) Pregnancy Screening. Initial health screening will ensure that all female detainees/residents ages 10-56 complete a pregnancy test. The Field Operations Director (FOD) will be notified immediately regarding females determined to be pregnant, but no later than 72 hours after such determination. The field medical coordinator (FMC) and other IHSC personnel will coordinate with the Assistant FOD and/or FOD in ensuring that detention facility staff are aware of these notification requirements.

I. The Medical Service Provider must provide detainees with access to medical services, preferably on-site, or with minimal wait times for community providers. Services provided shall include sick call coverage, provision of over-the-counter and prescription medications, treatment of minor injuries, treatment of special needs, mental health and dental health assessments. All travel medications must be provided per the current 2011 PBNDS requirement. The facility mental health program shall include appropriate group counseling, individual talk therapy, peer-support groups, and psychiatric services to meet the needs of the population.

J. The Medical Service Provider shall furnish mental health evaluations as determined by the Facility Local Health Authority and in accordance with the current 2011 PBNDS, NCCHC and/or ACA standards.

K. If the Medical Service Provider determines that an ICE detainee has a medical condition which renders that person unacceptable for detention under this Agreement (for example, condition needing life support, uncontrollable violence, or serious mental health condition), the Medical Service Provider shall notify their FMC and ICE. Upon such notification, the Medical Service Provider shall allow ICE reasonable time to make the proper arrangements for further disposition of that detainee. The Medical Service Provider should expect to be requested and attest to ICE that the detainee is medically cleared for transportation, and advise ICE of the necessary precautions and equipment required for such transportation. IHSC FMC consultation regarding these matters is available at any time.

L. Hospitalization of Detainees

Upon order of the COR or designated ICE officer, or in an emergency situation, the Service Provider shall take custody of and safeguard detainee(s) at a hospital or clinic when the detainee(s) are undergoing medical examination. Off-site medical Transportation Services and Stationary Guard Services are not included in the Medical Services daily rate for this contract. These services will continue to be invoiced separately, in accordance with the rates established under the respective Contract Line Item Numbers. The contract employee will remain until relieved by another contract employee. Twenty-four hour custody shall be maintained, with constant visual observation when practicable. The detainees shall not use the telephones unless the Service Provider receives prior approval from the COR or other designated ICE official. The contract employees shall not fraternize with clinic/hospital staff or with
casual visitors to the clinic/hospital. Detainee visitation is not permitted at the hospital. To prevent any situation which could result in a breach of security, requests for visitation while the detainee is in detention, including hospital detention shall be pre-approved by the COR(s) or other designated ICE official prior to allowing access to the detainee. The Service Provider is obligated to relay messages as requested by the detainee to the COR or other designated ICE official.

M. Manage a Detainee Death

The Service Provider shall comply with PBNDS 2011, Standard 4.7 “Terminal Illness, Advanced Directives, and Death,” in the event of a detainee injury or death. In the event of a detainee death, the Service Provider shall immediately notify the COR or ICE designated official and submit a written report within 24 hours. The Service Provider shall fingerprint the deceased. Staff members performing the fingerprinting shall date and sign the fingerprint card to ensure that a positive identification has been made and file the card in the detainee’s file. Personal property of the deceased shall be inventoried and release coordinated with ICE to the designated family member, the nearest of kin, or the Consular Officer of the detainee’s country of legal residence.

If death is due to violence, accident surrounded by unusual or questionable circumstances, or is sudden and the deceased has not been under immediate medical supervision, the Service Provider shall notify the coroner of the local jurisdiction to request a review of the case, and if necessary, examination of the body.

The Service Provider shall establish coroner notification procedures outlining such issues as performance of an autopsy, who will perform the autopsy, obtaining state-approved death certificates, and local transportation of the body.

The Service Provider, in coordination with the COR or ICE-designee, shall ensure the body is turned over to the designated family member, the nearest of kin, or the Consular Officer of the detainee’s country of legal residence.

N. The Medical Service Provider shall release any and all medical information for ICE detainees to IHSC representatives upon request.

O. The Medical Service Provider shall submit a Medical Payment Authorization (MedPAR) to IHSC for payment for off-site medical care (e.g. off-site lab testing, eyeglasses, prosthetics, specialty care, hospitalizations, emergency visits). The Medical Service Provider shall enter payment authorization requests electronically as outlined in the MedPAR User Guide: https://medpar.ehr-icehealth.org/.

P. The Health Authority of the Medical Service Provider shall notify ICE and the FMC as soon as possible if emergency off-site care will be or was required; and in no case more than 72 hours after the detainee received such care. Authorized payment for all off-site medical and/or mental health services beyond the initial emergency situation will be
made by the Veterans Administration Financial Service Center (VA FSC) on behalf of IHSC directly to the medical provider(s).

IHSC VA Financial Services Center  
PO Box 149345  
Austin, TX 78714-9345  
Phone: (800) 479-0523  
Fax: (512) 460-5538

Q. The Medical Service Provider shall allow IHSC and ICE personnel access to its facility and ICE detainees’ medical records for healthcare review, complaint investigations, and liaison activities with the local contract Health Authority and associated Medical Service Provider departments in accordance with HIPAA privacy exception at 45 CFR §§ 164.512 (k)(5)(i).

R. The Medical Service Provider shall provide ICE detainee medical records to ICE whether created by the Medical Service Provider or a sub-Medical Service Provider/vendor upon request from the Contracting Officer’s Representative or Contracting Officer in accordance with HIPAA privacy exception at 45 C.F.R. §§ 164.512 (k)(5)(i). This privacy exception allows disclosure without consent to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

a) The provision of health care to such individuals;
b) The health and safety of such individual or other inmates;
c) The health and safety of the officers or employees of or others at the correctional institution;
d) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;
e) Law enforcement on the premises of the correctional institution;
f) The administration and maintenance of the safety, security, and good order of the correctional institution; and
g) Conducting a quality improvement / quality of care review consistent with an established quality improvement (medical quality management) program and interfacing with the IHSC quality improvement program consistent with federal, state, and local laws.

S. The VA Financial Services Center provides prescription drug reimbursement for individuals in the custody of ICE. Prescriptions are filled at local pharmacies which are part of the Script Care Network (or other designated Pharmacy Benefits Manager). Below is the process for obtaining prescriptions for ICE detainees:
a) The Medical Service Provider shall request a group number which should be used at the pharmacy in conjunction with the BIN# 004410 and Processor Control # assigned by Script Care Network to designate the pharmacy benefit is for an ICE detainee. The custodial facility should either fax or take a copy of the prescription to their participating pharmacy and indicate that the prescription is for an ICE detainee.

b) The pharmacy shall run the prescription through the Script Care network for processing.

c) Formulary prescriptions will be dispensed; however, there will be no need for an exchange of cash between the pharmacy and custodial facility as the pharmacy will receive payment directly from Script Care.

d) Non-Formulary prescriptions will follow the same procedure as formulary prescriptions; however, non-formulary medications will require prior authorization. The custodial facility will fax the Drug Prior Authorization Request Form to Script Care to 409-833-7435. The authorization will be loaded into the Script Care network and the pharmacy will receive a call indicating that the prescription has been approved. Non-Formulary urgent requests must be submitted in the above manner except an X should be placed on the form marked for URGENT REQUEST and faxed to 409-923-7391. The authorization shall be loaded into the Script Care network and the pharmacy shall receive a call indicating the prescription has been approved.

For further information regarding the Script Care Network please contact the VA Financial Services Center at 800-479-0523 or Script Care directly at 800-880-9988.

T. Facility Requirements for Infectious Disease Screening

The Medical Service Provider will ensure that there is adequate space and equipment to provide medical intake screening including tuberculosis (TB) screening within the intake processing area.

a) Tuberculosis Screening

The Medical Service Provider will perform TB screening as part of the routine intake screening, which must be completed within 12 hours of detainee admission. TB screening will include, at a minimum, TB symptom screening and testing for TB infection and/or disease using any Food and Drug Administration (FDA) approved method. Detainees who have symptoms suggestive of TB disease will be immediately placed in an airborne infection isolation room and promptly evaluated for suspected TB disease. Detainees who are initially tested using a test for TB infection [TB skin test (TST) or interferon gamma release assay (IGRA)], and the results are positive according to criteria, but have no symptoms suggestive of TB disease, must be evaluated with a chest radiograph within 5 days of the notification of a positive result.
Detainees who are identified with confirmed or suspected active TB (e.g., symptoms or chest radiograph suggestive of TB) will be placed in a functional airborne infection isolation room and managed in accordance with the current 2011 PBNDS and all applicable CDC guidelines: http://www.cdc.gov/tb/publications/guidelines/default.htm. If there is no clinical or radiographic evidence suggestive of TB disease the detainee can be housed with the general population. Only a trained and qualified health care provider can perform chest radiography if the site has this capability, and only a credentialed radiologist can interpret these radiographs. The facility will have an alternative non-punitive process in place for detainees who refuse the TB screening assessment.

The Medical Service Provider will notify IHSC and the local health department of all detainees with confirmed or suspected TB disease, including detainees with clinical or radiographic evidence suggestive of TB. Notification shall occur within one working day of identifying a detainee with confirmed or suspected TB disease. Notification to local health departments shall identify the detainee as being in ICE custody and shall include the ICE detainee number and other identifying information. For detainees with confirmed or suspected TB disease, the Medical Service Provider will coordinate with IHSC and the local health department to facilitate release planning and referrals for continuity of care prior to release.

The Medical Service Provider will evaluate detainees annually for symptoms consistent with TB within one year of the previously documented TB evaluation. For detainees initially screened with a TST or IGRA with a negative result, annual evaluation will include testing with the same method as previously used. For detainees initially evaluated with a chest radiograph interpreted as not suggestive of TB disease, routine annual chest radiograph is not recommended.

b) Radiology Service Provider

If the Medical Service Provider utilizes radiology for TB screening, the requirement should be built into the established Medical Services daily rate for this contract. The cost of equipment, maintenance, staff training, interpretation of the radiographs by credentialed radiologists, and the transmission of data to and from the detention facility will be charged directly to the facility.

U. Airborne Precautions

In order to prevent the spread of airborne infectious disease or cross contamination of zones within the facility, it is preferred that the HVAC system in the intake screening area be designed to exhaust to the exterior and prevent air exchange between the intake screening area and any other area within the facility (see CDC guidelines http://www.cdc.gov/tb/publications/guidelines/Correctional.htm).

V. Language Access
The Medical Service Provider is responsible for providing meaningful access to all programs and services (e.g., medical, intake, classification, sexual assault reporting) for individuals with limited English proficiency. This should be accomplished for necessary communication with residents who do not speak or understand English through professional interpretation and translation or qualified bilingual personnel. Oral interpretation should be provided for residents who are illiterate. Only during emergencies, and even then, only for that period of time and until appropriate language services can be procured, can facility residents be used for interpretation or translation services. The Medical Service Provider should utilize commercial phone language interpretive services to ensure fulfillment of this requirement. Telephones that can be used for this purpose must be available in each classroom. In addition, deaf detainees or residents shall have access to a TTY telephone.

W. Employee Health

https://www.osha.gov/Publications/QandA/osha3160.htm

Employee health files for all Medical Service Providers’ employees must be maintained on-site. Health files are maintained in accordance with DHS and ICE Privacy Policies and the Privacy Act of 1974 and contain the following documents:

   a. Initial and annual TB infection screening results;
   b. Vaccination records including results, titers, and Immunization Declination Form(s);
   c. OSHA 301 Incident forms;
   d. Blood borne pathogen exposure documentation;
   e. Respirator medical clearance;
   f. Respirator fit test results; and
   g. Other employee health documents.

The Medical Service Provider may initiate employment of an individual who has initiated the required vaccines schedule, and the individual hired may begin work on the contract as long as they meet all subsequent vaccine schedule requirements until fully vaccinated.

All Medical Service Providers’ personnel must provide documentation regarding the following:

1. History of testing for tuberculosis (TB) within the last 12 months:
   a. Chest x-ray if employee has a history of latent TB infection (LTBI), treatment history for LTBI or TB disease, if applicable; and
   b. Additionally, on an annual basis and at own expense, Medical Service Provider shall provide a current TST or IGRA test result if the employee previously tested negative for LTBI, evaluation
for TB symptoms if the employee previously tested positive for LTBI, and follow up as appropriate in accordance with Centers for Disease Control and Prevention (CDC) guidelines.

2. Recommended Immunizations

Individuals employed by the Medical Service Provider in a custody or detention environment are at significant risk for acquiring or transmitting Hepatitis B, measles, mumps, rubella, varicella and seasonal influenza. These diseases are vaccine-preventable. Therefore, the following vaccinations are highly recommended for the Medical Service Provider’s personnel. If staff decline or refuse any of these recommended vaccines, an Immunization Declination Form is required and the Contracting Officer Representative must be notified of the refusal. ICE reserves the right to refuse Medical Service Provider employees that refuse vaccines.

a. Hepatitis A;
b. Hepatitis B;
(Note: The U.S. Occupational Safety and Health Administration (OSHA) Blood-borne Pathogens (BBP) Standard requires employers to provide employees at risk of occupational exposure to blood and other potentially infectious material (OPIM) with the Hepatitis B vaccination series. Refer to OSHA regulations https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact05.html
c. Varicella;
d. Measles, Mumps, Rubella (MMR);
e. Diphtheria, tetanus, a-cellular pertussis (DTAP); and
f. Annual seasonal influenza.

The Medical Service Provider’s personnel will provide immunization documentation or titer results to the Health Services Administrator or the employer’s designee for placement in the employee health file. It is recommended that the CDC’s Immunization of Health- Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC) be used as a reference for employee health immunization issues.

X. Standards of Medical Care

The Medical Service Provider is responsible for providing resources for evidence-based standards of medical care which can be used as a guide for treatment of most diagnosed health care concerns. The provider shall establish and make available to the government the vendor’s proposed evidence-based standards of medical/mental health care within 90 calendar days from the contract award. See examples to resources below.
a) Asthma  
IHSC Sample Clinical Practice Guidelines (Attachment 5)

b) Chemical dependence/ Intoxication/ Withdrawal  
http://www.bop.gov/resources/health_care_mngmt.jsp

c) Diabetes  
Standards of Medical Care in Diabetes—2015 American Diabetes Association  
http://care.diabetesjournals.org/content/38/Supplement_1

d) Epilepsy  
American Epilepsy Society  
https://www.aesnet.org/clinical_resource_s/guidelines

e) Gender Dysphoria  
IHSC Sample Clinical Practice Guidelines (Attachment 5)

f) Hepatitis A and B  
http://www.bop.gov/resources/health_care_mngmt.jsp

g) Hepatitis C  
IHSC Sample Clinical Practice Guidelines (Attachment 5)

h) HIV  
NIH Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents  
http://www.aidsinfo.nih.gov/guidelines

i) Hypertension  
IHSC Sample Clinical Practice Guidelines (Attachment 5)

j) Lipids  
2013 American College of Cardiology/American Heart Association Blood Cholesterol Guideline  
2011 American Heart Association Scientific Statement: Triglycerides and Cardiovascular Disease  
https://circ.ahajournals.org/content/123/20/2292.full.pdf

k) Sickle Cell Disease  
IHSC Sample Clinical Practice Guidelines (Attachment 5)

l) Tuberculosis  
Tuberculosis Management Control Guide for IHSC Medical Clinics  
Centers for Disease Control and Prevention  

m) Depression  
Federal Bureau of Prisons Clinical Practice Guideline: Management of Major Depressive Disorder  
http://www.bop.gov/resources/health_care_mngmt.jsp

n) Schizophrenia  
Federal Bureau of Prisons Clinical Practice Guideline: Pharmacological
Y. Quality Assurance (QA) Program

The Medical Service Provider shall implement an internal review and quality assurance program for the purposes of maintaining operations in accordance with the current 2011 PBNDS, NCCHC and/or ACA.

The minimum data inputs for trending, analysis, planning, executing, and assessing the effectiveness of QA- and quality improvement (QI)-related activities and corrective actions will derive from data collected by means of formal incident reports (see below) and the IHSC electronic Quality Medical Care (QMC) Audit tool (Attachment 6). IHSC encourages facilities to collect additional data unique to the facility and its environment for use in their QA program.

The Medical Service Provider must complete and forward the designated IHSC FMC the QMC tool report and an analysis of incident reports (Attachment 7) on a quarterly basis on the 10th of the month following the end of each fiscal year quarter (1st quarter – Oct, Nov, Dec; 2nd quarter-Jan, Feb, Mar; 3rd quarter-Apr, May, Jun; 4th quarter-Jul, Aug, Sept).

The clinical operation will be audited by IHSC every 6 months. This audit will be conducted by a designated IHSC Healthcare professional. In addition to the audit mentioned above the facility will be assessed for maintaining compliance of NCCHC, ACA, and the current 2011 PBNDS requirements.

The QA program shall include:

1. Participation in a multidisciplinary QI committee;
2. Collection, trending analysis, and evaluation of data, along with planning, interventions and reassessments;
3. Analysis of the need for ongoing education and training;
4. On-site monitoring of health service outcomes on a regular basis through:
   a. Chart reviews (including investigation of complaints and quality of health)
   b. Review of practices for prescribing and administering medication;
   c. Investigation of complaints and grievances;
   d. Monitoring of corrective action plans;
   e. Reviewing all deaths, suicide attempts and illness outbreaks;
   f. Developing and implementing QI activities or corrective actions plans to address and resolve identified problems and concerns;
   g. Reevaluating problems or concerns to determine whether QI activities or corrective actions implemented achieved and sustained desired results;
   h. Incorporating findings of internal review activities into the organization’s
educational and training activities;

i. Ensuring records of internal review activities comply with legal requirements on confidentiality of records.

External peer review on an annual basis for all independently licensed medical professionals.

The Medical Service Provider will achieve full NCCHC (Adult) accreditation within six months of the contract award. The service provided will maintain accreditation compliance at all times for the life of the contract.

Z. Environmental Health

The Medical Service Provider shall implement all requirements of the Environmental Health and Safety sections of the current 2011 PBNDS in the health services areas, to include all areas where medical, dental, mental health, and intake medical screening services are performed. The Medical Service Provider shall implement all general housekeeping and environmental cleaning and disinfection in all areas where medical, dental, mental health, and intake medical screening services are rendered, including routine and terminal cleaning of medical housing and medical isolation units.

BB. Electronic Health Record (eHR)
(Applicable to all dedicated Inter-Governmental Service Agreement (IGSA))

The Medical Service Provider will be responsible to purchase and maintain an ONC-CCHIT commercial-off-the-shelf (COTS) eHR that is compatible with ICE Health Service Corps (IHSC) within 30 days of contract award. The Medical Service Provider shall procure and maintain their data in a GSA FedRAMP certified environment. The Government will provide the Medical Service Provider with the Government Furnished Information document for the Electronic Health Record (eHR) (Attachment 9). The Requirements Traceable Matrix (RTM) document (Attachment 10) will provide the Medical Service Provider with requirements and configurations for the eHR. The Medical Service Provider shall replicate all eHR configurations at their own expense, if an alternative and compatible product is proposed.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. P00033
3. EFFECTIVE DATE See Block 16c
4. REQUISITION/PURCHASE REG. NO.
5. PROJECT NO. (if applicable) CODE ICE/DCR
6. ISSUED BY ICE/Detention Compliance & Removals
   Immigration and Customs Enforcement
   Office of Acquisition Management
   801 I Street, NW, Washington, DC 20536
7. ADMINISTERED BY (if other than Item 6) CODE ICE/DCR
   ICE/Detention Compliance & Removals
   Immigration and Customs Enforcement
   Office of Acquisition Management
   801 I Street, NW, Washington, DC 20536
8. NAME AND ADDRESS OF CONTRACTOR (City, street, county, state and zip code)
   STEWART COUNTY OF
   ATTN: THOMAS W. WILLIAMS CHAIRMAN
   P.O. BOX 157
   Lumpkin, GA 31815-0157
   CODE 0843549100000 FACILITY CODE
9. AMENDMENT OF SOLICITATION NO.
   (X)
10. DATED (SEE ITEM 11)
11. MODIFICATION OF CONTRACT/OFFER NO.
    DRO2GSA-06-00861/
12. DATED (SEE ITEM 13)
    06/30/2006

13. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS
    See Schedule

14. DESCRIPTION OF AMENDMENT/MODIFICATION
    (Organized by UCF section headings, including solicitation/contract subject matter where feasible)
    DUNS Number: 084354919
    Contract Specialist: (202) 732-7325
    Contracting Officer: (202) 732-7326
    COR: (229) 838-8931
    ACOR: (615) 263-2831
    Prime Contractor: Joseph B. Williams - Chairman, (229) 838-0850
    Sub-Contractor: CoreCivic - (229) 838-0850

This Bilateral Modification is issued to increase the bed day, guard, and mileage rates under the above referenced agreement effective 08/01/2018 as follows:

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16B. CONTRACTOR OFFICER

15C. DATE SIGNED

GSA FACILITY AGREEMENT (MAY, 1996)
Prescribed by GSA
FAR (40 CFR) 52.243

Previous edition unusable
Tier 1 Bed Day Rate
From: [Redacted]

Guard Rate
From: [Redacted]

Mileage Rate
From: [Redacted]

Also with the completion of this modification, and as requested by ICE, the Service Provider agrees to provide payroll data supporting the increase fringe benefits within 60 days of receipt of this modification. Failure to provide this data within the requested time will result in a rescission of rates to those prior to this modification.

Pricing schedule is attached.
Exempt Action: Y Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/20/2025
All other terms and conditions remain unchanged.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  P00034

3. EFFECTIVE DATE  See Block 16C

4. REQUISITION/PURCHASE REQ. NO.  

5. PROJECT NO. (If applicable)  

6. ISSUED BY  CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW
WASHINGTON DC 20536

7. ADMINISTERED BY (if other than Item 6)  CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW,
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (Mailing street, city, and zip code)

STEWART COUNTY OF
ATTN: JOSEPH B. WILLIAMS CHAIRMAN
PO BOX 157
LUMPKIN GA 31815-0157

9. AMENDMENT OF SOLICITATION NO.  

10A. MODIFICATION OF CONTRACT/ORDER NO.  DROIGSA-06-00005/

10B. DATED (SEE ITEM 11)  

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.
☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers 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 number.

FAILURE OF YOUR ACKNOWLEDGMENT 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:

☐ D. OTHER (Specify type of modification and authority)

X Bilateral Modification

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)

DUNS Number: 084354919
Contract Specialist: ☐ ☐ ☐ ☐ ☐ ☐ (202) 732-7080
Contracting Officer: ☐ ☐ ☐ ☐ ☐ ☐ (202) 732-7080
COR: ☐ ☐ ☐ ☐ ☐ ☐ (229) 638-4999
ACOR: ☐ ☐ ☐ ☐ ☐ ☐ (404) 893-4999
Prime Contractor: Joseph B. Williams - Chairman, (229) 838-3838
Sub-Contractor: CoreCivic - ☐ ☐ ☐ ☐ ☐ ☐ (615) 263-2638

This Bilateral Modification is issued to reflect the reduction of CoreCivic's invoice by as a result of the acquisition of all medical inventory for the Medical Services transition at SDC as detailed below.

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)

JOSEPH B. WILLIAMS

(Original of person authorized to sign)

15B. CONTRACTOR/OFFICER  

15C. DATE SIGNED  01-31-2020

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16B. CONTRACTING OFFICER  

16C. DATE SIGNED  

STANDARD FORM 31 (REV. 10-88)

NSN 7540-01-152-8070

Previous edition unused.

Prepared by OBA

FAR (49 CFR) 22.243
CoreCivic agrees to reflect this one time adjustment on its February 2019 invoice.
Exempt Action: Y Sensitive Award: SPII
Period of Performance: 08/21/2014 to 08/20/2025
All other terms and conditions remain unchanged.
This Bilateral Modification is issued to add the following six Positions to the IGSA and update the Staffing Plan accordingly.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
Joseph B. Williams / Chairman

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

Signature of person authorized to sign

NSN 7340-01-165-0070
Previous edition unusable

Prescribed by GSA
FAR (49 CFR) 53.245
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/ SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1) Guard 5 days a week, 8 Hours per day to facilitate asylum interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Guard 5 days a week, 8 Hours per day to facilitate VTC consular interviews</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Guards 5 days a week, 8 Hours per day to facilitate electronic travel document processing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) Guard 5 days a week, 8 hours per day to facilitate the legal orientation program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5) Guard 5 days a week, 8 hours per day for court security/bailiff duties (in addition to existing staff - this is a rover that pulls detainees for court)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6) Janitor/Maintenance position 5 days a week 8 Hours per day to maintain the ICE office Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As a result of the additional staff, the Bed Day rate is increased as follows:

From:
By:
To:

The Updated Staffing Plan is attached.
Period of Performance: 08/21/2014 to 08/20/2025
All other terms and conditions remain unchanged.
# Amendment of Solicitation/Modification of Contract

<table>
<thead>
<tr>
<th>1. Contract Code</th>
<th>2. Amendment/Modification No.</th>
<th>3. Effective Date</th>
<th>4. Requisition/Purchase Req. No.</th>
<th>5. Project No. (if applicable)</th>
<th>6. Issued By</th>
<th>7. Administered By (if other than item 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P00036</td>
<td>See Block 16C</td>
<td></td>
<td></td>
<td>ICE/DCR</td>
<td>ICE/DCR</td>
</tr>
<tr>
<td></td>
<td>ICE/Detention Compliance &amp; Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW Washington DC 205</td>
<td></td>
<td></td>
<td></td>
<td>ICE/DCR</td>
<td>ICE/DCR</td>
</tr>
<tr>
<td>8. Name and Address of Contractor (No., street, county, State and ZIP Code)</td>
<td>STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIRMAN PO BOX 157 LUMPKIN GA 318150157</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIRMAN PO BOX 157 LUMPKIN GA 318150157</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9A. Amendment of Solicitation No.</td>
<td>(x)</td>
<td>9B. Dated (see item 11)</td>
<td>X</td>
<td>10A. Modification of Contract/Order No.</td>
<td>DROICSA-06-000057</td>
<td>10B. Dated (see item 13)</td>
</tr>
</tbody>
</table>

## 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. 
- 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 number.

## 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.

- 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 15A.
- 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 FAR 43.103(b) - Unilateral Modification

## E. Important

- X 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.)

<table>
<thead>
<tr>
<th>DUNS Number: 084354919</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Specialist: [redacted] (202) 732- [redacted]</td>
</tr>
<tr>
<td>Contracting Officer: [redacted] (202) 732- [redacted]</td>
</tr>
<tr>
<td>COR: [redacted] (229) 838- [redacted]</td>
</tr>
<tr>
<td>ACOR: [redacted] (404) 835- [redacted]</td>
</tr>
<tr>
<td>Prime Contractor: [redacted] (615) 263- [redacted]</td>
</tr>
<tr>
<td>Sub-Contractor: CoreCivic - Northeast (615) 263- [redacted]</td>
</tr>
</tbody>
</table>

The purpose of this modification is to incorporate a conformance of classification request, the most recent Department of Labor Wage Determination, the most recent Collective Bargaining Agreement and to provide instructions for requesting a price adjustment. Continued...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

## 15. Name and Title of Signer (Type or Print)

[Signature of person authorized to sign]

## 15A. Name and Title of Contracting Officer (Type or Print)

[Signature of person authorized to sign]
Accordingly,

1. The conformance of classifications request (attached) approved by the Department of Labor on July 1, 2019 is hereby incorporated.


4. The following payroll data must be submitted to support any request for a price adjustment:
   A. Employee Name and WD Job Classification Title/Number
   B. Actual hours paid and/or worked
   C. Actual hourly wage and wage rates used in previous performance period
   D. Actual H&W wages and rates used in previous performance period
   E. How was H&W paid? (i.e., cash to employees or paid to third party)
   F. Applicable workers compensation rate (if H&W was paid in cash to employee
   G. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA)

5. The Contractor shall notify the Contracting Officer of any price increase claimed under clause 52.222-43 within 30 calendar days of receiving a copy of the completed modification incorporating the new wage determination.

All other terms and conditions remain unchanged. Continued ...
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Period of Performance: 08/21/2014 to 08/20/2025 All other terms and conditions remain unchanged.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
<thead>
<tr>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>P00037</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. EFFECTIVE DATE</td>
<td>See Block 16C</td>
</tr>
</tbody>
</table>

**Issuer**

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW, Washington DC 205

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

STEWART COUNTY OF
ATTN: JOSEPH B WILLIAMS CHAIRMAN
PO BOX 157
LUMPKIN GA 318150157

CODE 0843549190000 FACILITY CODE X

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.

DROGSA-06-000057

10B. DATED (SEE ITEM 13)

06/30/2006

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 PERSUIT TO (Specify authority). THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 19A.

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. OTHER (Specify type of modification and authority)

X FAR 43.103(b) - Unilateral Modification

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 084354919

Contract Specialist: (202) 732-1

Contracting Officer: (202) 732-1

COR: (229) 838-1

ACOR: (404) 838-1

Prime Contractor: (229) 838-1

Sub-Contractor: (615) 263-1

The purpose of this modification is to incorporate the most recent Department of Labor Wage Determination (2015-4503 Revision 13). The previous modification (P00036) incorporated an outdated Wage Determination (2015-4503 Rev 12). This modification corrects that error.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15. NAME AND TITLE OF SIGNER (Type or print)

15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15C. DATE SIGNED

(Signature of person authorized to sign)

NSN 7540-01-152-8070

Previous edition unusable

1

(Prese heed by GSA
FAR (48 CFR) 53.2403)
Accordingly,


2. The following payroll data must be submitted to support any request for a price adjustment:
   A. Employee Name and WD Job Classification Title/Number
   B. Actual hours paid and/or worked
   C. Actual hourly wage and wage rates used in previous performance period
   D. Actual H&W wages and rates used in previous performance period
   E. How was H&W paid? (i.e., cash to employees or paid to third party)
   F. Applicable workers compensation rate (if H&W was paid in cash to employee)
   G. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA))

3. The Contractor shall notify the Contracting Officer of any price increase claimed under clause 52.222-43 within 30 calendar days of receiving a copy of the completed modification incorporating the new wage determination.

All other terms and conditions remain unchanged.

Period of Performance: 08/21/2014 to 08/20/2025 All other terms and conditions remain unchanged.
### Amendment of Solicitation/Modification of Contract

**2. Amendment/Modification No.**

P00038

**3. Effective Date**

See Block 16C

**4. Requisition/Purchase Req. No.**

ICE/DCR

**5. Project No. (If applicable)**

ICE/DCR

**6. Issued By Code**

ICE/DCR

**7. Administered By Code**

ICE/DCR

**8. Name and Address of Contractor (No., street, county, State and ZIP Code)**

STEWART COUNTY OF

ATTN: JOSEPH B. WILLIAMS CHAIRMAN

PO BOX 157

LUMPKIN, GA 31815-0157

**9. Amendment of Solicitation No.**

0843549190000

**10. Facility Code**

0843549190000

**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, ☐ 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.

---

**E. Important:** Contractor is required to sign this document and return copies to the issuing office.

---

**14. Description of Amendment/Modification**

(Denoted by UCF section headings, including solicitations/contract subject matter where feasible.)

- **Contract Specialist:**
  - (202) 732-0800

- **Contracting Officer:**
  - (202) 732-7100

- **COR:**
  - (229) 838-0190

- **ACOR:**
  - (404) 893-4675

- **Prime Contractor:**
  - (229) 838-3990

- **Sub-Contractor:**
  - (615) 263-7000

The purpose of this modification is to incorporate a conformance of classification request. Accordingly, the conformance of classifications request (attached) approved by the Department of Labor on September 7, 2019 is hereby incorporated.

Continued...

---

*(Signature of person authorized to sign)*

**15A. Name and Title of Signer (Type or print)**

Joseph B. Williams/Chairman

**15B. Contractor/Order No.**

[Redacted]

**15C. Date Signed**

11/5/19
All other terms and conditions remain unchanged.

Period of Performance: 08/21/2014 to 08/20/2025

All other terms and conditions remain unchanged.
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  

3. EFFECTIVE DATE  

4. REQUISITION/PURCHASE REQ. NO.  

5. PROJECT NO. (if applicable)  

P00039  

See Block 16C  

6. ISSUED BY CODE  

7. ADMINISTERED BY (if other than Item 6) CODE  

ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement  
Office of Acquisition Management  
801 I Street, NW  
WASHINGTON DC 20536  

ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement  
Office of Acquisition Management  
801 I Street NW,  
Washington DC 20536  

8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and Zip Code)  

STEWART COUNTY OF  
ATTN JOSEPH B WILLIAMS CHAIRMAN  
PO BOX 157  
LUMPkin GA 318150157  

CODE 08435491900000  

9A. AMENDMENT OF SOLICITATION NO.  

9B. DATED (SEE ITEM 11)  

10A. MODIFICATION OF CONTRACT/ORDER NO.  

droigsa-06-00005/  

10B. DATED (SEE ITEM 13)  

06/30/2006  

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 as amended, by one of the following methods: (a) By completing Items 6 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 ACKNOWLEDGMENT 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.  

I, by virtue of this amendment agree 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 15A.  

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, approval date, 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:  

Bi-lateral agreement of both parties  

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.)  

DUNS Number: 084354919  
Contract Specialist: [Redacted]  
Contracting Officer: [Redacted]  
COR: [Redacted]  
ACOR: [Redacted]  
Prime Contractor: [Redacted]  
Sub-Contractor: Corecivic - [Redacted]  

The purpose of this modification is to incorporate or add a verbage into the existing IGSA DROIGSA-06-00005.  

Continued …

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereinafter changed, remain unchanged and in full force and effect.  

15A. NAME AND TITLE OF SIGNER (Type or print)  

[Redacted]  

15B. CONTRACTOR OFFICER  

[Redacted]  

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  

[Redacted]  

16B. DATE SIGNED  

12/04/2019  

[Redacted]  

STANDARD FORM 30 (REV. 10-83)  
Prepared by: GSA  
FAR (46 CFR) 33.243  
Previous edition: unused
The update is to provide guidance to the Sub-Contractor (CoreCivic) about the security requirements of its personnel when providing tele-medicine services at the Stewart Detention Center.

The verbiage is hereby added as follows:

DHS Instruction 121-01-007-01 (DHS Personnel Security, Suitability and Fitness Program) requires contractor employees needing un-escorted access to ICE facilities, access to ICE Information Technology systems or access to sensitive information and/or access to national security information to undergo Fitness vetting. Tele-medicine Technology providers will not require un-escorted access to facilities or access to ICE IT systems requiring issuance of a Personal Identity Verification (PIV) credential therefore will not require a full field background investigation and their indirect contact with ICE Detainees will not pose a risk.

It is understood that medical professional credentials are validated by the prime contract vendor hiring authority to meet Performance Based National Detention Standards and that compliance with any applicable requirements under 6 CFR § 115.117 (Sexual Abuse and Assault Prevention Standards) have been considered by the ICE Contracting Authority. Tele-medicine Technology providers shall execute the DHS Non-Disclosure Agreement (DHS Form 11000-6).

If a Tele-medicine Technology provider enters an ICE controlled facility an escort is necessary and local visitor policy should apply. If a program office recognizes repeat visits during the life cycle of an agreement long-term continuous access is occurring and background vetting will be required.

All other Terms & Conditions remain unchanged.
### AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (If Applicable)</th>
<th>6. ISSUED BY CODE</th>
<th>7. ADMINISTERED BY (If Other Than Item 6) CODE</th>
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<tr>
<td>P00040</td>
<td></td>
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<td></td>
<td></td>
<td>ICE/DCR</td>
<td>ICE/Detention Compliance &amp; Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW Washington DC 20536</td>
</tr>
</tbody>
</table>

8. NAME AND ADDRESS OF CONTRACTOR (No. street, city, state and ZIP code)

STEWART COUNTY OF ATTN: JOSEPH B WILLIAMS CHAIRMAN PO BOX 157 Lumpkin GA 31850-157

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (See Item 11)

10A. MODIFICATION OF CONTRACT ORDER NO.

10B. DATED (See Item 13)

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. ☐ 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 means: (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

This item only applies to Modification of Contracts/Orders. It modifies the Contract Order No. as described in Item 14.

13. 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 payee, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 42.102(a)

☐ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF IAW IGSA DROIGSA-06-00005

☐ D. OTHER (Specify type of modification and authority)

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCP section headings, including solicitation/contract subject matter where feasible)

DUNS Number: 084354919

Contract Specialist: (202) 732-7422
Contracting Officer: (202) 732-7244
COR: (229) 838-3205
ACOR: (404) 893-6893
Prime Contractor: (229) 838-3205
Sub-Contractor: CoreCivic - (615) 263-

Due to Modification 37 which incorporated Wage Determination 2015-4503 (Rev. 13), effective 8/1/2019 and Modification 38 which incorporated the Department of Labor's September 27, 2019, Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereafter changed, remains unchangeable and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or Print)

[Signature]

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

15D. DATE SIGNED

16. SIGNATURE OF PERSON AUTHORIZED TO SIGNED DOCUMENT

[Signature]

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or Print)

16B. DATE SIGNED

01/14/2019

16C. DATE SIGNED

NSN 7540-01-150-6070

Previous edition usable

FAR (48 CFR) 53.243

Preceded by IGSA DROIGSA-06-00005

AMENDMENT FORM 36 (REV. 10/45)
2019 conformance for Safety Manager, Case Manager, Senior Detention Officer, Detention Counsellor, and Personnel Investigator positions with the resultant price/rate adjustments and pursuant to FAR 52.222-43 – Fair Labor Standards Act and Service Contract Act, the purpose of this Modification 40 is to address the effects of both incorporations on the IGSA.

The following are the cost impacts to the agreement:

1. An annual cost impact of [REDACTED] in equitable adjustments, valid from August 1, 2019 to account for the increase in wages and benefits due to the new wage determination for non-medical personnel. An increase in Bed Rate by [REDACTED] per inmate day for POP 8/1/2019 through 7/31/2020 is hereby approved to accommodate this determination.

2. An annual cost impact of [REDACTED] in equitable adjustments, effective August 1, 2019 to account for the increase in wages and benefits due to the new wage determination for medical personnel. An increase in Per Diem rate for Tier 1, Item 00009, Medical Services by [REDACTED] per inmate day for POP 8/01/2019 through 9/24/2019 and from [REDACTED] per inmate day beginning 9/25/2019 is hereby approved to account for this determination.

3. Effective August 1, 2019, the guard hourly rate is increased by [REDACTED] Consequently, a backpay of [REDACTED] is hereby approved for Task Order 70CDCA19F19400268 and broken down in the following order:

<table>
<thead>
<tr>
<th>FY 19</th>
<th>FY 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
</tr>
</tbody>
</table>

CoreCivic may submit one invoice anytime from Jan 6, 2020 to recover the backpay of [REDACTED]

Period of Performance: 08/21/2014 to 08/20/2015
### Amendment of Solicitation/Modification of Contract

<table>
<thead>
<tr>
<th>2. Amendment/Modification No.</th>
<th>3. Effective Date</th>
<th>4. Requisition/Purchase Req. No.</th>
<th>5. Project No. (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>P00041</td>
<td>See Block 16C</td>
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<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>ICE/DCR Detention Compliance &amp; Removals</td>
<td>ICE/DCR Immigration and Customs Enforcement Office of Acquisition Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>801 I Street, NW, Washington DC 205</td>
<td>801 I Street, NW, Washington DC 205</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Name and Address of Contractor (Name, street, county, State and ZIP Code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEWART COUNTY OF</td>
</tr>
<tr>
<td>ATTN: JOSEPH B WALTERS CHAIRMAN</td>
</tr>
<tr>
<td>PO BOX 157</td>
</tr>
<tr>
<td>LUMPKIN, GA 31815-0157</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CODE</th>
<th>FACILITY CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>084354919000</td>
<td>084354919000</td>
</tr>
</tbody>
</table>

#### 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 not extended. The offer is not extended.

#### 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.

**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 19.

**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:**

**D. Other (Specify type of modification and authority)**

**X** IAW DOD/DSA-06-000005

#### E. Important
Contractor: Required to sign this document and return _______ copies to the issuing office.

**DUNS Number:** 084354919

**Contract Specialist:** (202) 732-2425

**Contracting Officer:** (229) 838-8386, (202) 732-2425

**COR:** (229) 838-8386

**ACOR:** (202) 732-2425

**Prime Contractor:** (229) 838-8386

**Sub-Contractor:** COMPAC

**The purpose of this modification is to incorporate the most recent Department of Labor Wage Determination and to provide instructions for requesting a price adjustment.**

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10 A as heretofore changed, remains unchanged and in full force and effect.

**15A. Name and Title of Signer (Type or Print)**

(Period of person authorized to sign)

NSN 7540-01-152-8070
Previous edition unusable

Prescribed by GSA
MAR (48 CFR) 53.243
Accordingly,


2. The following payroll data must be submitted to support any request for a price adjustment:
   A. Employee Name and WD Job Classification Title/Number
   B. Actual hours paid and/or worked
   C. Actual hourly wage and wage rates used in previous performance period
   D. Actual H&W wages and rates used in previous performance period
   E. How was H&W paid? (i.e., cash to employees or paid to third party)
   F. Applicable workers compensation rate (if H&W was paid in cash to employee
   G. Applicable tax rates and taxable caps (Federal Unemployment Tax Allowance (FUTA) and State Unemployment Tax Allowance (SUTA)

3. The Contractor shall notify the Contracting Officer of any price increase claimed under clause 52.222-43 within 30 calendar days of receiving a copy of the completed modification incorporating the new wage determination. Period of Performance: 08/21/2014 to 08/20/2025
**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

2. AMENDMENT/MODIFICATION NO.  
P00042

3. EFFECTIVE DATE  
See Block 16C

4. REQUISITION/PURCHASE REQ. NO.  

5. PROJECT NO. (If applicable)  

6. ISSUED BY  
CODE: ICE/DCR  
ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement  
Office of Acquisition Management  
801 I Street, NW  
WASHINGTON DC 20536

7. ADMINISTERED BY (If other than item 6)  
CODE: ICE/DCR  
ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement  
Office of Acquisition Management  
801 I Street, NW  
WASHINGTON DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and Zip Code)  
STEWART COUNTY OF  
ATTN: JOSEPH B WILLIAMS CHAIRMAN  
PO BOX 157  
LUMPKIN GA 318150157

9A. AMENDMENT OF SOLICITATION NO.  

9B. DATED (SEE ITEM 11)  

10A. MODIFICATION OF CONTRACT/ORDER NO.  
DROIGSA-06-000057

10B. DATED (SEE ITEM 13)  
06/30/2006

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 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 you desire to change an offer already submitted, such change may be made by telegram or letter, provided such 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.

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:

IAW DROIGSA-06-00005

D. OTHER (Specify type of modification and authority)

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.)

DUNS Number: 084354919

Contract Specialist: [REDACTED] (202) 732-XXXX

Contracting Officer: [REDACTED] (202) 732-XXXX

COR: [REDACTED] (404) 893-XXXX

ACOR: [REDACTED] (229) 838-XXXX

Prime Contractor: [REDACTED] (229) 838-XXXX

Sub-Contractor: CoreCivic [REDACTED] (615) 263-XXXX

The purpose of this modification is to address the effects of Wage Determination 2015-4503 (Rev. 15), effective 5/1/2020 which was incorporated in modification 41 (P00041).

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

10A. NAME AND TITLE OF SIGNER (Type or print)

JOSEPH B. WILLIAMS

10A. DATE SIGNED  
09-25-2020

(5) NAME OF PERSON AUTHORIZED TO SIGN

5A. NAME AND TITLE OF SIGNER (Type or print)

JOSEPH B. WILLIAMS

FAR (48 CFR) 53.243
The following are the cost impacts to the agreement:

1. An annual cost impact of [REDACTED] in equitable adjustment, effective August 1, 2020 to account for the increase in wages and benefits due to the new wage determination for non-medical personnel, which increases the Bed Rate by [REDACTED] to [REDACTED] per inmate day for POP 8/1/2020 through 7/31/2021 is hereby approved to accommodate this determination.
   The Bed Day Rate is increased as follows:
   From: [REDACTED]
   By: [REDACTED] (P00040)
   By: [REDACTED] (P00042)
   To: [REDACTED]

2. An annual cost impact of [REDACTED] in equitable adjustment, effective August 1, 2020 to account for the increase in wages and benefits due to the new wage determination for medical personnel, which increases the per diem rate for Tier 1 Medical Services (CLIN 0009) by [REDACTED] to [REDACTED] per inmate day for POP beginning 8/1/2020 is hereby approved to account for this determination.
   The date ranges for these increases are as follows:
   8/1/2020 to [REDACTED]
   Overall, the Tier 1 (CLIN 0009) Medical Services Per Diem Rate is increased:
   From: [REDACTED]
   By: [REDACTED]
   To: [REDACTED]

3. Effective August 1, 2020, the guard hourly rate is increased by [REDACTED]

CoreCivic may submit an invoice anytime from August 1, 2020 to recover the back-pay.

All other terms and conditions remain the same.

Accounting Info: [REDACTED]

Period of Performance: 08/21/2014 to 08/20/2025

Continued ...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
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<tr>
<td>0001</td>
<td>Detention Guard Services.</td>
<td>DA</td>
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<td>0.00</td>
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<td>The Bed Day Rate is increased as follows:</td>
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<td>From:</td>
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<td>By: (P00040)</td>
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<td>To: (P00042)</td>
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<td></td>
<td>Funding will be obligated at the Task Order level.</td>
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<td>Product/Service Code: S206</td>
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<tr>
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<td>Product/Service Description: HOUSEKEEPING- GUARD</td>
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<td>Change Item 0009 to read as follows (amount shown is the total amount):</td>
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<td>0009</td>
<td>Medical Services</td>
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<td>9/25/2018 to 7/31/2019 @ (P00032)</td>
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<td>8/1/2019 to 9/24/2019 @ (P00040)</td>
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<td>9/25/2019 to 7/31/2020 @ (P00040)</td>
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<td>Beginning 8/1/2020 @ (P00042)</td>
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<td>The maximum allocated amount is increased:</td>
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<td>From:</td>
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<td>To:</td>
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<td></td>
<td>Obligated Amount: $0.00</td>
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<td></td>
<td>Product/Service Code: Q201</td>
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<tr>
<td></td>
<td>Product/Service Description: MEDICAL- GENERAL HEALTH CARE</td>
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</tbody>
</table>
The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. 

Offers must acknowledge receipt of this amendment prior to the hour and date specified on the solicitation or as amended, by one of the following methods: (a) By completing items 8, 9, and 10, and returning 3 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 ACKNOWLEDGMENT 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.

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

See Schedule

**12. ACCOUNTING AND APPROPRIATION DATA (If required)**

**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 pricing office, appropriation date, 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: DROIGSA-06-00005

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.)**

DUNS Number: 084354919

Contract Specialist: (229) 838-XXXX

Contracting Officer: (202) 732-XXXX

COR: (229) 838-XXXX

ACOR: (404) 893-XXXX

Prime Contractor: (229) 838-XXXX

Sub-Contractor: CoreCivic - (615) 263-XXXX

The purpose of this modification is to extend the Medical Services contract line item (CLIN 0009) for the life of the IGS.

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

**15A. NAME AND TITLE OF SIGNER (Type or print)**

Joseph B. Williams, Chairman

**15C. DATE SIGNED**

11/14/2020
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>0009</td>
<td>Medical Services</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

All other terms and conditions remain the same. Period of Performance: 08/21/2014 to 08/20/2025

Change Item 0009 to read as follows (amount shown is the total amount):

0009 Medical Services

Period of Performance is extended for the life of the IGSA. (PO0043)

9/25/2018 to 7/31/2019 @ (PO0032)
9/1/2019 to 9/24/2019 @ (PO0040)
9/25/2019 to 7/31/2020 @ (PO0040)
8/1/2020 to 9/24/2020 @ (PO0042)
9/25/2020 to 9/24/2021 @ (PO0043)

Rate will increased by 3.25% each year on 9/25.

The maximum allocated amount is increased:

From:
By: 5
To:

Obligated Amount: $0.00
Product/Service Code: Q201
Product/Service Description: MEDICAL - GENERAL HEALTH CARE
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO.  
P00044

3. EFFECTIVE DATE  
See Block 16C

6. ISSUED BY CODE  
70DCGR

DETENTION COMPLIANCE AND REMOVALS  
U.S. Immigration and Customs Enforcement
Office of Acquisition Management  
801 I ST NW,  
WASHINGTON DC 20536

7. ADMINISTERED BY CODE  
ICE/DCR

ICE/Detention Compliance & Removals  
Immigration and Customs Enforcement
Office of Acquisition Management  
801 I Street NW,  
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (City, street, county, State and ZIP Code):  
STEWART COUNTY OF  
ATTN JOSEPH B WILLIAMS CHAIRMAN  
PO BOX 157  
LUMPKIN GA 318150157

CODE  
0843549190000

11. THIS ITEM ONLY APPLY 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, ☐ not extended.

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.

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).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  
☐ Bi-Lateral Agreement of Parties

X Other (Specify type of modification and authority)

D. OTHER  

E. IMPORTANT:  
Contractor ☐ is not, ☒ is required to sign this document and return 1 copy to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF action headings, including solicitation/contract subject matter where feasible.)  
DUNS Number: 084354919
Contract Specialist: [Redacted] (202) 732-8180
Contracting Officer: [Redacted] (229) 838-0404
COR: [Redacted] (202) 732-8890
ACOR: [Redacted] (202) 732-8388
Prime Contractor: CoreCivic - [Redacted] (615) 263-1029
Sub-Contractor: CoreCivic - [Redacted] (615) 263-1029

The purpose of this modification is to incorporate a conformance of classification request. Accordingly, the conformance of classifications request (attached) approved by the Department of Labor on March 23, 2021 is hereby incorporated.

Continued...

15A. NAME AND TITLE OF SIGNER (Type or print)  
Joseph B. Williams Chair

15B. CONTRACTOR OFFERS  
Joseph B. Williams Chair

Signature of person authorized to sign  
04-30-2021

STANDARD FORM 30 (REV. 10-85)
Previous edition unusable

Prescribed by GSA
FAR (48 CFR) 53.243
All other terms and conditions remain the same.  
Period of Performance: 08/21/2014 to 08/20/2025
| 2. AMENDMENT/MODIFICATION NO. | P00045 |
| 3. EFFECTIVE DATE | See Block 16C |
| 4. REQUISITION/PURCHASE REQ. NO. | |
| 5. PROJECT NO. *(if applicable)* | |
| 6. ISSUED BY | CODE | 70CDCC |
| 7. ADMINISTERED BY *(if other than item 6)* | CODE | ICE/DCR |

**DEPARTMENTAL COMPLIANCE AND REMOVALS**  
U.S. Immigration and Customs Enforcement  
Office of Acquisition Management  
801 1st Street NW, Washington DC 20536

**NAME AND ADDRESS OF CONTRACTOR (City, state, zip code)**  
STEWARD COUNTY OF  
ATTN JOSEPH B WILLIAMS CHAIRMAN  
PO BOX 157  
LUMPIN GA 318150157

**CODE** 0843549190000  
**FACILITY CODE** |

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

- **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 separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT 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: [ ] OTHER *(Specify type of modification and authority)*
  - X Bi-Lateral Agreement of Parties

**IMPORTANT:** Contractor [ ] or [ ] 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)*

- **DUNS Number:** 084354919
- **Contract Specialist:** [Redacted]
- **Contracting Officer:** [Redacted]
- **COR:** [Redacted]
- **ACOR:** [Redacted]
- **Prime Contractor:** CoreCivic [Redacted]
- **Sub-Contractor:** [Redacted]

The purpose of this modification is to:

1.) Incorporate the most recent revised Wage Determination (WD) 2015-4503, Rev. 18, dated 7/21/2021; and

**Continued...**

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remain unchanged and in full force and effect.

**15A. NAME AND TITLE OF SIGNER *(Type or print)***

**15B. CONTRACTOR/ORDER NO.**

**16C. DATE SIGNED**  
NSN 7540-01-152-8070  
Previous edition unusable

**STANDARD FORM 30 (REV. 10-83)**  
Prescribed by OSA  
FAR (48 CFR) 53.243

Both documents are attached below.

All other terms and conditions remain the same. Period of Performance: 08/21/2014 to 08/20/2025
REGISTER OF WAGE DETERMINATIONS UNDER | U.S. DEPARTMENT OF LABOR
THE SERVICE CONTRACT ACT | EMPLOYMENT STANDARDS ADMINISTRATION
By direction of the Secretary of Labor | WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Wage Determination No.: 2015-4503
Division of | Revision No.: 18
Director | Date Of Last Revision: 07/21/2021

Note: Under Executive Order (EO) 13658, an hourly minimum wage of $10.95 for
calendar year 2021 applies to all contracts subject to the Service Contract
Act for which the contract is awarded (and any solicitation was issued) on or
after January 1, 2015. If this contract is covered by the EO, the contractor
must pay all workers in any classification listed on this wage determination
at least $10.95 per hour (or the applicable wage rate listed on this wage
determination, if it is higher) for all hours spent performing on the contract
in calendar year 2021. The EO minimum wage rate will be adjusted annually.
Additional information on contractor requirements and worker protections under
the EO is available at www.dol.gov/whd/govcontracts.

State: Georgia

Area: Georgia Counties of Schley, Stewart, Talbot, Taylor, Troup, Webster

**Fringe Benefits Required Follow the Occupational Listing**

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<td>Latent Fingerprint Technician I</td>
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<td>30222</td>
<td>Latent Fingerprint Technician II</td>
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<td>Mathematical Technician</td>
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<td>30375 - Petroleum Supply Specialist</td>
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<td>Surface Programs</td>
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<td>30621 - Weather Observer, Senior</td>
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<td>99410 - Pest Controller</td>
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<td>99820 - School Crossing Guard</td>
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<td>99830 - Survey Party Chief</td>
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<tr>
<td>99842 - Vending Machine Repairer Helper</td>
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Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors, applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is the victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: $4.60 per hour, up to 40 hours per week, or $184.00 per week or $797.33 per month

HEALTH & WELFARE EO 13706: $4.23 per hour, up to 40 hours per week, or $169.20 per week, or $733.20 per month*

*This rate is to be used only when compensating employees for performance on an SCA-covered contract also covered by EO 13706, Establishing Paid Sick Leave for Federal Contractors. A contractor may not receive credit toward its SCA obligations for any paid sick leave provided pursuant to EO 13706.

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor, 3 weeks after 8 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (See 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year: New Year’s Day, Martin Luther King Jr.’s Birthday, Washington’s Birthday, Memorial Day, Independence Day,
Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4.174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than $27.63 (or on a salary or fee basis at a rate not less than $455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds $27.63 per hour conformance may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;

(2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;

(3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties, the performance of which requires the same level of skills. (29 C.F.R. 541.400).
2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

** HAZARDOUS PAY DIFFERENTIAL **

An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dyeing, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder, and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving re-grading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosives, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the
following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of $3.35 per week (or $.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

** SERVICE CONTRACT ACT DIRECTORY OF OCCUPATIONS **

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition (Revision 1), dated September 2015, unless otherwise indicated.

** REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE, Standard Form 1444 (SF-1444) **

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination (See 29 CFR 4.6(b)(2)(i)). Such conforming procedures shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees (See 29 CFR 4.6(b)(2)(ii)). The Wage and Hour Division shall make a final determination of conformed classification, wage rate, and/or fringe benefits which shall be paid to all employees performing in the classification from the first day of work on which contract work is performed by them in the classification. Failure to pay such unlisted employees the compensation agreed upon by the interested parties and/or fully determined by the Wage and Hour Division retroactive to the
date such class of employees commenced contract work shall be a violation of the Act and this contract. (See 29 CFR 4.6(b)(2)(v)). When multiple wage determinations are included in a contract, a separate SF-1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).

2) After contract award, the contractor prepares a written report listing in order the proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.

3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the U.S. Department of Labor, Wage and Hour Division, for review (See 29 CFR 4.6(b)(2)(ii)).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour Division's decision to the contractor.

6) Each affected employee shall be furnished by the contractor with a written copy of such determination or it shall be posted as a part of the wage determination (See 29 CFR 4.6(b)(2)(iii)).

Information required by the Regulations must be submitted on SF-1444 or bond paper.
When preparing a conformance request, the "Service Contract Act Directory of Occupations" should be used to compare job definitions to ensure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination (See 29 CFR 4.152(c)(1)).
Note: Under Executive Order (EO) 13658, an hourly minimum wage of $10.95 for calendar year 2021 applies to all contracts subject to the Service Contract Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least $10.95 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2021. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

State: Georgia

Area: Georgia County of Stewart

Employed on DHS contract for detention services.

Collective Bargaining Agreement between CoreCivic of Tennessee, LLC and International Brotherhood of Electrical Workers, AFL-CIO and its Local 613, effective August 1, 2021 through September 30, 2024.

In accordance with Sections 2(a) and 4(c) of the Service Contract Act, as amended, employees employed by the contractor(s) in performing services covered by the Collective Bargaining Agreement(s) are to be paid wage rates and fringe benefits set forth in the current collective bargaining agreement and modified extension agreement(s).

Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors, applies to all contracts subject to the Service Contract Act for which
the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is the victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.
The purpose of this modification is to incorporate Executive Order 14042, Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. This Class Deviation flows down to all current and future orders issued against this IGS.

Continued...

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of offers are extended for the receipt of offers. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation as amended, by one of the following methods: (a) By completing items 8 and 10A, 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 ACKNOWLEDGMENT 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.

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14.

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 IAW DROIGSA-06-00005

E. IMPORTANT: Contractor is not. 1 is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by ICF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to incorporate Executive Order 14042, Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. This Class Deviation flows down to all current and future orders issued against this IGS.

Continued ...
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<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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| Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. (OCT 2021) (DEVIATION) (a) Definition. As used in this clause -United States or its outlying areas means— (1) The fifty States; (2) The District of Columbia; (3) The commonwealths of Puerto Rico and the Northern Mariana Islands; (4) The territories of American Samoa, Guam, and the United States Virgin Islands; and (5) The minor outlying islands of Baker Island, Howland Island, Jarvis Island, Johnston Atoll, Kingman Reef, Midway Islands, Navassa Island, Palmyra Atoll, and Wake Atoll. (b) Authority. This clause implements Executive Order 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors, dated September 9, 2021 (published in the Federal Register on September 14, 2021, 86 FR 50985). (c) Compliance. The Contractor shall comply with all guidance, including guidance conveyed through Frequently Asked Questions, as amended during the performance of this contract, for contractor workplace locations published by the Safer Federal Workforce Task Force (Task Force Guidance) at https://www.saferfederalworkforce.gov/contractors/ (d) Subcontracts. The Contractor shall include the substance of this clause, including this paragraph (d), in subcontracts at any tier that exceed the simplified acquisition threshold, as defined in Federal Acquisition Regulation 2.101 on the date of subcontract award, and are for services, including construction, performed in whole or in part within the United States or its outlying areas. Stewart County reserves the right to seek adjustments in the schedule or price of this contract as a result of this change for any and all impacts to Stewart County and/or its suppliers and subcontractors, including, but not limited to, adjustments for impacts to Stewart County and its suppliers/subcontractors resulting from the following: Continued ...
(1) updates or amendments to applicable guidance (including Frequently Asked Questions) published by the Safer Federal Workforce Task Force after 24 September 2021; and
(2) the requirement to include the substance of Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors. (OCT 2021) (DEVIATION)
Any requests for equitable adjustment must be submitted to the Government within 120 days of the compliance date or within 30 days of the compliance date for an update to the guidance referenced in (1) and (2) above.

Period of Performance: 08/21/2014 to 08/20/2025
## AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

### 2. AMENDMENT/MODIFICATION NO.
- P00047

### 3. EFFECTIVE DATE
- See Block 16C

### 4. REQUISITION/PURCHASE REQ. NO.
- ICE/Detention Compliance & Removals
- Immigration and Customs Enforcement
- Office of Acquisition Management
- 801 I Street NW, Washington DC 20536

### 5. PROJECT NO. (if applicable)
- Code: ICE/DCR

### 6. ISSUED BY
- Code: 70CDCR

### 7. ADMINISTERED BY (If other than Item 6)
- Code: ICE/DCR

### 8. NAME AND ADDRESS OF CONTRACTOR (Name, street, city, county, state and zip code)
- STEWART COUNTY OF
- ATTN: JOSEPH B. WILLIAMS, CHAIRMAN
- PO BOX 157
- LUMPKIN, GA 31815-0157

### 9. AMENDMENT OF SOLICITATION NO.
- Code: 0843549190000

### 10. MODIFICATION OF CONTRACT/OFFER NO.
- 8616CGA-06-000005

### 11. DATED (SEE ITEM 11)
- 06/30/2006

### 12. ACCOUNTING AND APPROPRIATION DATA (if required)

### 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/OFFER NO. AS DESCRIBED IN ITEM 14.

### A. THIS CHANGE ORDER IS ISSUED PURSUANT TO

- [ ] Specify authority
- The changes set forth in Item 14 are made in the contract/offer order no. in Item 10A.

### B. THE ABOVE NUMBERED CONTRACT/OFFER 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:

- [ ] Specify type of modification and authority
- AIA 690GSA-06-000005

### E. IMPORTANT:
- Contractor: [ ] is not required to sign this document and return ______ copies to the issuing office.
- Contractor: [ ] 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)

#### DUNS Number: 084354919

- Contract Specialist: (202) 732-7377
- Contracting Officer: (202) 732-7325
- COR: (229) 838-8347
- ACOR: (404) 893-5037
- Prime Contractor: CoreCivic
- Sub-Contractor: [Redacted]

The purpose of this modification is to address the effects of Wage Determination 2015-4503 (Rev. 18), and WD 2021-0206, Rev. 1 (DOL approved WD that includes Collective Bargaining Agreement between International Brotherhood of Electrical Workers, AFL-CIO and CoreCivic) Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A have been changed, remain unchanged and is in full force and effect.

### 15A. NAME AND TITLE OF SIGNER (Type or print)
- Joseph B. Williams

### 15B. CONTRACTOR/OFFEROR
- [Redacted]

### 16C. DATE SIGNED
- 12-7-21

---

**Note:**

- Previous edition unavailable
- Prescribed by GSA
- FAR (48 CFR) 53.243
which were both incorporated into the agreement in modification 45 (P00045).

The following are the equitable adjustments to the agreement resulting from the above incorporations:

1. Effective August 1, 2021 the Bed Rate is increased by [redacted] per inmate day for POP 8/1/2021 through 7/31/2022. This adjustment also reflects the wage increases specified in the CBAs for Detention Officers and Maintenance Workers that were incorporated by modifications [redacted] and [redacted], and the previously agreed upon annual increase from modification 17 (P00017).

The Bed Day Rate is increased as follows:
From: [redacted] (Annual Increase - P00017)
By: [redacted] (REA - P00047)
To: [redacted]

2. Effective August 1, 2021 the per diem rate for Tier 1 Medical Services (CLIN 0009) is increased. Due to the annual scheduled increase that is independent of this equitable adjustment there are two distinct rate periods. The date ranges for these rates are as follows:
8/1/2021 to 9/24/2021 [redacted]
9/25/2021 to 7/31/2022 [redacted]

Tier 1 Medical Services Per Diem Rate is Increased:
From: [redacted]
By: [redacted]
To: [redacted]

3. Effective August 1, 2021, the guard hourly rate is increased by [redacted]

The vendor may submit an invoice anytime from August 1, 2021 to recover the back-pay.

All other terms and conditions remain the same.
Accounting Info: [redacted] ------ ---
Period of Performance: 08/21/2014 to 08/20/2025
Continued ...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>0001</td>
<td>Detention Guard Services.</td>
<td>DA</td>
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<td>0.00</td>
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<td>The Bed Day Rate is increased as follows:</td>
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<td>To:</td>
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<td>Funding will be obligated at the Task Order level.</td>
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<tr>
<td>0009</td>
<td>Medical Services</td>
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<td>Period of Performance is extended for the life of the IGSA. (P00043)</td>
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<td>9/25/2018 to 7/31/2019</td>
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<td>9/25/2019 to 7/31/2020</td>
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<td>8/1/2020 to 9/24/2020</td>
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<td>Tier 1 Medical Services Per Diem Rate is Increased:</td>
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<td>From:</td>
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<td>Rate will increased by 3.25% each year on 9/25.</td>
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<td>Obligated Amount: $0.00</td>
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<td>Product/Service Description: MEDICAL- GENERAL HEALTH CARE</td>
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</table>
AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. P00048
3. EFFECTIVE DATE See Block 16C

6. ISSUED BY CODE DETENTION COMPLIANCE AND REMOVALS
   U.S. Immigration and Customs Enforcement
   Office of Acquisition Management
   801 I ST NW, WASHINGTON DC 20536

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, state and zip code)
   STEWART COUNTY OF
   ATTN JOSPEH B WILLIAMS CHAIRMAN
   PO BOX 157
   Lumpkin GA 31850-157

10A. AMENDMENT OF SOLICITATION NO.
   CODE 0843549190000

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 remains unchanged. 
☐ is extended. 
☐ is not extended.

Offers must be received by the government or its authorized representative at the address specified in the solicitation or at such other address as may be specified by the government in writing, by the time and date specified in the solicitation or such other time and date as may be specified by the government in writing. Failure to comply with these requirements may result in rejection of your offer. 

Modification of Contract No. DROIGSA-66-00005

10B. DATED (SEE ITEM 11)
   X 06/30/2006

13. THIS ITEM only applies to modifications of contracts/orders. It modifies the contract/order No. as described in item 14.

A. This change 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 place of ordering officer, appropriation, etc.). 

C. This supplemental agreement is entered pursuant to authority of:
   IAW DROIGSA-66-00005

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

DUNS Number: 084354919
Contract Specialist: (202) 732-...
Contracting Officer: (224) 838-...
ACOR: (404) 893-...
Prime Contractor: CoreCivic - (615) 263-...
Sub-Contractor: CoreCivic -

This modification creates a CLIN for the addition of two Advanced Practice Provider positions into IGS DROIGSA-66-00005. These FTEs will perform services in accordance with the attached position description. Pricing is in accordance with the vendor's quote continued ...

15A. NAME AND TITLE OF SIGNER (Type or print)
   Joseph B. Williams
   Chairman

15B. CONTRACTOR/OFFEROR
   Lumpkin County

15C. DATE SIGNED
   10/30/2001

(Signature of person authorized to sign)

NSN 7540-01-152-6070
Previous section usable

Prescribed by GSA
FAR (48 CFR) 15.243
submitted on October 8, 2021. In accordance with the attached "ICE APC Addition Estimated Timetable" provided by the vendor in their proposal, the estimated time to onboard for these positions is [redacted] days from the date of this modifications signature.

Positions under the APP CLIN are to be invoiced on a Labor Hour basis. The vendor agrees to invoice for these positions on a per-hour basis using the hourly rates stated at the CLIN and only for hours actually worked by the positions. Funds will be provided at the task order level. Period of Performance: 08/21/2014 to 08/20/2025

Add Item 0011 as follows:

**0011**

**Advanced Practice Provider Positions**

This is a Labor Hour CLIN. The positions are to be invoiced for actual hours worked at an hourly rate of [redacted] hour.

Two positions at [redacted] hours per year per position (a total of [redacted] hours per year)

Annual amount per position is [redacted] for a total amount of [redacted] (Not Separately Priced)

**Product/Service Code**: S206
**Product/Service Description**: HOUSEKEEPING- GUARD
INTER-GOVERNMENTAL SERVICE AGREEMENT

STEWART COUNTY, GEORGIA

This Inter-Governmental Service Agreement (IGSA) is for Detention Services to be provided to United States Immigration and Customs Enforcement, hereinafter referred to as “ICE”, for the detention and care of aliens (hereafter referred to as “DETAINEES”).

FACILITY LOCATION:

The PROVIDER shall provide detention services for detainees at the following institution:

Stewart Detention Center
79 Holder Road
Lampkin, GA 31815
(229) 838-5000

POC: Stonie Patterson, Chairman
Stewart County Board of Commissioners

PERFORMANCE:

The PROVIDER is required to house ICE detainees, to perform in accordance with the most current editions of ICE Detention Requirements, American Correctional Association (ACA) Standards for Adult Local Detention Facilities (ALDF), and Standards Supplement, Standards for Health Services in Jails, latest edition, National Commission on Correctional Health Care (NCCHC). Some ACA standards are augmented by ICE policy and/or procedure. In cases where other standards conflict with DHS/ICE Policy or Standards, DHS/ICE Policy and Standards prevail. ICE inspectors will conduct periodic inspections of the facility to assure compliance of the aforementioned standards.

The PROVIDER shall maintain continual compliance with ACA accreditation standards during performance of this agreement.

The PROVIDER shall be responsible for all costs associated with obtaining and maintaining full accreditation by ACA.

PERIOD OF PERFORMANCE:

This Agreement shall become effective upon the date of final signature by ICE and the PROVIDER and shall remain in effect indefinitely unless terminated in writing, by either party. Either party must provide written intentions to terminate the agreement, 120 days in advance of the effective date of formal termination.
PAYMENT RATE

In consideration for the PROVIDER's performance under the Terms and Conditions of this Agreement, ICE shall make payment to the PROVIDER for each detainee accepted and housed by the PROVIDER. The rate is the per diem rate for the support of one Detainee per day and shall include the day of arrival but not the day of departure.

The PROVIDER shall not charge for costs, which are not directly related to the housing and detention of detainees. Such costs include, but are not limited to:

A) Salaries of elected officials.
B) Salaries of employees not directly engaged in the housing and detention of detainees.
C) Indirect costs in which a percentage of all local government costs are pro-rated and applied to individual departments.
D) Detainee services which are not provided to, or cannot be used by detainees.
E) Operating costs of facilities not utilized by detainees.
F) Interest on borrowing (however represented), bond discounts, cost(s) of financing/financing, and legal or professional fees.

This agreement in no way obligates Immigration and Customs Enforcement to any minimum population guarantee.

MODIFICATION:

This Agreement, or any of its specific provisions, may be revised or modified by signatory concurrence of the undersigned parties, or their respective official successors.

TRANSPORTATION SERVICES:

I. The PROVIDER shall provide all ground transportation services as may be required to transport detainees securely, in a timely manner, to off-site medical providers and to other locations as directed by the Contracting Officer's Technical Representative (COTR) or designated ICE official. Transportation mileage reimbursable rates will be commensurate with current applicable federal travel allowance rates and shall only apply to off-site medical transportation. When officers are not providing transportation services the PROVIDER shall assign the employees to supplement security duties within the facility or on-call duties.
to assist ICE as directed by the COTR or designated ICE official. However, the primary function of these officers is transportation. On-call duties as directed by the COTR utilizing these officers shall not incur any additional expense to the government.

2. The PROVIDER personnel provided for the above services shall be of the same qualifications, receive the same training, complete the same security clearances, and wear the same uniforms as those PROVIDER personnel are provided for in the other areas of this agreement.

3. During all transportation activities, at least one officer shall be the same sex as the detainee. Questions concerning guard assignments shall be directed to the COTR for final determination.

4. The PROVIDER shall, upon order of the COTR, or upon his own decision in an urgent medical situation, transport a detainee to a hospital location. Any medical care shall keep the detainee under constant supervision 24 hours per day until the detainee is ordered released from the hospital, or at the order of the COTR. The PROVIDER shall then transport the detainee to the detention site.

5. When the COTR provides documents to the PROVIDER concerning the detainee(s) to be transported and/or escorted, the PROVIDER shall deliver these documents only to the named authorized recipients. The PROVIDER shall ensure that material is kept confidential and not viewed by any person other than the authorized recipient.

6. The PROVIDER shall establish a communications system that has direct and immediate contact with all transportation vehicles and post assignments. Upon demand, the COTR shall be provided with current status of all vehicles and post assignment employees.

7. In the event of transportation services involving distances that exceed a standard eight (8) hour workday to complete, the PROVIDER shall be reimbursed related costs of lodging and meals commensurate with the U.S. General Services Administration rates for such within the geographical area of occurrence. Any incurred overtime pay for such services will be reimbursed at the applicable U.S. Department of Labor overtime rate for the transportation officer position incorporated within this agreement. The PROVIDER shall comply with ICE transportation standards related to the number of hours the PROVIDER employee may operate a vehicle. Overnight lodging resulting from transportation services shall be approved in advance by the COTR or designated ICE official.

**Medical Services:**

The U.S. Public Health Services (USPHS) will be responsible for providing all health care services provided under contract for detained aliens in the custody of ICE at the facility. The USPHS shall provide medical coverage at the facility no less than twenty-four (24) hours per day, seven (7) days per week. The
PROVIDER shall provide security with a minimum staff of [redacted] at all times. When patients are housed in the infirmary, security shall be posted to the unit twenty-four (24) hours per day, seven (7) days per week. The PROVIDER shall coordinate and escort detainees to the medical clinic for sick call, appointments and pill line.

When specifically requested by ICE, the PROVIDER agrees to arrange for and/or provide non-emergency or emergency ambulance transportation service to transport detainees to off-site medical care or from one off-site medical care facility to another. ICE agrees to provide reimbursement for mileage, over and above the per diem rate, to the PROVIDER for such ambulance transportation services when the costs are included with the regular monthly billing for detention services.

The PROVIDER shall provide the detainees instructions for gaining access to health care services. Procedures shall be explained to all detainees in the detainees' native language, and orally to detainees who are unable to read. The detainee shall similarly be provided instructions and assistance on a routine basis on personal hygiene, dental hygiene, grooming and health care.

The USPHS shall provide for medical screening upon arrival at the facility performed by health care personnel or health trained personnel.

When communicable or debilitating physical problems are suspected, the detainee shall be separated from the detainee population, and PROVIDER shall immediately notify USPHS staff. Behavior problems (detainee who is not diagnosed as psychotic) and suicide observation will be the responsibility of the PROVIDER.

Written policy and defined procedure shall require that detainee's written health complaints are solicited and delivered to the medical facility for appropriate followup. Written policy and defined procedure shall require that health care complaints are responded to and that sick call, conducted by USPHS personnel, is available to detainees daily. If a detainee's custody status precludes attendance at sick call, arrangements are to be made to provide sick call services in the place of the detainee's detention. A minimum of one sick call shall be conducted daily. USPHS reserves the right to conduct triage and sick call in the place of the detainee's detention.

The USPHS shall provide to the PROVIDER and maintain first aid kits at the facility. First aid kits shall be available at all times and shall be located throughout the facility, as necessary to allow quick access. The PROVIDER shall not be responsible for on-site or off-site detainee medical services or costs.

RECEIPT AND DISCHARGE OF FEDERAL DETAINES:

The PROVIDER agrees to receive and discharge Federal detainees only from and to properly identified law enforcement officers and with prior authorization. Admission and discharge of Federal detainees shall be fully consistent with PROVIDER policies and procedures.

ICE detainees shall not be released from the facility into the custody of other Federal, state, or local officials for any reason, except for medical or emergency situations, without express authorization of ICE.

INSPECTION:
The PROVIDER agrees to allow periodic inspections of the facility by ICE inspectors. Findings will be shared with facility administrators in order to promote improvements to facility operations or conditions of detention.

**PER DIEM RATE AND ECONOMIC PRICE ADJUSTMENT**

The per diem rate shall be [redacted] and may not be adjusted prior to September 30, 2007. Thereafter, the per diem shall be subject to adjustment based on the actual and allowable costs associated with the operation of the facility. When a rate increase is desired, the Local Government shall submit a written request to Immigration and Customs Enforcement at least sixty (60) days prior to the desired effective date of the rate adjustment. All such requests must contain a detailed cost proposal to substantiate the desired rate increase. The Local Government agrees to provide additional cost information to support the requested rate increase and to permit an audit of accounting records upon request by Immigration and Customs Enforcement. The rate may be renegotiated not more than once per year.

Criteria used to evaluate the increase or decrease in the per diem rate shall be those specified in the Office of Management and Budget (OMB) Circular A-87, Cost Principles for State, Local, and Indian Tribal Governments, or other cost and pricing principles mutually agreed to by the parties.

The effective date of the rate modification will be negotiated and specified in a modification to this IGSA, which is approved by the ICE Contracting Officer. The effective date will be established on the first day of the month for accounting purposes. Payments at the modified rate will be paid upon the return of the signed modification by the authorized Local Government official to ICE.

**BILLING PROCEDURE:**

(A) **Invoices** - Monthly invoices shall be submitted to the COTR within 10 business days after the month of performance invoiced. Invoices shall itemize each detainee by name, register number, dates of stay, and appropriate detainee-day rate. Billing shall be based upon the actual number of detainee days used.

(B) **Invoices Submission**

U.S. Immigration and Customs Enforcement
TBD

(B) **Payment** - Payments will be made to the PROVIDER after receipt of a complete invoice, which shall contain a remittance address. All transfer(s) will be accomplished through Electronic Funds Transfer (EFT) on a monthly basis. The Prompt Payment Act shall apply.
STEWART COUNTY, GA

IN WITNESS WHEREOF, the undersigned, duly authorized officers, have subscribed their names on behalf of the Stewart County, Georgia and U.S. Immigration and Customs Enforcement.

ACCEPTED:

U.S. Immigration and Customs Enforcement
Stewart County, GA

<Name>
Contracting Officer

By:

JUN 30 2006
Date:

By:

27 JUN 06
Date: