AMENDMENT OF SOLICITATION/MODI	FICATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	0JECT NO. (if applicable)
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mmigration and Customs Er			gration and Customs E		
ffice of Acquisition Mana	agement	Off	ce of Acquisition Man	ageme	ent
25 I Street NW,		1	I Street NW,		
ashington DC 20536		Wasi	nington DC 20536		
NAME AND ADDRESS OF CONTRACTOR (No. :	street, county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.		*
FEWART COUNTY GA					
9 HOLDER ROAD		9B.	DATED (SEE ITEM 11)		, HTTFWINANCE
rry.	***************************************	_ _			
2 838-		104	MODIFICATION OF CONTRACT/ORDER	NO	
JMPKIN GA 31815			OIGSA-06-00005/	110.	
		108	DATED (SEE ITEM 11)		
ODE 990000000999	FACILITY CODE	0	5/30/2006		
	11. THIS ITEM ONLY APPLIES TO				
The above numbered solicitation is amended as s					is not extended.
Offers must acknowledge receipt of this amendme Items 8 and 15, and returning					
			eipt of this amendment on each copy of the		
separate letter or telegram which includes a refere THE PLACE DESIGNATED FOR THE RECEIPT (OF OFFERS PRIOR TO THE HOUR AND	umbers, FAII D DATE SPE	CIFIED MAY RESULT IN REJECTION OF '	YOUR OF	FER. If by
virtue of this amendment you desire to change an	offer already submitted, such change ma	ay be made b	telegram or letter, provided each telegram	or letter r	nakes reference
to the solicitation and this amendment, and is rece ACCOUNTING AND APPROPRIATION DATA (https://doi.org/10.1016/j.j.com/propriet/2016/10.1016/j.j.com/propriet/2016/j.com/propriet/2016/j.j.com/propriet/2016/j.com/propriet/		pecified.			
ee Schedule	required)				
	MODIFICATION OF CONTRACTS/ORDE	RS. IT MOD	FIES THE CONTRACT/ORDER NO. AS DE	SCRIBED	IN ITEM 14
A. THIS CHANGE ORDER IS ISSUE ORDER NO. IN ITEM 10A.	D PURSUANT TO: (Specify authority) 1	THE CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN	THE CO	NTRACT
B. THE ABOVE NUMBERED CONTI appropriation date, etc.) SET FO	RACT/ORDER IS MODIFIED TO REFLE RTH IN ITEM 14, PURSUANT TO THE A	CT THE ADM	MINISTRATIVE CHANGES (such as change DF FAR 43.103(b).	s in payir	g office,
X					
C. THIS SUPPLEMENTAL AGREEM	IENT IS ENTERED INTO PURSUANT TO	O AUTHORI	Y OF:		
D. OTHER (Specify type of modifical	on and authority)				
	ification to revise :				
			0		
IMPORTANT: Contractor X is not DESCRIPTION OF AMENDMENT/MODIFICATION	is required to sign this document				
ax ID Number: 58-6001114		, mouding so	iicitation/comract subject matter where reas	sible.)	
NS Number: 084354919	•				
cogram Office Point of Co	ontact.	•			
VILLOU TOLING OF CO	V				
14-893-					
. 050					
ontracting Officer:			v v		
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ntinued					
ncinued cept as provided herein, all terms and conditions o	f the document referenced in term on and	1/1A as been	oforo abungand annulus and a second	6.11 /	and affect
A. NAME AND TITLE OF SIGNER (Type or print)	inc apcortient referenced in Item AV or .		ofore changed, remains unchanged and in t AME, AND TITLE OF CONTRACTING OFF	1.0	
The second secon		TOPE N	THE OF BORTONOFING OFF	10EX (1)	o or pany
B. CONTRACTOR/OFFERÖR	15C. DATE SIGNED				16C. DATE SIGNED
					13 M 0
(Signature of person authorized to sign)					10/1/29 DP
N 7540-01-152-8070 evious edition unusable					FORM 30 (REV. 10-83) by GSA
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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00001

PAGE 2

OF 3

8	ITEM NO.	SUPPLIES/SERVICES	Ja		1	
	(A)	(B)	QUANTI (C)	- 1	2 0.00	
5			(0)	(D)	(E)	(F)
		The purpose of this modification is to revise the			1	
		procedure for Providers to submit their invoices		- [
		for Agreement DROIGSA-06-00005/. This revised			1	•
		procedure is effective June 02, 2008 and pertains			[
		to all invoices submitted on that date and				1
		thereafter.				
			1			
	**************************************	1. In accordance with Billing Procedures, revise	<u> </u>	_		AND THE RESIDENCE AND THE RESI
		paragraph (A) "Invoicing" to read as follow:	Ī			
		1	l	1		
		Invoices shall be submitted via one of the				
		following three methods:				
		_				
		a. By mail:			1	
		DUC TOP			1	
		DHS, ICE				
		Burlington Finance Center P.O. Box 1620				
		Williston, VT 05495-1620				
		Attn: ICE-DRO-FOD-ATLANTA				
		TOU DIO FOD ATLANTA				
		b. By facsimile (fax): (include a cover sheet				A
		with point of contact & # of pages)				
		pages)				8
		802-288-7658			0.0	
	9					
		c. By e-mail:				
					ē.	2
		Invoice.Consolidation@dhs.gov				
		Invoices submitted by other than these three			10	1
		methods will be returned. The contractor's				
		Taxpayer Identification Number (TIN) must be				
		registered in the Central Contractor Registration		1 1		
20		(http://www.ccr.gov) prior to award and shall be		1 1		
		notated on every invoice submitted to ICE on or		1 1		8
		after June 02, 2008 to ensure prompt payment				
		provisions are met. The ICE program office shall also be notated on every invoice.				
	[diso be notated on every invoice.		1 1	· · · · · · · · · · · · · · · · · · ·	
		2. The information required with each invoice		l		
		submission is as follows:				
		The state of the s				
	1	a. The name and address of the facility;				
	1	b. Invoice date and number;				N N
		c. Agreement number, Task Order Number and line				
		item number.				[
	8	d. Terms of any discount for prompt payment				
		offered;				
		Continued				
		ų .				
			ı			
		6				

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00001

PAGE 3 OF 3

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	e. Name, title, and phone number of person to notify in event of defective invoice; 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.) g. The daily rate; h. The total number of residential/detainee				
	days; 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. Items a. through h. and l. must be on the cover page of each invoice submission.				
	Invoices without the above information may be returned for resubmission. 3. All other terms and conditions remain the same.				-
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all and an analysis of the second					
ne e e				9	

		1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1 1
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5, PROJECT NO. (# applicable)
P00002	See Block 16C	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-DC
6. ISSUED BY CODE	ICE/DM/DC-DC	ICE/Detent Mngt/Detent C	
ICE/Detent Mngt/Detent Conti Immigration and Customs Enfo Office of Acquisition Manage 425 I Street NW, Washington DC 20536	orcement	Immigration and Customs Office of Acquisition Ma 425 I Street NW, Washington DC 20536	Enforcement
8. NAME AND ADDRESS OF CONTRACTOR (No., street	st, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	25 87 1
CONTRACTOR CO			
STEWART COUNTY GA 79 HOLDER ROAD		9B. DATED (SEE ITEM 11)	
ATTN			
22 838-	8	10A. MODIFICATION OF CONTRACT/ORD	ER NO.
LUMPKIN GA 31815		X DROIGSA-06-00005/	
P S		TENER COST (TENER)	
<u> </u>		10B. DATED (SEE ITEM 13)	
CODE 990000000999	FACILITY CODE	06/30/2006	
The above numbered solicitation is amended as set		TO AMENDMENTS OF SOLICITATIONS	extended, [] is not extended.
Items 8 and 15, and returning c separate letter or telegram which includes a referent THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an of to the solicitation and this amendment, and is receive	opies of the amendment; (b) by sckr the to the solicitation and amendment OFFERS PRIOR TO THE HOUR A fer already submitted, such change r ad prior to the opening hour and date	in the solicitation or as amended, by one of the following towledging receipt of this amendment on each copy of the numbers. FAILURE OF YOUR ACKNOWLEDGEMEN ND DATE SPECIFIED MAY RESULT IN REJECTION (may be made by telegram or letter, provided each telegram specified.	T TO BE RECEIVED AT
12. ACCOUNTING AND APPROPRIATION DATA (If it			
See Schedule		THE CONTRACTORDER NO.	AS DESCRIBED IN ITEM 14.
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/O	RDERS. IT MODIFIES THE CONTRACT/ORDER NO. A	io brooking in the
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority,	THE CHANGES SET FORTH IN ITEM 14 ARE MADE	EIN THE CONTRACT
B. THE ABOVE NUMBERED CONTR. appropriation date, etc.) SET FOR	ACT/ORDER IS MODIFIED TO REF TH IN ITEM 14, PURSUANT TO TH	LECT THE ADMINISTRATIVE CHANGES (such as cha E AUTHORITY OF FAR 43.103(b).	anges in paying office,
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT	TO AUTHORITY OF:	
D. OTHER (Specify type of modification	on and authority)		
E. IMPORTANT: Contractor Xia not.	is required to sign this docum	ent and return 0 copies to the	issuing office.
E.IMPORTANT: Contractor Sissing. 14. DESCRIPTION OF AMENDMENT/MODIFICATIO Tax ID Number: 58-6001114		ngs, including solicitation/contract subject matter where	(feasible.)
DUNS Number: 084354919	4		
Program Office Point of Con	tact:	*	
404-89			Ŷ
COTR:		De De	
Contracting Officer:			
202/732-			*
The purpose of this no cost	modification is t	to name John Vanek at the Co	ontracting
Officer's Technical Represe	entative (COTR).	u e	16 A
Officer o recuminative residence			
~ v		w	
Except as provided herein, all terms and conditions of	f the document referenced in Item 9.	A or 10A, as heretofore changed, remains unchanged a	and in full force and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)	-	16A. NAME AND TITLE OF CONTRACTING	3 OFFICER (Type or print)
	15C, DATE SIG	NED	16C. DATE SIGNED
15B. CONTRACTOR/OFFEROR			20
(Signature of person authorized to sign)			D-1412 001
NSN 7540-01-152-8070	9		o FORM 30 (REV. 10, # 3) by GSA

AMENDM	ENT OF SOLICITATION MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE 0	PAGES 2
2. AMENDM	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	DUISITION/PURCHASE REQ. NO.	S. PROJECT NO). (If applicable)
P00003		See Block 16C				
6. ISSUED E	CODE	ICE/DM/DC-DC		MINISTERED BY (If other than flom 6)		/DM/DC-DC
ICE/De	tent Mngt/Detent Contr	acts-DC	ICE	/Detent Mngt/Detent Cont	tracts-DC	
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Washin	gton DC 20536		Wes	ningcon be 2000		
B. NAME AN	D ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(X) BA	AMENDMENT OF SOLICITATION NO.		6.7
STEWART	COUNTY GA		1 📙			
79 HOLD	ER ROAD		98	DATED (SEE ITEM 11)		, ,
ATTN		e .				·
22 838	az 2101F		x 10	A MODIFICATION OF CONTRACT/ORDER NO ROIGSA-06-00005/	0.	•
LUMPKIN	GA 31815			(01G3R 00 00000)		9
			110	B. DATED (SEE ITEM 13)		
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CCDE 9	900000000999		1 1	and the same of th		
		11. THIS ITEM ONLY APPLIES TO A			nded. Dis not	hylandad
☐ Tha above	numbered solidistion is amended as sel for	th in liern 14. The hour and date specified in the	entinitati	on or as smended, by one of the following meti		
flame D an	d 15 and reluction con	les of the amendment: (b) By acknowled	taina rec	alpt of this amendment on each copy of the on	er submitted; or (c) by
ecosynta k	Hor or totorrom which had rise a reference	to the solicization and amandment numb	ans. FA	ILURE OF YOUR ACKNOWLEDGEMENT TO	BE RECEIVED A	π
THE PLAC	E DESIGNATED FOR THE RECEIPT OF C	FFERS PRIOR TO THE HOUR AND D	ATE SPI	ECIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram or	letter makes	y .
reference t	is amenoment you cashe to change an offer the colicitation and this emendment, and i	received prior to the opening hour and	date ap	ecified.		
12. ACCOUN	ITING AND APPROPRIATION DATA (If requ	sired)				
See Sch	ledule			ODIFIES THE CONTRACT/ORDER NO. AS DE	OCDIBED IN ITE	J 14.
	13. THIS ITEM ONLY APPLIES TO ME	DIFICATION OF CONTRACTS/ORDER	\$. 1T M	DBIFIES THE CONTRACTIONDER NO. NO DE-	3010000 61110	
CHECK ONE	A THIS CHANGE CODER IS ISSUED P	LIBSUANT TO: (Specify sufficiely) THE	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN TI	HE CONTRACT	
	ORDER NO. IN ITEM 10A.		102		20	
	B. THE ABOVE NUMBERED CONTRAC	TYORDER IS MODIFIED TO REFLECT	THE AD	MINISTRATIVE CHANGES (such as changes of FAR 43,103(b).	in paying office,	
	appropriation data, etc.) SET FORTH	IN ITEM 14, PURSUANT TO THE AUT	HORITY	OF FAR 43.103(b).		8 6 9
	C. THIS SUPPLEMENTAL AGREEMEN	IS ENTERED INTO PURSUANT TO A	UTHOR	ITY OF:		
х	Mutual Agreement of	and the same of th				
	D. OTHER (Specify type of modification a	and authority)				
		2 96				
E. IMPORTAN	IT: Contractor	is required to sign this document and	d cotum	1 copies to the issuing	office.	
		The state of the s		colicitation/contract subject matter where feasib	vie.)	
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	ring Officer:			**	8	
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The pur	pose of this no cost m	CONTERCACTOR IS CO I	whre	ment a mileage rate for	SA).	12
service	s under the Stewart Ge	eorgia Inter-Governm	enta	l Service Agreement (1G	J11, 1	
Continu			0.0		d free and to go	
		document referenced in Item 9A or 10.	A, as he	retofore changed, remains unchanged and in fu	un torce and effec	č.
15A. NAME A	ND TITLE OF SIGNER (Type or print)	· · · · · · · · · · · · · · · · · · ·	16A.	NAME AND TITLE OF CONTRACTING OFFI	oek (sype or bu	AV.
- v	Ich Illiane	CHAIRMAN				20 et
15B CONTR	ACTOR/OFFEROR	15C. DATE SIGNED			[1	SC. DATE SIGNED
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TER	Touc william	- 18-12-09				18 ANIONS
WSN-7540-01	(Signature of person sutherized to sign)	1.7.2.				M 30 (REV. 10-83)
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	EROR OR CONTRACTOR COUNTY GA	***************************************			r,	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE		AMOUNT
(A)	(B)	(C)	(D)	(E)		(F)
	Add paragraph 8 under Transportation Services under DROIGSA-06-0005 as follows:					
× 200	8. Effective with costs incurred 1 July 2009,					
8 8 ⁸	all transportation services performed under this IGSA shall be at the rate of per mile. This rate includes but not limited to wages and benefits, trip equipment and supplies, vehicle			2		8 T
	fuel and repairs and maintanence, operational support, insurance, communications, taxes,			. "	1	
8.	corporate expenses, and profit. Cost for meals and lodging that are in accordance with GSA	8				
	related expenses, if incurred are not included.			r e	ų.	
,	Transportation costs shall be provided as separate items on submitted invoices.					
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OPTIONAL FORM 336 (4-50) Sponsored by GSA FAR (48 CFR) 53.110

AMENDMENT OF SOLIGITATION/MOD	IFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 2
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ISSUED BY . CO	ODE ICE/DM/DC-DC	7. ADMINISTERED BY (If other than item 6)	6005
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CE/Detent Mngt/Detent Commigration and Customs En	ntracts-DC	ICE/Detent Mngt/Detent	Contracts-DC
ffice of Acquisition Man	niorcement	Immigration and Customs	Enforcement
01 I Street NW,	anement .	Office of Acquisition M	anagement
ttention:		BO1 I Street NW,	·
ashington DC 20536		Washington DC 20536	2
NAME AND ADDRESS OF CONTRACTOR (No.			5-
- South Colon (No.	street, courty, State and ZIP Code)	(x) BA AMENDMENT OF SOLICITATION NO.	ali de firmation de la companya de l
EWART COUNTY GA		B. Committee of the second	
HOLDER ROAD		SB. DATED (SEE ITEM 11)	
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MPKIN GA 31815	2	X 10A MODIFICATION OF CONTRACT/ORD	ER NO.
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he solicitation and this amendment, and is received the solicitation and APPROPRIATION DATA (#1)	vad prior to the opening hour and date so	moers. FAILURE OF YOUR ACKNOWLEDGEMENT DATE SPECIFIED MAY RESULT IN REJECTION Of the made by telegram or letter, provided each telegra solfied.	am or letter makes reference
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13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/ORDE	ERS. IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14
		THE ADMINISTRATIVE CHANGES (such as change)	
	NT IS ENTERED INTO PURSUANT TO		
FAR 43.103(a) Bilate	eral Agreement	AUTHORICE OF:	
D. OTHER (Specify type of modification	o and authority		22
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		2 2	20 - 10000
ORTANT: Contractor is not,	🗵 is required to sign this document a		uing office.
SCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings, in	actuding solicibation/contract subject matter where fee	asible \
10 Number: 38-6001114	n 1 n 1 n 1		
Number: 084354919	Tale of the second		
ram Office Point of Cont	act:		
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ract Specialist:		(202) 732-	
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acting Officer:		(000) 775	The state of the s
		(202) 732-	
nued	14 N		
anakanga masa			
s provided herein, all terms and conditions of th	a document referenced in Item 9A or 10A	, as herelofore changed, remains unchanged and in	full force and effect.
ME AND TITLE OF SIGNER (Type or print)	STEWART		FICER (Type or print)
LEE WILLIAMS CHA	COUNTY		20 0
NTRACTOR/OFFEROR	AMAN OF COMMISSION		<u> </u>
0	15C. DATE SI		16C. DATE SIGNED
Ker Williams	- 11-29-		カコノコフノ
(Signature of person authorized to sign)			04/11/1
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CONTINUATION SHEET	DROIGSA-06-00005//P00004			2	2

ITEM NO.			/SERVICES	·	QUANTITY (C)	UNIT		UNIT PRICE (E)		AMOUNT (F)
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE			0	1	2
P00005		4. R	EQUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO.	(If applicable)
6. ISSUED BY CODE	See Block 16C	17.0			9	10
	ICE/DM/DC-DC	4	DMINISTERED BY (If other than Item 6)	CODE	1/2/1	OM/DC-DC
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo	acts-DC	IC	E/Detent Mngt/Detent Cont	rac	ts-DC	
Office of Acquisition Manage	ment	Imp	migration and Customs En	forc	ement	v
801 I Street NW,		80	fice of Acquisition Manac	ieme	nt	
Attention:			shington DC 20536			
Washington DC 20536			20050			
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.			
STEWART COUNTY GA						
79 HOLDER ROAD		9	B. DATED (SEE ITEM 11)			
ATTN	9		10			
22 838-	N N	Н.				
LUMPKIN GA 31815	6	× D	DA. MODIFICATION OF CONTRACT/ORDER NO ROIGSA-06-00005/).		
	w V					
0000		10	B. DATED (SEE ITEM 13)			
CODE 9900000000999	FACILITY CODE		06/30/2006			
	11. THIS ITEM ONLY APPLIES TO A	MENDI	MENTS OF SOLICITATIONS			
The above numbered solicitation is amended as set fort	h in Item 14. The hous and dataif-			ad [Tin not out	
oners must acknowledge receipt of this amendment price	or to the hour and date specified in the s	solicitat	ion or as amended, by one of the following mathe	Mar 7-1	∬is not exte By completi	1000.
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THE PLACE DESIGNATED FOR THE RECEIPT OF OR	The solicitation and amendment number	ers, FA	ILURE OF YOUR ACKNOWLEDGEMENT TO B	E RECE	EIVED AT	
virtue of this amendment you desire to change an offer of	leady a beitted and bearing by	HE SP	by telepram or letter, provided each telepram or letter.	R OFF	ER. If by	dia.
to the solicitation and this amendment, and is received p 12. ACCOUNTING AND APPROPRIATION DATA (If require	rior to the opening hour and date specif	fied.	y seed of the seed	,	akes reteren	De 1
See Schedule	red)			-		
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FAR (48 CFR) 53.243

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NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT	1. CON	TRACT ID CODE	PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION	PURCHASE REQ. NO.	5. PROJECT NO. (If applie	rable)
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C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	AUTHORITY OF:	:	8	
D. OTHER (Specify type of modification in	and authority)				Tr.
X Unilateral Modificat	ion / 43.103(b)			28	
E. IMPORTANT: Contractor X is not.	is required to sign this document a	nd return	0 copies to the iss	uing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION (/contract subject matter where fe	asible.)	
DUNS Number: 084354919				,	
Program Office Point of Conta	act:	104-893-	100		
COTR:	229-838-				
Contract Specialist:	, 202-732-				
Contracting Officer:	202-732-				
concracting officer.	202 - 732				
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The purpose of this modificat		ellective	date of the Cont	tract specific	
Wage Determination (CSWD) to					
All other terms and condition	ns remain the same.				
		€.,			
Except as provided herein, all terms and conditions of the	e document referenced in Item 9A or 10				
15A. NAME AND TITLE OF SIGNER (Type or print)		16A, NAME AN	ID TITLE OF CONTRACTING OF	FFICER (Type or print)	
×					
15B. CONTRACTOR/OFFEROR	15C, DATE SIGNE			16C, DATE	SIGNED .
. SON INCLOSED FENOR	TOO. DATE SIGNE			12	10/11
(Signature of person authorized to sign)				'0-/	17/11

FAR (48 CFR) 53.243

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AME	NOMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF	PAGES
2. AMI	ENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	12		1	2
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Wash	ington DC 20536	26				
e. Nam	E AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(x)	PA. AMENOMENT OF SOLICITATION NO.		
STEW	ART COUNTY GA		<u> </u>			
	OLDER ROAD	N N		SB. DATED (SEE ITEM 11)		<u>.</u>
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LUMPH	CIN GA 31815	V 651	x	10A MODIFICATION OF CONTRACT/ORDER N DROIGSA-06-00005/	0.	
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-				10B. DATED (SEE (TEM 13)		
CODE	990000000999	FACILITY CODE		06/30/2006		
		11. THIS ITEM ONLY APPLIES TO A	MEN			
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Allala	most acutomiseds receibt of this Bureuquieur, be	or to the hour and date specified in the s	solleis	BHOD Of as emended, by one of the following well	ided Tils not exten	
880ara	the letter or telegram which look when a reference of	a the all the same of the by accordance	ging	receipt of this amendment on each copy of the diff	er submitted; or (a) By	7
THEF	LACE DESIGNATED FOR THE RECEIPT OF O	o the selectation and amendment numbe FFERS PRIOR TO THE HOUR AND DA	ars. I	Lecapt of this simenoment on each copy of the off FAILURE OF YOUR ACKNOWLEDGEMENT TO SPECIFIED MAY RESULT IN REJECTION OF YO	BE RECEIVED AT	E
to the :	of this emendment you desire to change an offer solicitation and this amendment, and is received	droady submitted, such change may be	mad	SPECIFIED MAY RESULT IN REJECTION OF YO to by telegram or latter, provided each telegram or	letter makas referenc	Xe .
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ne in	creased wage rate shall	take effective start	in	g on November 20, 2011.	Also, the n	er
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xcept as p	roylded herein, all terms and conditions of the do AND TITLE OF SIGNER (Type or print)	cument referenced in Item 9A or 1DA, a	s her	etofore changed, remains unchanged and in full t	öfös and effect.	
are emetal. E	NAU TITLE UP SIGNER (Type or print)		6A,	NAME AND TITLE OF CONTRACTING OFFICE	R (Type or print)	
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	D ADDRESS OF CONTRACTOR (No., stre	et, county, State and ZIP Code)	(x)	BA. AMENDMENT OF SOLICITATION NO.	
TEWART 9 HOLD TTN 2 838-	COUNTY GA ER ROAD GA 31815		×	98. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER DROIGSA-06-00005/ 10B. DATED (SEE ITEM 13)	NO.
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THE PLAC virtue of th to the solic ACCOUN	E DESIGNATED FOR THE RECEIPT OF is amendment you desire to change an of italion and this amendment, and is receive TING AND APPROPRIATION DATA (If re- nedule	OFFERS PRIOR TO THE HOUR AND E er atready submitted, such change may be of prior to the opening hour and date spe- quired)	OATE oe me cilied		YOUR OFFER. If by or felter makes reference
	13. THIS ITEM ONLY APPLIES TO I	IODIFICATION OF CONTRACTS/ORDE	RS. I	T MODIFIES THE CONTRACT/ORDER NO. AS I	DESCRIBED IN ITEM 14.
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	B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIED TO REFLECT H IN ITEM 14, PURSUANT TO THE AU	THE	E ADMINISTRATIVE CHANGES (such as change RITY OF FAR 43,103(b).	as in paying office,
	C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PURSUANT TO A	AUTH	ORITY OF:	
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ontrac	t Specialist:	, 202-732-			
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Exempt Action: Y				
	Add Item 0001 as follows:				
0001	Detention Guard Services Obligated Amount: \$0.00 Product/Service Code: S206		DA		0.00
	Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:				
	Funded: \$0.00				
	Add Item 0002 as follows:				-
0002	Transportation Services Obligated Amount: \$0.00		DH		0.0
	Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info:		1		
	Funded: \$0.00				
	Add Item 0003 as follows:				<u>_</u> .
0003	Stationary Guard Services Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD		HR		0.0
	Accounting Info:				
	Funded: \$0.00				
	Add Item 0004 as follows:				60 40
0004	Stationary Guard Services-Overtime Obligated Amount: \$0.00 Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD		HF		0.
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AMENDM	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES
2. AMENDME	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)
P00011	~	See Block 16C			
6. ISSUED B	Y CODE	ICE/DM/DC-DC	7. AD	MINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-DC
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			10	B. DATED (SEE ITEM 13)	
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	90000000999			6/30/2006	
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	numbered solicitation is amended as set for a acknowledge receipt of this amendment or	•		eceipt of Offiers is exter ion or as amended, by one of the following met	nded, is not extended.
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				ILURE OF YOUR ACKNOWLEDGEMENT TO	
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to the solic	itation and this amendment, and is received	prior to the opening hour and date spec	ified.	by telegrant or letter, provided each telegrant o	Tiotto makes reference
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Program	Office/Contracting Of	fficer's Representat	ive	(COR):	404-893-
			_		
Contrac	ting Officer:	202-732-			
The pur	pose of this modificat	tion is to change th	e CC	R into the Inter-Govern	mental Service
Agreeme	nt (IGSA) as follows:			_	
From:		To:			
Exempt	Action: Y		•		
All oth	er terms and condition	ns remain the same.			
		document referenced in Item 9A or 10.		retofore changed, remains unchanged and in fo	
15A. NAME A	ND TITLE OF SIGNER (Type or print)		16A.	NAME AND TITLE OF CONTRACTING OFFI	CER (Type or print)
15B. CONTR.	ACTOR/OFFEROR	15C. DATE SIG			16C. DATE SIGNED
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	(Signature of person authorized to sign)				09/17/13
NSN 7540-01					FORM 30 (REV. 10-83)
Previous editi	ion unusable			F	AR (48 CFR) 53.243

2. AMENDMENT/MODIFICATION NO.	FICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
	3. EFFECTIVE DATE	4.05	OURITIONING	1 2
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C. THIS SUPPLEMENTAL AGREEMENT A MATIO DOTHER (Specify Type of modification) IMPORTANT: Contractor Discons. DESCRIPTION OF AMENDMENT/MODIFICATION Number: 084354919 OR: 404-8 202-732- De purpose of this modification Standards (PBNDS) tached Quality Assurance: ewed in their entirety at the matinued Dept as provided herein, all terms and conditions of the conditi	nality Act - Mutual Acon and authority) K is required to sign this document and N (Organized by UCF section headings, in action is to incorporate 2011 Minimum Standar Surveillance Plan (QA) the following link:	AUTHOR Agree and return including s ite a. ids, issp).	ment of the Parties 1 copies to the issuic solicitetion/contract subject matter where feet and a copies to the issuic solicitetion/contract subject matter where feet and a copies to the ICE Performance of	ng office. sible.) nce Based rds and the ards may be
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C. THIS SUPPLEMENTAL AGREEMENT AND THE CONTROL OF AMENDMENT/MODIFICATION OF A CONTROL OF A CONTR	nality Act - Mutual Acon and authority) x is required to sign this document and N(Organized by UCF section headings, in action is to incorporate 2011 Minimum Standar Surveillance Plan (QA) the following link:	AUTHOR Agree and return including s ite a. ids, issp).	ment of the Parties 1 copies to the issuic solicitetion/contract subject matter where feet and a copies to the issuic solicitetion/contract subject matter where feet and a copies to the ICE Performance of	ing office. sible.) nce Based rds and the ards may be
C. THIS SUPPLEMENTAL AGREEMENT X. Immigration & Natio D. OTHER (Specify Type of modification) IMPORTANT: Contractor [] is not. DESCRIPTION OF AMENDMENT/MODIFICATION INS Number: 084354919 OR: 404-8 202-732- The purpose of this modification of the contraction of the contractor	mality Act - Mutual Act and authority) [K] is required to sign this document at N (Organized by UCF section headings, in 93- ation is to incorporate 2011 Minimum Standar Surveillance Plan (QA the following link:	AUTHOR Agree and return including s ite a. ids, issp).	ment of the Parties 1 copies to the issuic solicitetion/contract subject matter where feet and a copies to the issuic solicitetion/contract subject matter where feet and a copies to the ICE Performance of	ing office. sible.) nce Based rds and the ards may be and effect. pe or print)
C. THIS SUPPLEMENTAL AGREEME X Immigration & Natio D. OTHER (Specify Type of modification) DESCRIPTION OF AMENDMENT/MODIFICATION NS. Number: 084354919 OR: 404-8 202-732- De purpose of this modification Standards (PBNDS) tached Quality Assurance: Developed in their entirety at the standards of the conditions of the co	nality Act - Mutual Acon and authority) K is required to sign this document at N (Organized by UCF section headings, in 93- ation is to incorporal 2011 Minimum Standar Surveillance Plan (QA the following link:	AUTHOR Agree and return including s ite a. ids, issp).	ment of the Parties 1 copies to the issuic solicitetion/contract subject matter where feet and a copies to the issuic solicitetion/contract subject matter where feet and a copies to the ICE Performance of	ing office. sible.) nce Based rds and the ards may be and effect. pe or print)

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00012
 PAGE DROIGSA-06-00005//P00012
 PAGE DROIGSA-06-00005//P00012

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Please see Attachment A of this modification		П		
	regarding the implementation of the PBNDS 2011				
	Optimal Standards.				
	The income and the house the comment of the comment		ш		
	It is agreed that the aforementioned minimum and optimum standards are, herein, incorporated into		ш		
	the IGSA at no additional cost.		ш		
	the four at he additional cope.		ш		
	The Service Provider shall provide its revised		ш		
	policies to ICE within 53 days of execution of		ш		
	this modification. Within 30 days of ICE's		ш		
	approval, the facility shall be compliant with		ш		
	all PBNDS 2011 Standards stated herein.		Ш		
	Should there be a conflict between the PBNDS 2011		Ш		
	Standards and any other term and/or condition of		ш		
	the agreement identified in Block 10A of this		ш		
	modification, please contact the Contracting				
	Officer for clarification.				
	Exempt Action: Y		ш		
	*** All other terms and conditions remain				
	unchanged. ***		Ш		
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AMENDMENT OF SOLICITATION/M	DDIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGI	OF PAGES
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REC	QUISITION/PURCHASE REQ. NO.		T NO (If applicable)
P00013	See Block 16C				
S ISSUED BY	CODE ICE/DM/DC-DC	7. AD	MINISTERED BY (If other than Item 6)	CODE I	CE/DM/DC-DC
ICE/Detent Mngt/Detent (Immigration and Customs Office of Acquisition Ma BO1 I Street NW, Attention:	Enforcement	Imm Off 801	/Detent Mngt/Detent Control of Acquisition Market NW, hington DC 20536	Enforceme	
Washington DC 20536		Was	irrigeon be 20536		
NAME AND ADDRESS OF CONTRACTOR	No., street, county, State and ZIP Code)	() 9A	AMENDMENT OF SOLICITATION NO		
TEWART COUNTY OF O BOX 157 UMPKIN GA 318150157		(x)	DATED (SEE ITEM 11)		
		X DI	A MODIFICATION OF CONTRACT/ORDER ROIGSA-06-00005/	R NO.	
		10	B. DATED (SEE ITEM 13)		
OODE 0843549190000	FACILITY CODE	0	6/30/2006		
	11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS		
2 ACCOUNTING AND APPROPRIATION DATE See Schedule 13. THIS ITEM ONLY APPLIE	S TO MODIFICATION OF CONTRACTS/OF	RDERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN	TEM 14.
A THIS CHANGE ORDER IS IS ORDER NO. IN ITEM 10A	SUED PURSUANT TO: (Specify authority)	THE CHANG	GES SET FORTH IN ITEM 14 ARE MADE	N THE CONTRA	СТ
	ONTRACT/ORDER IS MODIFIED TO REFL FORTH IN ITEM 14, PURSUANT TO THE			ges in paying offic	ce,
197	EEMENT IS ENTERED INTO PURSUANT tionality Act - Mutual fication and authority)	SET SECTION OF ST	NAME OF THE OWNER	1	
	not, X is required to sign this documen		And the second s		
4 DESCRIPTION OF AMENDMENT/MODIFIC UNS Number: 084354919 OR: 400 0: 202-73:	4-893-	ys, including s	olionation/contract subject matter whate re	essore.)	
he purpose of this modi	fication is to incorpo	orate a	ll of the ICE Performa	ance Base	d
etention Standards (PBN)					
ttached Quality Assurance					
iewed in their entirety				1	
ontinued					
xcept as provided herein, all terms and condition		or 10A, as her	elofore changed, remains unchanged and i	in full force and e	fect
5A NAME AND TITLE OF SIGNER (Type or pr	0 1				print)
JOE LEE WILLIAM	s CHAIRMAN				Less Bree statement
5B CONTRACTOR/OFFEROR Signature of person authorized to sign)	15C. DATE!				07/09/14
ISN 7540-01-152-8070	T.				RM 30 (REV. 10-83)
revious edition unusable				Prescribed by G FAR (48 CFR) 5	

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00013

PAGE 2 OF 2

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	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 IGSA at no additional cost.				
	The Corrige Drawider shall and the termination			1	
	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.				
	all ibabb 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. ***				
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AMENDMENT OF SOLICITATION/MODIFIC			THE PROPERTY OF THE PARTY OF TH	le projecti	2
2. AMENDMENT/MODIFICATION: NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ, NO.	5. PROJECT N	IO. (If applicable)
P00014	See Block 16C	7 404	(INISTERED BY (If other than Item 6)	CODE TOE	/DM/DC-DC
	TCE/ DM/ DC DC	(1233) 0.23240	ACCORDINATE VIOLENTIA CONTROL	105	
ICE/Detent Mngt/Detent Cont	racts-DC	ICE,	Detent Mngt/Detent Cagration and Customs	ontracts-D	t
Immigration and Customs Enf			ice of Acquisition Ma		C
Office of Acquisition Manag 801 I Street NW,	emenc		I Street NW,		
Attention:		1	nington DC 20536		
Washington DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No., stre	et, county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.		
STEWART COUNTY OF					
PO BOX 157		9B.	DATED (SEE ITEM 11)		
LUMPKIN GA 318150157					
		10/	MODIFICATION OF CONTRACT/ORDE	R NO.	
		X DF	OIGSA-06-00005/		
	III aba baba baba baba baba baba		B. DATED (SEE ITEM 13)		
CODE 0843549190000	FACILITY CODE	1 1	6/30/2006		
	11. THIS ITEM ONLY APPLIES	A STATE OF THE STA	A ALLEN PRINTER PROPERTY CONTRACTOR OF THE PROPERTY OF THE PRO		
The above numbered solicitation is amended as set	forth in Item 14, The hour and date	specified for re	ceipt of Offers is		t extended.
Offers must acknowledge receipt of this amendment Items 8 and 15, and returning	prior to the hour and date specified	in the solicitation	on or as amended, by one of the following eipt of this amendment on each copy of th	ne offer submitted; or	(c) By
securate letter or telegram which includes a reference	ce to the solicitation and amendment	t numbersFA	ILURE OF YOUR ACKNOWLEDGEMENT	TO BE RECEIVED	AT
THE PLACE DESIGNATED FOR THE RECEIPT OF	OFFERS PRIOR TO THE HOUR A	AND DATE SPE	CIFIED MAY RESULT IN REJECTION C	OF YOUR OFFER. IT	by
virtue of this amendment you desire to change an of to the solicitation and this amendment, and is receive	ed prior to the opening hour and date	e specified:	y telegram or letter, provided each telegra	ani or locor manager	70101100
12. ACCOUNTING AND APPROPRIATION DATA (If re					
See Schedule					
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRACTS/O	ORDERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS	S DESCRIBED IN ITI	EM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) THE CHANG	SES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT	г
	A OTTO DEED TO MODIFIED TO DEE	LEOT THE AD	MINISTRATIVE CHANCES (such as cha	nges in naving office	
appropriation date, etc.) SET FOR	TH IN ITEM 14, PURSUANT TO THE	E AUTHORITY	MINISTRATIVE CHANGES (such as char OF FAR 43, 103(b).	igoo iii payirig amaa	,
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT	T TO AUTHOR	TY OF		
			deral Service Contrac	ts	
D. OTHER (Specify type of modification	VI-VII-PRIVI				
The second of th					
E. IMPORTANT: Contractor 🗵 is not,	is required to sign this docume	ent and return	copies to the is	suing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION			colicitation/contract subject matter where	feasible.)	
DUNS Number: 084354919			-		
Contract Specialist:	202-732-				
COR: 404-8					
co: 202-732-					
202 102					
The purpose of this modification	ation is to incopo	rate De	partment of Labor Cor	ntract Spec	cific
Wage Determination (CSWD) No	o. 2011-0190 Revis	sion No.	4. dated August 20,	2013 (a cc	py of
which is attached). The ide					
HILLOII ID accadited, 1 IIIc Id.	THE TAXABLE NOTES				
The Service Provider must n	otify the Contract	ing Off	icer in writing with	in thirty	(30) days
after receipt of this modif	ication of any inc	rease c	laimed under the Fail	Labor Sta	andards
Continued					
Except as provided herein, all terms and conditions of	the document referenced in Item 9A	4		ffe	ect.
15A. NAME AND TITLE OF SIGNER (Type or print)	THE SECTION LOSS SHOWS IN HOLL OF			P	nint)
					100 DATE DIOLIED
15B. CONTRACTOR/OFFEROR	15C, DATE SIGN	N			16C DATE SIGNED
					6/10/1
(Signature of person authorized to sign)		÷) F	RM 30 (REV. 10-83)
NSN 7540-01-152-8070 Previous edition unusable					SA

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00014 PAGE OF 2 2

STEWART	COUNTY OF				
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTIT (C)	Y UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	I .				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE0	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	_
P00015	See Block 16C				
6, ISSUED BY . CODE	ICE/DM/DC-DC	7. AD	MINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-DC	-
ICE/Detent Mngt/Detent Contr	acts-DC	ICE	/Detent Mngt/Detent Con	tracts-DC	
Immigration and Customs Enfo		Imm	igration and Customs En	forcement	
Office of Acquisition Manage	ement		ice of Acquisi <u>tion Mana</u>	gement	
801 I Street NW,		1	I Street NW,	×	
Washington DC 20536		Att			
8. NAME AND ADDRESS OF CONTRACTOR (No., sfree)	t cauchy State and 7ID Codel	was	hington DC 20536 AMENDMENT OF SOLICITATION NO.		
O. MAINE AND ADDRESS OF CONTRACTOR (NO., SHEET	, county, state and zir coccy	(x)	CARLINDWICHT OF COCCOTATION TO		
STEWART COUNTY OF			19		_
PO BOX 157		98	DATED (SEE ITEM 11)		
LUMPKIN GA 318150157					
		10	A. MODIFICATION OF CONTRACT/ORDER N	10.	
		X D	ROIGSA-06-00005/		
	*	1 L			_2
		10	B. DATED (SEE ITEM 13)		
CODE 0843549190000	FACILITY CODE	0	6/30/2006		
	11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS		
Offers must acknowledge receipt of this amendment p Items 8 and 15, and returning cop separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF 0 virtue of this amendment you desire to change an offe to the solicitation and this amendment, and is received	pies of the amendment; (b) By acknowleto to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND the already submitted, such change may	edging re nbers. FA DATE SP be made	ceipt of this amendment on each copy of the of MLURE OF YOUR ACKNOWLEDGEMENT TO ECIFIED MAY RESULT IN REJECTION OF Y	fer submitted; or (c) By BE RECEIVED AT OUR OFFER. If by	
12. ACCOUNTING AND APPROPRIATION DATA (If req	ruired)				
See Schedule					
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDE	RS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED IN ITEM 14.	
CHECK ONE A THIS CHANGE ORDER IS ISSUED F	DURSHANT TO: (Specify subported TH	IE CHANG	SES SET EORTH IN ITEM 14 ARE MADE IN 1	THE CONTRACT	
ORDER NO. IN ITEM 10A.	ortablish 10. Japany authority 11	IL OI ITHIN	GES SET FORTH IN ITEM 14 ARE MADE IN 1		
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLEC I IN ITEM 14, PURSUANT TO THE AU	T THE AL	MINISTRATIVE CHANGES (such as changes (OF FAR 43.103(b).	in paying office,	
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	AUTHOR	ITY OF:	U 0	- 1
		or Fe	deral Service Contracts		
D. OTHER (Specify type of modification	and authority)				
		April 1	<u> </u>	Di Colonia	_
E. IMPORTANT: Contractor X is not,	is required to sign this document a	ind return	0 copies to the issuin	g office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION ((Organized by UCF section headings, i	including :	solicitation/contract subject matter where feasi	ble.)	****
OUNS Number: 084354919			2	-	
Contract Specialist:	202-732-				
COR: 404-89	3-		8		
202-732-					
			8		
The purpose of this modificat	tion is to incoporat	te De	partment of Labor Contr	act Specific	
Wage Determination (CSWD) No					
which is attached). The idea				1505	
mich is accached). The iden	icilied wages are in	i err	ect as or August 1, 201	4.	
no and a positive positive service.		0.55	d was the secretaries with the	1200	0
The Service Provider must not		_			
fter receipt of this modifie	cation of any increa	ase c	laimed under the Fail L	abor Standards	
Continued				,	
Except as provided herein, all terms and conditions of the	e document referenced in Item			nd effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)				e or print)	
8 4					
15B. CONTRACTOR/OFFEROR	15C. DATE SI			16C. DATE SIGNED	_
	IVO. DATE OF			JOS. DATE GIGNED	
(Simplified all annual and a single and a single				7/30/14	
(Signature of person authorized to sign) NSN 7540-01-152-8070	,			D FORM 30 (REV. 10-83)	
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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00015

PAGE 2 OF 2

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE		AMOUNT
(A)	(B)	(C)	(D)	(E)	ą.	(F)
	Act and Service Contract Act.			30 30		
22 (4) (4)	The following payroll data must be submitted to support any claim for a price adjustment:	2		2 * 2		9
	1. Employee Name and CSWD Job Classification Title/Number					
	2. Actual hours paid and/or worked			e *		
	3. Actual hourly wages and wage rates used in previous			2		
	performance period					
	4. Actual H&W wages and rates used in previous performance		÷	10 10		8 8
¥	period			8 %		
	5. How was H&W paid? (i.e. cash to employees or paid to	,		2. 10		
	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	52		-	× ×	E 10
	Tax Allowance (SUTA) (if applicable).	82				
	SUGGESTED FORMAT: Price Adjustment Calculation Tool (PACT)	13		20		
	The PACT is a format service providers may use to present data need to support written claims for			1 894 - 28		Es.
ŧ.	price adjustments under the Service Contract Act. The PACT may be obtained online at www.wdol.gov. Exempt Action: Y				v 10	
B B	* * * * * * * * * * * * * * * * * * *					
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	-	CONTRACT ID CODE		PAGE OF PAGES
	1	,			1 3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	DJECT NO. (If applicable)
P00016	See Block 16C				
6. ISSUED BY CODE	ICE/DCR	-	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR
ICE/Detention Compliance & R		ICE	Detention Compliance	& Rem	ovals
Immigration and Customs Enfo			igration and Customs E		
Office of Acquisition Manage	ment		ice of Acquisition Man	ageme	nt
WASHINGTON DC 20536			I Street NW, nington DC 20536		
WASHINGTON DC 20030		Was	nington DC 20536		
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(y) 9A	AMENDMENT OF SOLICITATION NO.		
		(^/			
STEWART COUNTY OF		-	DATED OFF TELL		
PO BOX 157		198	DATED (SEE ITEM 11)		
LUMPKIN GA 318150157					
			MODIFICATION OF CONTRACT/ORDER	R NO.	
		DI	ROIGSA-06-00005/		
		106	B. DATED (SEE ITEM 13)		
CODE 0943549190000	FACILITY CODE	-	non-thomas described on the		
0843549190000	BUT RESIDENCE BERTSHER OF THE SPECIAL PROPERTY AND	1	6/30/2006		
	11. THIS ITEM ONLY APPLIES TO				
The above numbered solicitation is amended as set for	rth in Item 14. The hour and date specil	fied for re	ceipt of Offers	tended.	is not extended.
Offers must acknowledge receipt of this amendment p	rior to the hour and date specified in the	solicitati	on or as amended, by one of the following m	nethods: (a) By completing
Items 8 and 15, and returning cop	bies of the amendment, (b) By acknowle	dging red	eipt of this amendment on each copy of the	offer subm	litted; or (c) By
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF (OFFERS PRIOR TO THE HOUR AND D	ATF SPE	CIFIED MAY RESULT IN DEJECTION OF	VOLID OF	EED Wh.
virtue of this amendment you desire to change an offer	r already submitted, such change may b	e made t	by telegram or letter, provided each telegram	or letter n	nakes reference
to the solicitation and this amendment, and is received	prior to the opening hour and date spec	cified.			
12. ACCOUNTING AND APPROPRIATION DATA (If req	uired)				
See Schedule					
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	RS. IT MO	DIFIES THE CONTRACT/ORDER NO. AS I	DESCRIBE	D IN ITEM 14.
CHECK ONE A THIS CHANGE ORDER IS ISSUED P	IIDSHANT TO /Specify sulbentyl TUE	CHANG	EC OFT FORTH WITTEN		
ORDER NO. IN ITEM 10A.	ONSOANT TO (Specify authority) THE	CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN	THE CON	ITRACT
B. THE ABOVE NUMBERED CONTRAC	TIORDER IS MODIFIED TO BEEL FOR	THE AD	MINISTRATIVE QUANCES (84 18	
appropriation date, etc.) SET FORTH	IN ITEM 14, PURSUANT TO THE AUT	HORITY	MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).	es in payin	g office,
C. THIS SUPPLEMENTAL AGREEMEN	TIS ENTERED INTO BURSHAMT TO A	LITUODI	TV OF		
o mood remember Advicemen	I IS ENTERED INTO PORSOANT TO A	OTHOR	IT OF		
D. OTHER (Specify type of modification -	and authority				
			water water water and the same		
			deral Service Contract	s	
E. IMPORTANT: Contractor X is not.	is required to sign this document and				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, in	cluding s	plicitation/contract subject matter where fea	sible.)	
DUNS Number: 084354919					
Contract Specialist:	202-732-	•			
COR: 404-893	3 -				
CO: 202-732-		_			
Stewart POC:	615-263-				
,	Section Section 1				
The purpose of this modificat	ion is to correct t	ha at	footing data.		
Department of Labor Contract	Specific Wars Date	ne ei	lective dates for the	follo	owing
beparement of Babol Contract	specific wage beter	minat	lions (CSWD):		
al Number 2011 0100 B					
a) Number 2011-0190 Revision	No. 4, dated August	20,	2013 as incorporatate	d unde	er
Modification 14 and					
Continued					
Except as provided herein, all terms and conditions of the	document referenced in Item 9				nd effect.
15A. NAME AND TITLE OF SIGNER (Type or print)					e or print)
					and making the contract of the
15B. CONTRACTOR/OFFEROR	THEO DATE OF				
S. S	15C. DATE SIG				16C. DATE SIGNED
Charles the Manufacture of the Control of the Contr					011110
(Signature of person authorized to sign)					714114
NSN 7540-01-152-8070 Previous edition unusable					FORM 30 (REV. 10-83)
					by GSA R) 53.243

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CONTINUATION SHEET	DROIGSA-06-00005//P00016	2	3

TEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
		1	, - ,	127	(2)
	b) Number 2011-0190 Revision No. 5, dated July 18, 2014 as incorporated under Modification 15:	1		1	
	16, 2014 as incorporated under Modification 15:	1			
	The effective dates are as follows:				
	2011-0190 Revision No. 4 (09/22/2013 -				
	09/21/2014)		П		
	2011-0190 Revision No. 5 (09/22/2014 -			1	
	09/21/2015)			1	
	The Service Provider must notify the Contracting				
	Officer in writing by OCTOBER 4, 2014 any increase claimed under the Fail Labor Standards				
	Act and Service Contract Act.		П		
	The following payroll data must be submitted to support any claim for a price adjustment:			*	
	support any crarm for a price adjustment:			į.	
	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			1	
	5. How was H&W paid? (i.e. cash to employees or			1	
	paid to	1			
	third party)				
	6. Applicable workers compensation rate (if H&W				
	was paid in				
ļ,	cash to employees)				
	7. Applicable tax rates and taxable caps (Federal				
	Unemployment Tax Allowance (FUTA) and State			8	
	Unemployment Tax Allowance (SUTA) (if applicable).			1	
	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			1	
	Continued				
				-	
40-01-152-	0007				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	DROIGSA-06-00005//P00016	3		3

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	/IIII	UNIT DDICE	
(A)	(B)	(C)	(D)	UNIT PRICE (E)	AMOUNT (F)
(,,,	price adjustments under the Service Contract Act.	107	(5)	(E)	(F)
	The PACT may be obtained online at www.wdol.gov.				
	Exempt Action: Y	1			
	Accounting Info:	1	1 1	1	
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		1	1 1	1	
			1 1	1	
	744 74 0005 6-33	l	1 1		
	Add Item 0005 as follows:			1	
0005	Monthly Internet Service to support VTC of				
0005	detainees with their attorneys in preparation for				0.0
	administrative immigrations proceedings.	1	1 1		
	Obligated Amount: \$0.00	1	1 1		
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGE	ES .
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	14.85	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If app	2 ntinahta)
ASSESSMENT OF THE PROPERTY OF		4.10	QUISTI ONIT ONORMSE REQ. NO.	S. PROSECT NO. (III SP)	modeley
P00015 6. ISSUED BY CODE	See Block 16C	7 AI	MiNISTERED BY (if other than Item 6)	CODE ICE / DM / I	OC DC
	ICE/DM/DC-DC	_	A 19	TOB/ DEI/ I	· ·
ICE/Detent Mngt/Detent Contr			:/Detent Mngt/Detent Co migration and Customs E		
Immigration and Customs Enfo Office of Acquisition Manage			ice of Acquisition Man		y•
801 I Street NW,	JIII CII C	000000000000000000000000000000000000000	I Street NW,	ing Caron C	
Washington DC 20536			en:		
			hington DC 20536		
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.		
STEWART COUNTY OF					
PO BOX 157		9	B. DATED (SEE ITEM 11)		
LUMPKIN GA 318150157					
		10	DA. MODIFICATION OF CONTRACT/ORDER	R NO.	<u> </u>
			ROIGSA-06-00005/		
	*	95			
		11	OB. DATED (SEE ITEM 13)		
CODE 0843549190000	FACILITY CODE		06/30/2006		
	11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS		
The above numbered solicitation is amended as set for				tended. 🔲 is not extended	đ.
Offers must acknowledge receipt of this amendment p			tion or as amended, by one of the following n sceipt of this amendment on each copy of the		
Items 8 and 15, and returning cop separate letter or telegram which includes a reference					
THE PLACE DESIGNATED FOR THE RECEIPT OF (OFFERS PRIOR TO THE HOUR AN	D DATE SE	PECIFIED MAY RESULT IN REJECTION OF	YOUR OFFER. If by	4 6 6
virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received			by telegram or letter, provided each telegran	n or letter makes reference	
12. ACCOUNTING AND APPROPRIATION DATA (if reg			A Company of the Comp		 9.
See Schedule	ter Act				
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/OR	DERS. IT	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.	•
					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority)	THE CHAN	GES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT	Tuyetti Haritalah
				10	
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLI I IN ITEM 14, PURSUANT TO THE	ECT THE A AUTHORIT	DMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b).	es in paying office,	
C. THIS SUPPLEMENTAL AGREEMEN	TIC ENTENED INTO BURGUANT	O ALITHO	NEW OF		
			ederal Service Contract	. c	
X Title 29 Labor Part D. OTHER (Specify type of modification		TOL I	sderar bervice contract		117100000000000000000000000000000000000
b. Office (poorly type of measurement)					
	The securiosal to piece this sleet was	t and entire	0 copies to the issu	ion office	×
E. IMPORTANT: Contractor 🗵 is not,	is required to sign this documen				
14 DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 084354919	(Urganized by UCF section heading	s, including	solicitation/contract subject matter where lea	isible.)	
Contract Specialist:	202-732-				€
COR: 404-89	37				
202-732-			3		
			A		
The purpose of this modificat				-	
Wage Determination (CSWD) No					
thich is attached). The idea	ntified wages are	in eft	ect as of August 1, 20	14.	
	1				
The Service Provider must not	tify the Contracti	ng Off	icer in writing within	thirty (30) o	iays
fter receipt of this modifie	cation of any incr	ease o	claimed under the Fail	Labor Standard	is
Continued					
Except as provided herein, all terms and conditions of the	e document referenced in Item			nd effect.	F)
15A. NAME AND TITLE OF SIGNER (Type or print)	8			e or print)	
	¥r				
15B. CONTRACTOR/OFFEROR	15C. DATE SI			16C. DAT	E SIGNED
•				7	2014
(Signature of person authorized to sign)				•	170
NSN 7540-01-152-8070 Previous edition unusable				D FORM 30 (RE by GSA	v. 10-83)
rtevious edition unusable				Dy G5A	

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00015

PAGE 2 OF 2

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE		AMOUNT
(A)	(B)	(C)	(D)	(E)	ą.	(F)
	Act and Service Contract Act.			30 30		
22 (4) (4)	The following payroll data must be submitted to support any claim for a price adjustment:	2		2 * 2		9
	1. Employee Name and CSWD Job Classification Title/Number					
	2. Actual hours paid and/or worked			e *		
	3. Actual hourly wages and wage rates used in previous			2		
	performance period					
	4. Actual H&W wages and rates used in previous performance		÷	10 10		8 8
¥	period			8 %		
	5. How was H&W paid? (i.e. cash to employees or paid to	,		2. 10		
	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	52		-	× ×	E 10
	Tax Allowance (SUTA) (if applicable).	82				
	SUGGESTED FORMAT: Price Adjustment Calculation Tool (PACT)	13		20		
	The PACT is a format service providers may use to present data need to support written claims for			1 894 - 28		Es.
ŧ.	price adjustments under the Service Contract Act. The PACT may be obtained online at www.wdol.gov. Exempt Action: Y				v 10	
B B	* * * * * * * * * * * * * * * * * * *					
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				100		v s
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1, CONTRACT ID CODE	PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ., NO.	5. PROJECT NO. (If applicable)				
P00014	See Block 16C							
6. ISSUED BY CODE	ICE/DM/DC-DC	7. ADMINISTERED BY (If other than Item 6) CODE ICE/DM/DC-DC						
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 801 I Street NW, Attention: Washington DC 20536	rcement	Imm: Off: 801	Detent Mngt/Detent Congration and Customs Indice of Acquisition Man I Street NW, Indicate DC 20536	Enforcement				
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.					
STEWART COUNTY OF PO BOX 157 LUMPKIN GA 318150157		x DI	DATED (SEE ITEM 11) A MODIFICATION OF CONTRACT/ORDER ROTGSA-06-00005/	ER NO.				
CODE 0843549190000	FACILITY CODE	0	6/30/2006					
4	11. THIS ITEM ONLY APPLIES T	OAMENDA	ENTS OF SOLICITATIONS					
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (If received)	pies of the amendment; (b) By acknown to the solicitation and amendment nu DFFERS PRIOR TO THE HOUR AND relie and submitted, such change may prior to the opening hour and date so	wledging red umbers, FA D DATE SPI sy be made l	eipt of this amendment on each copy of th ILURE OF YOUR ACKNOWLEDGEMENT ECIFIED MAY RESULT IN REJECTION O	ne offer submitted; or (c) By If TO BE RECEIVED AT OF YOUR OFFER. If by				
See Schedule				o propriet in 1774 44				
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORD	DERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS	5 DESCRIBED IN ITEM 14.				
ORDER NO, IN ITEM 10A.			SES SET FORTH IN ITEM 14 ARE MADE					
appropriation date, etc.) SET FORTH			MINISTRATIVE CHANGES (such as char OF FAR 43, 103(b).	, goo poj go o. j				
X Title 29 Labor Part	4 Labor Standards	for Fe	deral Service Contrac	ts				
D. OTHER (Specify type of modification	VI - 1/1/2 - 20/03/2							
12 29 5 3 20 7 9 25 Ministry of Shape 1804 Co.								
E. IMPORTANT: Contractor 🗵 is not.	is required to sign this document	and return	copies to the is	ssuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 084354919 Contract Specialist: COR: 404-89 CO: 202-732-	202-732-	s, including	ficitation/contract subject matter where fi	easible.)				
The purpose of this modifica Wage Determination (CSWD) No which is attached). The ide	. 2011-0190 Revisio	on No.	4, dated August 20,	2013 (a copy of				
The Service Provider must no after receipt of this modifi	tify the Contraction cation of any incre	ng Off ease c	icer in writing withi laimed under the Fail	in thirty (30) days				
Except as provided herein, all terms and conditions of the STANAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9A			ffect.				
15B. CONTRACTOR/OFFEROR	15C, DATE SIGN			6/19/14				
(Signature of person authorized to sign)				DRM 30 (REV. 10-83)				
NSN 7540-01-152-8070 Previous edition unusable				3SA 53,243				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00014 PAGE OF 2 2

STEWART	COUNTY OF				
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	Y UNIT (D)	UNIT PRICE (E)	AMOUNT (F)

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1 CONTRACT ID CODE	PAGE	PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 RE	QUISITION/PURCHASE REQ NO	5 PROJECT	NO (If applicable)			
P00017	See Block 160							
6 ISSUED BY CODE	ICE/DCR	7 AC	MINISTERED BY (If other than Item 6)	CODE ICE	E/DCR			
ICE/Detention Compliance &	Removals	ICE	/Detention Compliance &					
Immigration and Customs Enf	Immigration and Customs Enforcement							
Office of Acquisition Management			Office of Acquisition Management					
801 I Street, NW			801 I Street NW,					
WASHINGTON DC 20536		Was	phington DC 20536					
8. NAME AND ADDRESS OF CONTRACTOR (No. 520	of, county. State and ZIP Code;	(x) 9;	A AMENDMENT OF SOLICITATION NO					
STEWART COUNTY OF PO BOX 157								
LUMPKIN GA 318150157		9B DATED (SEE ITEM 11)						
EDMERTIN GA STOTSOTS								
		× 10	A MODIFICATION OF CONTRACT/ORDER NO	D.				
		1	101G5A-00-005037					
		10	B DATED (SEE ITEM 13)					
CODE 0643549190000	FACILITY CODE	- 1	06/30/2006					
	11. THIS ITEM ONLY APPLIES TO							
The above numbered solicitation is amended as set	onh in item 14. The hour and date spec	afied for a	scard of Offers	and Class				
Offers must acknowledge receipt of this amendment	prior to the hour and date specified in the	e solicitat	ion or as amended, by one of the following meth	ods (a) By con	t extended			
itains a and 15, and returning	opies of the amendment, (b) By acknowle	odoine re	cert of this amendment on each convict the affe					
separate letter or telegram which includes a returence THE PLACE DESIGNATED FOR THE RECEIPT OF	OFFERS PRIOR TO THE HOUR AND	bers. FA	NLURE OF YOUR ACKNOWLEDGEMENT TO	E RECEIVED	AT			
value of this attenditional you dose a to change an or	of all gady submitted, such change may	he made	by telegram or letter, provided each telegram or	UR OFFER. If letter makes re	by ference			
to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (If re	id prior to the opening hour and date spe	citied		400,000,000,000				
See Schedule	quieoj							
	MODIFICATION OF CONTRACTS/ORDE	RS. IT M	IDDIFIES THE CONTRACT/ORDER NO. AS DES	CRIBED IN ITS	EM 14			
A THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A	PURSUANT TO, (Specify authority) TH	E CHAN	GES SET FORTH IN ITEM 14 ARE MADE IN TH	E CONTRACT				
B THE ABOVE NUMBERED CONTRA	CT/ORDER IS MODIFIED TO REFLECT	T THE AC	OMINISTRATIVE CHANGES (such as changes in Y OF FAR 43 103(b)	n pavino office				
AND THE REPORT OF THE PROPERTY				, , , , , , , , , , , , , , , , , , , ,				
	NT IS ENTERED INTO PURSUANT TO	AUTHOR	NTY OF					
X Immigration and Nati	[18] [18] [18] [18] [18] [18] [18] [18]							
D OTHER (Specify type of modification	and authority)							
E. IMPORTANT: Contractor (1) is not.	(D							
	(A) is required to sign this document at			office				
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 084354919	(Organized by OCF section headings, if	ncluding	solicitation/contract subject matter where feasible	e)				
Contract Specialist:	202-732-							
Contracting Officer:	202-732-							
COR: 404-89								
Stewart POC:	615-263-							
200.	013-203-							
The purpose of this modifica	tion is to ironway		V. 7.11					
The purpose of this modifica adjustments:	cron is co incorpora	ite t	ne following agreement a	nd rate				
aa jab amarica .								
a) PBNDS 2011 OPTIMALS (AD	DENOUN AT							
The state of the s	DENDOM A)							
Continued								
Except as provided herein, all terms and conditions of the	na document references is them for			45.40 M. AND TO THE REAL PROPERTY OF THE PERSON OF THE PER				
ISA NAME AND TITLE OF SIGNER (Type or print)	o social in total cod in highly so			orce and effec				
Tag las will	Current			R (Type or pri	nuj			
15B. CONTRACTOR/OFFEROR	CHAIRMAN				March Programs 147, 500 Actual St. 44			
A . O	15C DATE SIGN			1	6C DATE SIGNED			
(Signature of person authorized to sign)	9-25-				9/2/11			
NSN 7540-01-152-8070				DARD FORM	130 (05) 14			
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				(48 CFR) 53 2	243			

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00017 PAGE OF 2 3

TEM NO.	SUPPLIES/SERVICES	QUANTITY	J.,,,,,,		
(A)	(B)	(C)	(D)	UNIT PRICE	AMOUNT
	The Service Provider shall implement the	107	(3)	(E)	(F)
	following PBNDS 2011 Optimals as detailed in the			1	
	attached Addendum A:		11	1	
	*5.4 Recreation (Item A)				
	•5.7 Visitation				
	·6.3 Law Libraries and Legal Material			1	
	In exchange, ICE agrees to pay a bed day rate increase of				
	mb- Camira B				
	The Service Provider shall provide revised	1			
	policies to ICE within 14 days of execution of	1		Į.	
	this modification.				
	Within 30 days of ICE's approval the revised	1			
	policies, the facility shall be compliant with			1	
	the PBNDS 2011 Standards stated herein (the				
	facility will be compliant with 5.4 Recreation				
	(Item B) upon the availabilty of the Outdoor			1	
	Recreation Area (Addendum B).				
	\$1000000000000000000000000000000000000				
	b) OFFICE SPACE				
	The Service Provider shall provide square		1 1		
	feet of modular office space to accommodate				
	ICE staff at the Stewart Detention Center as				
	detailed in the Addendum B.			1	
	c) PRISION RAPE ELIMINATION ACT (PREA)			1	
	The state of the s			ľ	
	Incorporate the U.S. Department of Homeland				
- 1	Security DHS) regulation titled, "Standards to			1	
	Prevent, Detect, and Respond to Sexual Abuse and			L.	
- 1	Assault in Confinement Facilities," 19 Fed. Reg.				
- 1	13100 (Mar. 7, 2014) as detailed in Addendum C.			1	
- 1					
- 1	The Service Provider must notify the Contracting			1	
- 1	Officer in writing within 30 days after receipt			1	
1	of this modification of any equitable adjustment			- 1	
1	claimed as a result of the incorporation of the standards detailed in Addendum C.				
- 1	Exempt Action: Y			1	
İ	Accounting Info:			1	
	into dance in the control of the con			- 1	
- 1				1	
1					
	-				
	Change Item 0001 to read as follows (amount shown			1	
- 1	is the total amount):				
	Continued				
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	DROIGSA-06-00005//PD0017	3	13	3

NAME OF OFFEROR OR CONTRACTOR

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0001	Detention Guard Services. The Bed Day Rate is increased as follows: By: From:		DA		0.0
	To:				
	Funding will be obligated under task order HSCEDM-14-F-IG224.				
	Product/Service Code: \$206 Product/Service Description: HOUSEKEEPING- GUARD				

The state of the s	ON/MODIFIC	ATION OF CONTRACT	1 CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT/MODIFICATION NO		3 EFFECTIVE DATE		1 1 2
P00018			4 REQUISITION/PURCHASE REQ NO	5 PROJECT NO (If applicable)
ISSUED BY	CODE	See Block 160	192114FHQDPAU0029	er en
OF/Detention Commit		ICE/DCR	7 ADMINISTERED BY (If other than Item 6)	CODE ICE/DCR
CE/Detention Compli mmigration and Cust	ance & B	emovals	ICE/Detention Compliance	& Removals
ffice of Acquisitio	W Managa	Ydemena	ARTHIGIATION and Customs ;	inforcement
01 I Street, NW	ii mamaye	ALE INC.	Office of Acquisition Mar	Tagement
ASHINGTON DC 20536			801 I Street NW,	
			Washington DC 20536	
NAME AND ADDRESS OF CONTRAC	TOR (No street	county. State and ZIP Code)	(x) SA AMENDMENT OF SOLICITATION NO	
DEWART COUNTY OF			14.00	
BOX 157			A.C.	
MPKIN GA 318150157			96 DATED (SEE ITEM 11)	
			N 10A MODIFICATION OF CONTRACTIORDES	NO.
			PROIGSA-06-00005/	
			10B DATED (SEE (TEM 13)	
OB43549190000	1	FACILITY CODE	MATTER STATE OF THE STATE OF TH	
			06/30/2006	
The above numbered solicitation is am-	ended as yet for	hin from 14. The knowledge	O AMENDMENTS OF SOLICITATIONS	
Offers must acknowledge receipt of thir	amendment pri	or to the hour and date sources	ecified for receipt at Offers is extended to the following management of the following	tended. (iiis not extended
lems 8 and 15, and returning	000	es of the amengment (b) By arknow	the scriptation or as amended, by one of the following mi kledging raceipt of this amendment on each copy of the c	ethods: (a) By completing
eparate letter or telegram which include	DE A VETERANDA I	and the copy acknow	elending through or this amendation to beach copy of the c	offer submitted, critics By
HE PLACE DESIGNATED FOR THE	RECEIPT OF OI	FERS PRIOR TO THE HOUR AND	imbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO DATE SPECIFIED MAY RESULT IN REJECTION OF	O BE RECEIVED AT
of the solicitation and the appropriate	change an offer	aiready submitted, such change ma	DATE SPECIFIED MAY RESULT IN REJECTION OF y be made by lelegram or letter, provided each telegram pecified.	YOUR OFFER If by
o the solicitation and this amendment. ACCOUNTING AND APPROPRIATIO	U DATA (U	shor to the opening hour and date s	peched	a lead in the stead shift
€ Schedule	A DATA (IT IBGE)	TEO)		The state of the s
13. THIS ITEM ONLY A	PRI IES TO MO	DECATOR OF OOR		
	ELEG TO MO	DIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACTIONDER NO. AS D	ESCRIBED IN ITEM 14.
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ORDER NO IN ITEM I	()A		HE CHANGES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT
B. THE ABOVE NUMBER	O CONTRACT	ORDER IS MODIFIED TO SECURE		
appropriation date, etc.	SETFORTH	NITEM 14 PURSUANT TO THE A	OT THE ADMINISTRATIVE CHANGES (Such as charge) UTHORITY OF EAR 43, 103(b)	s in paying office.
		S ENTERED INTO PURSUANT TO		
			AUTHORITY OF	The second secon
D. OTHER (Specify type o	modification an	d authority)	1 ()	
X FAR 43.103(a)	and the same and the	o outrosty)		
IPORTANT: Contractor				
	Lishot 3	is required to sign this document a	ind return copies to the issuin	g office
S Number: 08435491	DIFICATION (O)	ganized by UCF section headings	reclusing solioitation/portract subject matter where feasi	Die)
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stract Specialist:		202-732-		
R:	404-893-		•	
Program POC:		202-732-		
262-	732-			
wart PCC:		10 70 8		
		15-283-		
0.000				
purpose of this bl	Lateral	modification is to	comply with the recommenda	tion of the
The second secon	APPROXIS NOTES	22년년	TANTE DE LA FALLE A	
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and a reserve and a state of the	tion pra	ceedings at the co	ewart Detention Center.	COL
tinued	4000000	ye was been de	parameter Center.	
pt as provided herein, all terms and cor	id trans of the vir	dismant saferances in the		
NAME AND TITLE OF SIGNER (Type	or print)			effect
- 1 - 1 - 1	0	00 10		of poots
DE LEE WILLIO	LMS. (HAIRMAN		
CONTRACTOR OFFEROR	10	15C DATE		-
He kee wil	Win			16C DATE SIGNED
(Signature of person authorized to	signi	9-2		9/30/11
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ous edition unusable				ORM 30 (REV 10-83)
				GSA 83 543

REFERENCE NO OF DOCUMENT BEING CONTINUED CONTINUATION SHEET PAGE DROIGSA-06-00005//E00018

NAME OF OFFEROR OR CONTRACTOR

ITEM NO	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT PRICE	
(A)	(B)	(D)	UNIT PRICE	AMOUNT (E)
	ICE accepts the proposal of the Corrections Corporation of America (CCA) submitted to ICS 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).			324
	Therefore, CLIN 0005 entitled "Monthly Internet Service to support VTC of detainees with their attorneys in preparation for administrative immigrations proceedings" is hereby created at no additional cost to the government.			
	ICE will send (2) laptops or desktops (GFE, to be specifically identified later), with Polycom Software/Windows to Stewart Detention Center. CCA will appoint a POC to receive and sign for the GFE. CCA will hook-up the laptops or desktops. CCA will then provide a monthly bundled T1 (data circuit) service delivering 6M 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 GFZ POC designated for Stewart Detention Center. The ICE GFE POC will examine the GFE and send it to the ICE Program office, who will either fix or replace the GFE.			
	CCA will have 60 days from the date this modification is executed to provide above-referenced services. Exempt Action: 7 Accounting Info:			
	Change Item 0005 to read as follows(amount shown is the total amount):			
i i	Monthly Internet Service to support VTC of detaineds with their accorneys in preparation for administrative immigrations proceedings at moudditional cost to the government.			0.
			- Control of the Cont	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	-	
CONTINUATION SHEET	REFERENCE NO OF DUCUMENT BEING CONTINUED DROIGSA-06-00005//P00018	PAGE	OF
NAME OF OFFEROR OR CONTRACT		3	3

STEWART COUNTY OF

(A)	SUPPLIES/SERVICES	QUANTITY		
	(B)	(0)	D) (E)	(E)
	Obligated Amount: \$0.00			
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. F	REQUISITION/PURCHASE REQ. NO.	5. PR(1 1 DJECT NO. (If applicable)
P00019	See Block 16C				1 11 10
6. ISSUED BY CODE	ICE/DCR	7.7	ADMINISTERED BY (If other than Item 6)	CODE	ICE/DCR
ICE/Detention Compliance & R Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	emovals rcement	In Of 80	CE/Detention Compliance & migration and Customs Enfice of Acquisition Mana Ol I Street NW, ashington DC 20536	force	ovals
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.		
STEWART COUNTY OF PO BOX 157 LUMPKIN GA 318150157		v	9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER N DROIGSA-06-00005/	O.	
			10B. DATED (SEE ITEM 13)		
CODE 0843549190000	FACILITY CODE		06/30/2006		
	11. THIS ITEM ONLY APPLIES TO A	AMEN	DMENTS OF SOLICITATIONS		
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (If req. See Schedule 13. THIS ITEM ONLY APPLIES TO MO	OFFERS PRIOR TO THE HOUR AND D r already submitted, such change may b I prior to the opening hour and date spec uired)	ATE Se made sified.	SPECIFIED MAY RESULT IN REJECTION OF YO	OUR OFF	FER. If by akes reference
CHECK ONE A. THIS CHANGE ORDER IS ISSUED PORDER NO. IN ITEM 10A.	URSUANT TO: (Specify authority) THE	CHA	NGES SET FORTH IN ITEM 14 ARE MADE IN TI	HE CON	ITRACT
B. THE ABOVE NUMBERED CONTRAC	T/ORDER IS MODIFIED TO REFLECT	THE	ADMINISTRATIVE CHANGES (such as changes of TY OF FAR 43, 103(b).	in paying	g office,
C. THIS SUPPLEMENTAL AGREEMENT					
D. OTHER (Specify type of modification a	and authority)		1000		
X FAR 43.103(b)					
E. IMPORTANT: Contractor X is not,	is required to sign this document and	d retu	rn 0 copies to the issuing	office	
14. DESCRIPTION OF AMENDMENT/MODIFICATION (THE PERSON NAMED OF THE PE				
DUNS Number: 084354919	erganized by ear account neutrings, in	ora arri	g sometament subject mater where reest	6.7	
Contract Specialist:	202-732-				
COR: 229-838-					
Stewart POC:	615-263-				
The purpose of this modificat	ion is to remove the	e c	urrent COR for this Conti	ract,	
and replace her with					20
Exempt Action: Y					
Except as provided herein, all terms and conditions of the	document referenced in Item 9A or 10A	A, as h	neretofore changed, remains unchanged and in ful	I force a	and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)		16/	A NAME AND TITLE OF CONTRACTING OFFIC	ER (Typ	pe or print)
15B. CONTRACTOR/OFFEROR	15C. DATE SIGI				16C. DATE SIGNED
				i	10
(Signature of person authorized to sign)					03.10.15
NSN 7540-01-152-8070 Previous edition unusable					D FORM 30 (REV. 10-83)
TOTAGE CULTUIT UTUSAUTE					by GSA FR) 53.243

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	P	PAGE OF I	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PRO	JECT NO (1 If applicable)
P00020	See Block 16C				0201110. (, apprisable)
6. ISSUED BY CODE	ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE	ICE/D	CP
ICE/Detention Compliance & R Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	emovals	Imm: Off: 801	Detention Compliance & igration and Customs Endice of Acquisition Manager I Street NW, hington DC 20536	force	vals	
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.			
STEWART COUNTY OF PO BOX 157 LUMPKIN GA 318150157		9B.	DATED (SEE ITEM 11) MODIFICATION OF CONTRACT/ORDER NOT COLORS A - 06 - 0005 /	0.		2 N 9
		10E	B. DATED (SEE ITEM 13)			
CODE 0843549190000	FACILITY CODE	0	6/30/2006			
	11. THIS ITEM ONLY APPLIES TO	AMENDM	ENTS OF SOLICITATIONS			
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (If reg See Schedule	DFFERS PRIOR TO THE HOUR AND E r already submitted, such change may b I prior to the opening hour and date spe uired)	OATE SPE be made b cified.	CIFIED MAY RESULT IN REJECTION OF YO y telegram or letter, provided each telegram or	UR OFF letter ma	ER. If by akes referen	
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	RS. IT MC	DDIFIES THE CONTRACT/ORDER NO. AS DES	SCRIBED	IN ITEM 14	•
			ES SET FORTH IN ITEM 14 ARE MADE IN THE MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).			
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO A	AUTHORI	TY OF:			<u></u>
D. OTHER (Specify type of modification X FAR 43.103(b)	and authority)					
E. IMPORTANT: Contractor X is not,	is required to sign this document an	nd return	O copies to the issuing	office.	-	
14. DESCRIPTION OF AMENDMENT/MODIFICATION (
DUNS Number: 084354919	Table 10 to					
Contract Specialist: COR 1: (404) COR 2: 229-83 ACOR: (229) 838 Stewart POC:						
The purpose of this modificat	tion is to appoint 2	Prin	mary CORs for this Contr	cact,		(80)
Exempt Action: Y						
Except as provided herein, all terms and conditions of the	document referenced in Item 9A or 10	A, as here	etofore changed, remains unchanged and in ful	force an	nd effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)			IAME AND TITLE OF CONTRACTING OFFIC			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED				16C. D	DATE SIGNED
(Signature of person authorized to sign)					13/	11/201
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Prescribed by GSA FAR (48 CFR) 53.243

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDMENT MODIFICATION NO.		1			1	3
P00021	3. EFFECTIVE DATE	4 RE	QUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO.	(If applicable)
6 ISSUED BY CODE	02/04/2016 ICE/DCR	7 AF	MINISTERED BY (If other than Item 6)			
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Office of Acquisition Manage	ment	1mm	igration and Customs Enfice of Acquisition Manag	orc	ement	
801 I Street, NW		801	I Street NW,	1eme	nt	
WASHINGTON DC 20536			hington DC 20536			
8 NAME AND ADDRESS OF CONTRACTOR (No. street,						
	county, State and ZIP Code	(x) 9A	AMENDMENT OF SOLICITATION NO.			
STEWART COUNTY OF						
PO BOX 157		98	DATED (SEE ITEM 11)			
LUMPKIN GA 318150157						
	8	x 10.	MODIFICATION OF CONTRACT/ORDER NO			
		DI	ROIGSA-06-00005/			
		-	DATE OF ACTION			
CODE 0843549190000	FACILITY CODE		DATED (SEE ITEM 13)			
0043349190000		1000	6/30/2006			
The above numbered solicitation is amended as set for	11. THIS ITEM ONLY APPLIES TO A					
Offers must acknowledge receipt of this amendment pri	of to the hour and data specified in the	olicitati	ceipt of Offers jis extend	ed.	is not exte	nded
cobs	es of the amendment; (b) By acknowledge	ging rec	BIDL of this amendment on each copy of the offer	di shani	mad . at tal E	ing
separate letter or telegram which includes a reference to	the solicitation and amendment number	re FA	LURE OF YOUR ACKNOWLEDGEMENT TO D	FORCE	EN/CO AT	7
THE PLACE DESIGNATED FOR THE RECEIPT OF OF	FERS PRIOR TO THE HOUR AND DAT	E SPF	CIFIED MAY RESULT IN REJECTION OF YOUR	OCCE	D When	
virtue of this amendment you desire to change an offer a reference to the solicitation and this amendment, and is	received prior to the apaning hour and a	made l	ly telegram or letter, provided each telegram or l	etter m	ekes	
12. ACCOUNTING AND APPROPRIATION DATA (If requir	ed)					
See Schedule						
13. THIS ITEM ONLY APPLIES TO MOD	DIFICATION OF CONTRACTS/ORDERS	IT MO	DIFIES THE CONTRACT/ORDER NO. AS DESC	RIBED	IN ITEM 14.	()
CHECK ONE A THIS CHANGE ORDER IS ISSUED PU	RSUANT TO (Specify authority) THE C	HANG	S SET FORTH IN ITEM 14 ARE MADE IN THE	CONT	DACT	
ORDER NO. IN ITEM 10A	(-)		SELL SHILL HER TAKE MADE IN THE	CONT	MACI	
B. THE ABOVE NUMBERED CONTRACT	ORDER IS MODIFIED TO REFLECT TH	EADN	INISTRATIVE CHANGES (such as changes in p	eaying i	office,	
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C. THIS SUPPLEMENTAL AGREEMENT	S ENTERED INTO PURSUANT TO AUT	HORIT	YOF			
OTHER (Specify type of modification an	7 A.					
X in accordance with IG:	St. St. Decomposition			C VOCIDAL CO		
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	is required to sign this document and n					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (On DUNS Number: 084354919	ganized by UCF section headings, inclu	ding so	icitation/contract subject matter where feasible.)	ŝ	28	
Contract Specialist:	202-732-					
COR 1: (404)						
COR 2: 229-836						
ACOR: (229) 838-						
(020) 000	15 263					
bechale foc.	15-263-					
The nuvness of this madificati						
The purpose of this modificati	on is to implement t	he :	supplemental agreement r	efer	renced	in
Modification 17, Addendum B to	this Agreement (See	at	cached). This supplement	al a	igreeme	ent
provides for a rate increase o	f cents per bed	day				
Attached Addendum B, and a gua	ranteed minimum amou	nt o	of in exchange for	the	Servi	.ce
Continued						
Except as provided herein, all terms and conditions of the do	ocument referenced in Item 9 A or 10A, a	s herel	ofore changed, remains unchanged and in full fo	rce and	d effect.	
S NAME AND TITLE OF SIGNER (Type or print)	c			ype o	or print)	District Country Editor
JOE LEE WILLIA	tun)					
CONTRACTOR/OFFEROR	EDATE SIGNED				16C DA	TE SIGNED
Las Par Whe	- 0-0-11				10	1. 111
(Signature of person authorized to sign)	2-9-2016				12	110/16
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00021 2 3

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Provider providing the following:			the state of the s	
	and the second s				E
	- square feet of modular office space to				
	the Stewart Detention Center to accommodate				
	ICE Staff which includes the following:			_	
	A total facility capacity of beds, a total				
	general population capacity of beds and a				
	total of beds of segregated population.				
	-conversion of existing program space to				
	processing	1			
	-outdoor recreation upgrades to include new	1			
	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	1			
	HSCEDM-15-F-IG284.				
	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	1			
	Period of Performance: 08/21/2014 to 08/31/2016				
	Add Item 0006 as follows:				
0006	Detention Guard Services	1			0.
0000	Tier 1				
	Guaranteed Minimum				
	Beds				El .
	Effective May 23 2015				
	Bed Day Rate:			=	
	Product/Service Code: S206			=	
	Product/Service Description: HOUSEKEEPING- GUARD				
	Add Item 0007 as follows:				
					0.
0007	Detention Guard Services Tier 2	1			
	Above Guaranteed Minimum				,
	Beds				
	Effective May 23 2015				
	Bed Day Rate:				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Add Item 0008 as follows:				-
	Continued				11
	Continued				
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CONTINUATION SHEET	DROIGSA-06-00005//P00021	3		3

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
800	Detention Guard Services				0.0
	Tier 3	1	1		
	Above Guaranteed Minimum		1 1		
	Beds		1		
	Effective May 23 2015				
	Bed Day Rate:				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD	22	1		
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AMENDMENT OF SO	LICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES
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2. AMENDMENT/MODIFICA	ATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO. 116FATDET00053.5	5. PR	OJECT NO. (If applicable)
P00022 6. ISSUED BY	CODE	See Block 16C		OMINISTERED BY (If other than Item 6)	CODE	TCE /DCD
		ICE/DCR	1	·		TCB/ BCK
	Compliance & R d Customs Enfo			C/Detention Compliance & Digration and Customs Eng		
Office of Acqu				ice of Acquisition Manag		
801 I Street,				I Street NW,	5 0	
WASHINGTON DC	20536		Was	hington DC 20536		
8. NAME AND ADDRESS O	E CONTRACTOR (No. etmot	county Stole and 71D Code)	lo	A AMENDMENT OF SOLICITATION NO.	_	
6. NAME AND ADDRESS O	F CONTRACTOR (No., Street,	county, State and 21F Code)	(x)	E AMENDMENT OF SOLICITATION NO.		
STEWART COUNTY	OF					
PO BOX 157			98	, DATED (SEE ITEM 11)		
LUMPKIN GA 3181	150157					
			x 10	A. MODIFICATION OF CONTRACT/ORDER NO	0.	
				KO1G5A-00-000037		
			10	B. DATED (SEE ITEM 13)		
CODE 084354919	0000	FACILITY CODE		06/30/2006		
	0000	11. THIS ITEM ONLY APPLIES TO A				
The above numbered solid	citation is amended as set for	th in Item 14. The hour and date specif			ded	is not extended.
		•		ion or as amended , by one of the following met		
Items 8 and 15, and return		·		ceipt of this amendment on each copy of the offe	,	, , , ,
separate letter or telegram				AILURE OF YOUR ACKNOWLEDGEMENT TO		, , ,
				ECIFIED MAY RESULT IN REJECTION OF YOU		
				by telegram or letter, provided each telegram or	r letter r	nakes
reference to the solicitation 12. ACCOUNTING AND APP		received prior to the opening hour and	date sp	ecified.		
See Schedule	ROPRIATION DATA (II requi	rea)				
13. THIS I	ITEM ONLY APPLIES TO MO	DIFICATION OF CONTRACTS/ORDERS	s. IT M	ODIFIES THE CONTRACT/ORDER NO. AS DES	CRIBE	D IN ITEM 14.
OUEOU ONE						
A. THIS CHA ORDER N	INGE ORDER IS ISSUED PI IO. IN ITEM 10A.	JRSUANT TO: (Specify authority) THE	CHANG	GES SET FORTH IN ITEM 14 ARE MADE IN TH	IE CON	TRACT
B. THE ABOV	VE NUMBERED CONTRACT	T/ORDER IS MODIFIED TO REFLECT T	THE AD	MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).	n paying	office,
Х	ion date, etc./ SET FORTH	INTILIMITY, FORSOANT TO THE ACT	IONITI	OF FAR 43. 103(0).		
C. THIS SUP	PLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT TO AU	ITHORI	TY OF:		
D OTHER (S	Specify type of modification a	and neither effect				
D. OTHER (S	specify type of mounication a	па ашнопку).				
E. IMPORTANT: Contract	tor X is not.	is required to sign this document and	return	copies to the issuing	office.	
				olicitation/contract subject matter where leasible		
OUNS Number: 0	84354919			in the second second		
Contracting Off	icer:	(202) 732-				
Contract Specia	list:	(202) 732-		 -		
COR:	(229) 838-					
ACOR:	(404)	893-				
	(101)					
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	(Type of plint)		, TUM, I	NAME AND TITLE OF CONTRACTING OFFICE	-i 1 (1 y p	o or printy
5B. CONTRACTOR/OFFERO	OR	15C. DATE SIGNED				16C. DATE SIGNED
						27 Sept 2016
(Signature of person	on authorized to sign)			<u> </u>		•
NSN 7540-01-152-8070						D FORM 30 (REV. 10-83)
Previous edition unusable						by GSA FR) 53,243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00022
 PAGE OF 2
 OF 2

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Period of Performance: 08/21/2014 to 08/31/2016				
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	1	PAGE OF PAGES
2. AMENGMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PRO	DIECT NO. (If applicable)
P00023	See Block 16C				
6. ISSUED BY CODE	ICE/DCR	7. ADI	INISTERED BY (If other than flem 6)	CODE	ICE/DCR
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Immigration and Customs Enfo	rcement	Imm.	igration and Customs E	inforce	ement
Office of Acquisition Manage	ment		ice of Acquisi <mark>tion Mar</mark>	nageme	nt
801 I Street, NW			I Street NW,		
WASHINGTON DC 20536		Was	hington DC 20536		
8. NAME AND ADDRESS OF CONTRACTOR (No., 1910).	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO		
STEWART COUNTY OF					
PO BOX 157		98	DATED (SEE ITEM 11)		
LUMPKIN GA 318150157		1 1			
		102	MODIFICATION OF CONTRACT/ORDE	R NO.	
		× DE	MODIFICATION OF CONTRACT/ORDER OF GSA-06-00005/		
		108	B. DATED (SEE ITEM 13)		
CODE 0843549190000	FACILITY CODE	0	6/30/2006		
	11. THIS ITEM ONLY APPLIES TO	MENDA	ENTS OF SOLICITATIONS	-	
. The above numbered solicitation is amended as set for					, is not extended.
Offers must acknowledge receipt of this amendment pr	_				
			eipt of this amendment on each copy of the		
separate letter or telegram which includes a reference					
THE PLACE DESIGNATED FOR THE RECEIPT OF C					-
within of this amandment you desire to change an offer reference to the solicitation and this amendment, and if				m or letter in	18102
12. ACCOUNTING AND APPROPRIATION DATA (If requi					
See Schedule					
13. THIS ITEM ONLY APPLIES TO MI	DIFICATION OF CONTRACTS/ORDI	ERS. IT MC	DIFIES THE CONTRACT/ORDER NO. AS	DESCRIBE	D IN ITEM 14.
A. THIS CHANGE ORDER IS ISSUED P	URSUANT TO: (Specify authority) Th	HE CHANG	ES SET FORTH IN ITEM 14 ARE MADE N	THE CON	TRACT
8. THE ABOVE NUMBERED CONTRAC appropriation date, atc.) SET FORTH	T/ORDER IS MODIFIED TO REFLEC IN ITEM 14, PURSUANT TO THE AU	T THE ADI	AINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).	es in paying	office,
C. THIS SUPPLEMENTAL AGREEMENT	S ENTERED INTO DURSHANT TO	SUTUDD!	v ne		
V. TIID SOFFICEMENTINE AGRICEMENT	IS ENTENED INTO PURSUANT TO	AUTHOR	100		
D. OTHER (Specify type of modification)	and authority)				
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E. IMPORTANT: Contractor is not	x) is required to sign this document a	and return	1 cop es to the last	ving office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UGF section headings.	including s	licitation/contract autiject matter where fee	istèle.)	
DUNS Number: 084354919			_		
Contracting Officer:	(202) 73	2-			
Contract Specialist:	(202) 732				
COR: (229) B38-					
ACOR: (404)	893-				
Prime Contractor: Joe Willia	ms- Chairman of St	ewart.	(229) 838-		
Sub-Contractor: CCA	(615) 263-	CHALLY	(223) 000		
Jub Concractor. CCA	(013) 203-		- CO		
This bilateral modification i	s issued to increa	se the	hed day rate under b	he sh	ave.
referenced agreement effective					
pased on Modifications 14 and	15, which incorpo	rated	updated DOL Contract	Specif	ic Wage
Continued	deministrations of the line of the	1A1 t	Andrew Charles and the Contract of the Contrac	4.11.5	SANCE (Name On the
Except se provided herein, all terms and conditions of the ISA. NAME AND TITLE OF SIGNER (Type or print)	accommut telesences in How 9 y of		otoforo changed, remains unchanged and MAME AND TITLE OF CONTRACTING OF		
T 1 55	Cala and				San Anna A
JOE LEE WILLIAM	S CHAIRMAN	-			
15B. CONTRACTOR OFFEROR	15C. DATE SIGNED				16C. DATE SIGNED
for the willia	mn 111-8-201	6			8 000 301F
(Spirature of person authorized to sign)	111 0 001	U			
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CONTINUATION SHEET	DROIGSA-06-00005//P00023	2	3

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	JINIT	UNIT PRICE	TAUOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Determinations (CSWD) into this agreement,				
	specifically 2011-0190 Revision 4 dated 8/20/13	1			
	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			1	
	Service Provider agrees to waive, release, and			1	
	relinguish the rights, claims, and demands for			1	
	the outstanding payments to which the Service			1	
	Provider is entitled under Modifications			1	
	for the period 8/01/14 to 9/30/2016. The bed				
	day rate change effective 10/1/16 is as follows:				
				1	
	Rate Changed to:				
	Rate Changed by:				
	Nace Changed 110m.				
	The complete pricing schedule is attached.				14
	All other terms and conditions remain unchanged.				
	Exempt Action: Y			1	
	Period of Performance: 08/21/2014 to 08/31/2020			1	
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AMENDMENT	OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGI	PAGE OF PAGES			
2. AMENDMENT	MODIFICATION NO	3. EFFECTIVE DATE	4	REQUISITION/PURCHASE REQ. NO	5 PROJEC	T NO (If applicable)			
P00024		See Block 16C				in opposite			
6 ISSUED BY	CODE	ICE/DOR	7.	ADMINISTERED BY (If other than Item 6)	CODE I	CE/DCR			
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	on and Customs Enfo		I	mmigration and Customs	Enforceme				
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B NAME AND AD	DRESS OF CONTRACTOR (No. stree	t county State and ZIP Code!	(x)	DA AMENDMENT OF SOLICITATION NO					
TEWART CO	DUNTY OF		1000						
	EE WILLIAMS		- 1	98 DATED (SEE ITEM 11)					
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UMPKIN GA	316150157		-	10A MODIFICATION OF CONTRACT/ORDE	PNO				
			24	ER0163A-06-000057					
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0843	549190000	FACILITY CODE		06/30/2006					
The should sumb	percel collection is assessed as a set	11. THIS ITEM ONLY APPLIES TO 6th in Item 14. The hour and date spe			xiended i lis	not extended			
THE PLACE DE- vidue of this ame	SIGNATED FOR THE RECEIPT OF (endment you desire to change an offe	OFFERS PRIOR TO THE HOUR AND r already submitted , such change may	DATE:	FAILURE OF YOUR ACKNOWLEDGEMENT SPECIFIED MAY RESULT IN REJECTION OF ide by telegram or letter, provided each telegra	YOUR OFFER I	fbv			
ACCOUNTING ee Schedu	AND APPROPRIATION DATA (if requ	is received prior to the opening hour arrived)	nd date	specified					
		ODIFICATION OF CONTRACTS/ORDE	ERS. I	MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN I	TEM 14.			
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		IS ENTERED INTO PURSUANT TO							
			Agre	eement of both Parties					
D. 0	THER (Specify type of modification i	and authority)							
IMPORTANT:	Contractor Lis not	Xi is required to sign this document a	and sate	en 1 seeles to the Co.	47				
				g solicitation/contract subject matter where fea	.,				
NS-Numbe	r: 084354919			3	0.0.0.				
mtractin	g Officer:	(202) 73	2 -						
	pecialist:	(202) 732-							
R:	(229) 838-								
OR:	(404)								
		ms- Chairman of Ste	ewar	t, (229) 838-					
dp-Contra	ctor: CCA	(615) 263-							
		_		*					
e purpose	e of this bilateral	modification is to	0 80	knowledge the receipt a	nd accep	tance of			
MADOU SOTT	as revised of "Janu	ary 12, 2017							
ntinued.	F #								
cept as provided h	nerein, all terms and conditions of the	document referenced in Item 9 A or 1	0A as	herelofore changed, remains unchanged and in	full force and ef	fect			
A NAME AND TIT	LE OF SIGNER (Type or print)	. 1	18	NAME AND TITLE OF CONTRACTING OF	ICER (Type or p	vint)			
1050	6 B. 11:11	Am Chair	1001						
D. CONTRACTOR	OFFEROR	15C DATE SIGNED	Kon			16C DATE SIGNED			
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EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(8)	(C)	(D)	(E)	(F)
	Durana National V. Commission				
	Exempt Action: Y Sensitive Award: SPII Period of Performance: 08/21/2014 to 08/31/2020				
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AMENDMENT OF SOLICITATION/MOD	FICATION OF CONTRACT		1 CONTRACT ID CODE	14	PAGE OF	PAGES
2 AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 51	EQUISITION/PURCHASE REQ NO	10 15 55	1	3
P00025	See Block 160	1000	117FATDETG0079	5 PR	OJECT NO	If applicable
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Immigration and Customs E	Diorderent	Im	E/Detention Compliand	TEL 4 Rem	ovals	
Office of Acquisition Man	agement	DE	migration and Customs fice of Acquisition N	Entorc	ement	
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WASHINGTON DC 20536			shington DC 20536			
		1/4				
8 NAME AND ADDRESS OF CONTRACTOR (No.	street, county, State and 21P Code	(x) S	A AMENDMENT OF SOLICITATION NO			
TEWART COUNTY OF						
TTN JOSEPH B WILLIAMS CHA	IRMAN	9	B DATED (SEE ITEM 11)			
O BOX 157			,			
UMPNIN GA 318150157				.		
		X	DA MODIFICATION OF CONTRACTION OF CONTRACTION	DER NO		
		11	09 DATED (SEE ITEM 13)			
ODE 0843549190000	FACILITY CODE		06/30/2006			
	11. THIS ITEM ONLY APPLIES	IO AMEND	MENTS OF SQLICITATIONS			
The above numbered solicitation is amended as	set forth in item 14. The hour and date so	pecified for	recent of Office	is extended	IS NOT ENT	
Offers must acknowledge receipt of this amendm	ent prior to the hour and date specified in	the solicity	tion or as emended, by one of the foreur	ifin methods (in	l By complai	IDT.
admin o desd 15, and terrama?	copies of the amendment, (b) By ackno	wiedona n	to some mens on treamment and the lower	When a Hear we show	eteration but it	iv iv
separate lister or relegram which recludes a refer	drick to the solution and amendment of	services E	ATT FIRE ACTION A CONTRACT CONTRACTOR			-7
THE PLACE DESIGNATED FOR THE RECEIPT virtue of this amendment you desire to change an information to the change and the contract to the contract of the contra	DTGE STORES SUbmitted store change m	But this impair	a Balling Million and an area of the area of the control of the co	DE YOUR OFF	ER H by	
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13. IMIS TER ONLY APPLIES T	O MODIFICATION OF CONTRACTS:ORD	ERS. IT M	ODIFIES THE CONTRACT/ORDER NO. A	AS DESCRIBE	DIN ITEM 14.	
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ORDER NO IN ITEM 1GA	ED PURSUANT TO (Specify authority) T	TE CHAN	353 SEFFORTH IN ITEM 14 ARE MADE	EIN THE CON	TRACT	
B THE ABOVE NUMBERED CONT	RACT/ORDER IS MODIFIED TO BEEL S	CT THE AD	Address Tracts of the same of	17/8		
eporophatron date etc.) SETFO	RACTIORDER IS MODIFIED TO REFLEI RTH IN ITEM 14 PURSUANT TO THE A	UTHORITY	OF FAR 43 103(b).	inges in paying	ottice.	
C THIS SUPPLEMENTAL AGREEN	SENT IS ENTERED INTO PURSUANT TO	LAUTHOR	TV 05			
X Immigration & Mati	onality Act - Metual	Arres	Terr of both Payers			
O OTHER (Specify type of mountain	on and authority		more of cour sateres	1		
	80 **					
IMPORTANT: Contractor Special	a required to sign this document	arret rot inn	1	1		
DESCRIPTION OF AMENDMENT MODIFICATE	IN (Granued by UCE section haveness	00071010111	copies to the it	seuing citice		
NS Number: 084354919	and the state of our particular	inchand s	oncitation/contract subject matter where t	feasible)		
ontracting Officer:	(202) 73	5	ă.			
ontract Specialist:	(202) 732-	de T				
DR: (229) 83	L. Maria Co					
1447, 33	1) 893-					
3 4 4						
rime Contractor: Joseph E						
b-Contractor: CoreCivic -		6151	163-			
de National Control	76 96 PM					
is bilateral modification	is issued to increa	se the	e staffing plan tempo	rarily	to an	
Guttonal	sard/Medical Officers	posit	ions (individual hou	rly res	e of	
This is to cover e	leven[11] additional	posts	at a fixed monthly	rate of		
ntinued						
rept as provided herein, all terms and conductors of	the document referenced in Item 9 A or 1	IGA, as her	etolore changed, remains unchanged and	 	all officer	
A. NAME AND TITLE OF SIGNER (Type or pant)		15A N	IAME AND TITLE OF CONTRACTING O	FFICER /Type	or pantl	
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CONTRACTORUSFEROR	THE CONTRACTOR			1 200		
De VIB Wood	15C DATE SIGNED			-	16C DA	TE SIGNED
(Signature of person authorized to sign)	02-21-20	-			33	Feb 201
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NAME OF OFFEROR OR CONTRACTOR

EM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
A)	for months at an annual cost of 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-IGl11 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 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 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 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	(C)	(D)	(E)	(F)
	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/MODIF	ONTRACT		1. CONTRACT D CODE		PAGE OF	PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	1 D	EQUISITION/PURCHASE REQ. NO.	5 PRO	1 DIECT NO	(If applicable)
P00026			4. IX	EQUISITIONAL PLOS. NO.	J. FIXC	SILCT NO.	(п аррпсаые)
6. ISSUED BY CO	See Bloc DE ICE/DCR		7. /	ADMINISTERED BY (If other than Item 6)	CODE	ICE/I	ICP
ICE/Detention Compliance & Immigration and Customs En Office of Acquisition Mana 801 I Street, NW WASHINGTON DC 205	Removals	-	IC Im Of	E/Detention Compliance & migration and Customs Engineer of Acquisition Manager 1 I Street NW, ashington DC 205	forc	ovals ement	, contract of the contract of
8. NAME AND ADDRESS OF CONTRACTOR (No., s	treet county State and	7ID Code)		9A. AMENDMENT OF SOLICITATION NO.			
6. NAME AND ADDRESS OF CONTRACTOR (No., S	treet, county, state and	()	(X)	5A. AMENDMENT OF SOLICITATION NO.			
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHA PO BOX 157 LUMPKIN GA 318150157	IRMAN	X		9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO DROIGSA-06-00005/	0.		
			ŀ	10B. DATED (SEE ITEM 13)			
CODE 0843549190000	FAC LITY COD	DE .		06/30/2006			
	11. THIS ITE	M ONLY APPLIES TO AM	/IEN	DMENTS OF SOLICITATIONS			
CHECK ONE A. THIS CHANGE ORDER IS ISSUIT ORDER NO. IN ITEM 10A.	and is received prior required) O MODIFICATION O ED PURSUANT TO:	to the opening hour and date the opening hour and date of the contracts/ORDERS. (Specify authority) THE C	. IT		SCRIBE HE CON	D IN ITEM 1	4.
C. THIS SUPPLEMENTAL AGREEN	MENTISENTEREDI onality Ac	NTO PURSUANT TO AUT	THC				
E. IMPORTANT Contractor 🗵 is no	t Dis required t	o sign this document and r	refu	rn copies to the issuing	office		
14. DESCRIPTION OF AMENDMENT/MODIFICATION Number: 084354919 Contracting Officer: Contract Specialist: (229) 8 ACOR: (40) Prime Contractor: Joseph Sub-Contractor: Corecivic	, () 38- 4) 893- B. William	, (202) 732- 202) 732- 5 - Chairman,	(2.5)	229) 838- 263-		αe	
Determination #2011-0190 rorders with an effective dontinued	evisions 6	through 9 in	ito	this IGSA and the subsec	quen	t task	
Except as provided herein, all terms and conditions	of the document refe	renced in Item 9 A or 10A,	, as	heretofore changed, remains unchanged and in fo	ull force	and effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)			-	A. NAME AND TITLE OF CONTRACT NG OFFIC			
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		15C. DATE SIGNED					

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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00026
 PAGE 2
 OF 2

ITEM NO.	SUPPL ES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	accordance with clause 52.222-43, Fair Labor	+	+			
	Standards Act and Service Contract Labor					
	Standards Act and Service contract habor					
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	Exempt Action: Y Sensitive Award: SPII					
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE	OF PAGES
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P00027	See Block 16C	+ REQ	OISH ON PORCHASE REQ. NO.	5. PROJECT N	NO. (If applicable)
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B. NAME AND ADDRESS OF CONTRACTOR (No., street	Druger Piets and TIT Co. 1				
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIRN PO BOX 157 LUMPKIN GA 318150157		98. I	AMENDMENT OF SOLICITATION NO. DATED (SEE ITEM 11) MODIFICATION OF CONTRACT/ORDE OIGSA-06-00005/	R NO.	
CODE 0843549190000	FACILITY CODE		DATED (SEE ITEM 13)		
A64854313000	11. THIS ITEM ONLY APPLIES	1 1	30/2006		
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF O virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and in 12. ACCOUNTING AND APPROPRIATION DATA (If requised See Schedule	to the solicitation and amendment FFERS PRIOR TO THE HOUR AN already submitted, such change in screening print to the opening hours	numbers. FAIL ND DATE SPEC	FIED MAY RESULT IN REJECTION OF	TO BE RECEIVED A	
	DIFICATION CO. T.		DIFIES THE CONTRACT/ORDER NO. AS		
B. THE ABOVE NUMBERED CONTRACT appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMENT	T/ORDER IS MODIFIED TO REFLI IN ITEM 14, PURSUANT TO THE	ECT THE ADMI AUTHORITY O	NISTRATIVE CHANGES (such as chang F FAR 43.103(b)		
D. OTHER (Specify type of modification a	ind authority)				
X Bilateral Modification	on				
E. IMPORTANT: Contractor Dis not.	x) is required to sign this documer	nt and return	copies to the issu	ing office	
14 DESCRIPTION OF AMENDMENT/MODIFICATION (COUNS Number: 084354919 Contracting Officer: (229) 838-ACOR: (404) Prime Contractor: Joseph B. Gub-Contractor: CoreCivic -	(202) 73 893- Williams - Chairm	12-	9)838-	sible.)	
The purpose of this \$0 modification of the purpose of this \$0 modification of the purpose of this \$0 modification of the purpose of the	ice Agreement num ee Telephone Syst	ber DROI	GSA-06-0003 signed J	for use at	06) is
tewart Detention Center in Lontinued	umpkin, GA beginn	ing June	e 1st, 2017. The prov	isions of	the ICE
Except as provided herein, all terms and conditions of the	document referenced in them 5 × -	v 104	Alexander and authoromorphisms and the manufacture		
JOSEPH B. W. Mams 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	hairman 150. DATE SIGNED 04-26-20	16A. NA	office changed, remains unchanged and i	FICER (Type or print)	C. DATE SIGNED /
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TEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
/	(B)	(C)	(D)	(B)	(F)
	DTS as detailed in Attachment 1 to this				
	modification P00027 are hereby incorporated into the Agreement.				
	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				
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6. ISSUED BY	CODE	ICE/DCR	7.	ADMINISTERED BY (If other than Item 6)	CODE	ICE/	DCP
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	ion and Customs Enfo			E/Detention Compliance & migration and Customs En			
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	reet, NW			1 I Street NW,	gene	14.0	
	ON DC 20536			shington DC 20536	1.57		
B. NAME AND A	ADDRESS OF CONTRACTOR (No., atreet,	county, State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.			
STEWART (COUNTY OF						
	EPH B WILLIAMS CHAIRN	MAN	Н	9B. DATED (SEE ITEM 11)			
PO BOX 1				,			
	GA 318150157		Ш				
			x	10A. MODIFICATION OF CONTRACT/ORDER N DROIGSA-06-00005/	0.		
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		11. THIS ITEM ONLY APPLIES TO A	Lie				
The share -	umbered solicitation is amended as set for			June 1111	and or all	is not ax	4
separate lette	er or telegram which includes a reference	to the solicitation and amendment numb	ers.	receipt of this amendment on each copy of the of FAILURE OF YOUR ACKNOWLEDGEMENT TO PECIFIED MAY RESULT IN REJECTION OF YO	BE REC	CEIVED AT	
virtue of this	amendment you desirs to change an offer	already submitted, such change may b	e ma	de by telegram or letter, provided each telegram o			
	the solicitation and this amendment, and it ING AND APPROPRIATION DATA (if requ		date	specified.			
See Sche							
	13. THIS ITEM ONLY APPLIES TO MO	DDIFICATION OF CONTRACTS/ORDER	S. IT	MODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBE	D IN ITEM	14.
CHECK ONE							19
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	URSUANT TO: (Specify authority) THE	CHA	NGES SET FORTH IN ITEM 14 ARE MADE IN TO	HE CON	ITRACT	
	B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUTI	THE .	ADMINISTRATIVE CHANGES (such as changes in TY OF FAR 43.103(b)	n paying	eaillo g	
	C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT TO AL	JTHC	RITY OF			
	D. OTHER (Specify type of modification a	end authority)					
x	Bilateral Modification	on					
E. IMPORTANT:	: Contractor X is not.	is required to sign this document and	1 retu	m copies to the issuing	n office		
				g solicitation/contract subject matter where feasib	_		
	ber: 084354919	organization by the section countries, in	MAT SHILL	A southern and another indian where todain	nu. j		
	ing Officer:			(202) 7	32-	197	
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ACOR:	(404)						
		/	,	2201020			
	ntractor: Joseph B.						
sub-cont.	ractor: CoreCivic -	(6.	13)	263-			
mi. 1 1							
				the bed day, guard, and m	nile	age ra	tes
inder the	e above referenced ag	greement effective 0	3/0	2/2017 as follows:			
Bed Day 1	Rate						
Continue	d						
	ded herein, all terms and conditions of the	document referenced in Item 9 A or 10.	-	hototofore shanged remains weeks seed and in f	di dama		
15A. NAME AN	D TITLE OF SIGNER (Type or print)						- 6
15B CONTRAC	CTOR/OFFEROR	15C DATE SIGNED					DATE SIGNED
OU CONTINU	TOTALLENON	130. DATE SIGNED					P07
	Name of the same o	_					G 2064 BON
NSN 7540-01-1	Signature of parson authorized to sign) 52-8070						0 (REV 10-83)
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						FR) 53.243	i

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00028

PAGE 2

OF 2

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	From: Guard Rate From: Mileage Rate From: 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				
	IV				

AMENDMEN	NT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
CIVICIADIAICE	TO SOLICITATION/MODIFICA	TION OF CONTRACT				1	7
2. AMENDMEN	T/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PR	ROJECT NO	. (If applicable)
P00029		See Block 16C					
6. ISSUED BY	CODE	ICE/DCR	7. A	DMINISTERED BY (If other than Item 6)	CODE	E ICE/	DCR
Immigrat Office o 801 I St	ention Compliance & R tion and Customs Enfo of Acquisition Manage treet, NW TON DC 20536	rcement	Imr Of:	E/Detention Compliance & migration and Customs Endice of Acquisition Manager I Street NW, shington DC 20536	ford	cement	
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	9	A. AMENDMENT OF SOLICITATION NO.			
STEWART ATTN JOS PO BOX 1	COUNTY OF EPH B WILLIAMS CHAIR		1	IB. DATED (SEE ITEM 11) IGA. MODIFICATION OF CONTRACT/ORDER NOT OF THE PROPERTY OF THE PROPER	10.		
			- 1	OB. DATED (SEE ITEM 13)			
CODE 08	43549190000	FACILITY CODE		06/30/2006			
		11. THIS ITEM ONLY APPLIES TO	AMEN	DMENTS OF SOLICITATIONS			
reference to	the solicitation and this amendment, and TING AND APPROPRIATION DATA (If reqedule	is received prior to the opening hour and uired)	d date	de by telegram or letter, provided each telegram specified. MODIFIES THE CONTRACT/ORDER NO. AS DE			I 14.
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) THI	E CHA	NGES SET FORTH IN ITEM 14 ARE MADE IN T	THE CO	ONTRACT	
	B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORTI	CT/ORDER IS MODIFIED TO REFLECT H IN ITEM 14, PURSUANT TO THE AUT	THE	ADMINISTRATIVE CHANGES (such as changes TY OF FAR 43.103(b).	in pay	ring office,	
	C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PURSUANT TO A	AUTHO	PRITY OF:			
	D. OTHER (Specify type of modification	50					
X	Bilateral Modificat:	ion					
E. IMPORTAN	T: Contractor ☐ is not.	x is required to sign this document a	nd retu	rn1 copies to the issuir	ng offic	æ.	
14. DESCRIP	TION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings, in	ncludin	g soficitation/contract subject matter where feasi	ible.)		
DUNS Nu	mber: 084354919						_
Contrac COR: ACOR: Prime C		893- Williams - Chairman		(202) 202) (229) 838-	732 732-	-	i
This Bi	lateral modification	is issued to:					
1-Incor		Staffing Plan in the	abo	ove referenced agreement	efi	fective	э
15A NAME A	H B: William	Chairman		s heretofore changed, remains unchanged and in SA. NAME AND TITLE OF CONTRACTING OFF			
15B. CONTR	ACTOR/OFFEROR	02-06-20	28				D
NSN 7540-01	(Signature of person authorized to sign) 1-152-8070				STANE	DARD FOR	M 30 (REV. 10-83)

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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00029

PAGE 2

OF 7

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
21)	(B)	(C)	(D)	(E)	(F)
	2/01/2018.				
	2-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 CO,				
	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				
	CoreCiviic 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				
	Compliance begins March 01, 2018.				
	Additional magnined				
	Additional required documents: Monthly Staff report				
	Monthly Vacancy Report				
	Monthly Tormination Paris				
	Monthly Terminations, Retirements, and Resignations Report				
	Resignations Report				
	All other terms and conditions remain unchanged.				
	The other terms and conditions remain unchanged.				
	Continued				
	8067			1	

CONTINUENTIAL REFERENCE NO. OF DOCUMENT BEING CONTINUED	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C)F
CONTINUATION SHEET	DROIGSA-06-00005//P00029	3	7

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
7)	(B)	(C)	(D)	(E)	(F)
	Exempt Action: Y Sensitive Award: SPII				
	Period of Performance: 08/21/2014 to 08/31/2020				
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AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	1 3 OJECT NO. (If applicable)
P00030	See Block 16C				
6. ISSUED BY CODE	ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE	ICE/DCR
ICE/Detention Compliance & R Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	emovals rcement	Imm: Off: 801	/Detention Compliance & igration and Customs En ice of Acquisition Mana I Street NW, hington DC 20536	ford	novals
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.		
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIRI PO BOX 157 LUMPKIN GA 318150157	1AN	9B.	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER N ROTGSA-06-00005/ B. DATED (SEE ITEM 13)	10.	
CODE 0843549190000	FACILITY CODE	- 1	6/30/2006		
0010037130000	11. THIS ITEM ONLY APPLIES TO A				
CHECK ONE A. THIS CHANGE ORDER IS ISSUED IN ORDER NO. IN ITEM 10A.	OFFERS PRIOR TO THE HOUR AND DA r already submitted, such change may be is received prior to the opening hour and uired) DDIFICATION OF CONTRACTS/ORDER PURSUANT TO: (Specify authority) THE	ATE SPE be made date spe S. IT MO	CIFIED MAY RESULT IN REJECTION OF YO by telegram or letter, provided each telegram or	SCRIB	FER If by makes ED IN ITEM 14.
C. THIS SUPPLEMENTAL AGREEMEN D. OTHER (Specify type of modification		UTHORI	TY OF:		
X Bilateral Modificati	on				
E. IMPORTANT: Contractor is not.	x is required to sign this document an	d return	1 copies to the issuin	g office	
	893- Williams - Chairman		(202) (202) 732- 29) 838-		
1) Increase the Bed Day rate Agreement Continued	under the above ref	eren	ced Intergovernmental S	Serv	ice
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A or 10		eretofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OFFI		
15A. NAME AND TITLE OF SIGNER (Type or print)	Cl va	TOM.	TOTAL AND THEE OF CONTRACTING OFF	\ (7F- 4. Fr
Tosoph B. Will'eters 15B. CONTRACTOR/OFFEROR Seph B. Willese (Signature of person authorized to sign) NSN 7540-01-152-6070 Proving a grifting unuscable	15C. DATE SIGNED 15C. DATE SIGNED		F	rescrib	July 24, 2018 FORM 30 (REV. 10-83) ed by GSA
Previous edition unusable					CFR) 53.243

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CONTINUATION SHEET	DROIGSA-06-00005//P00030	2	3

(B) effective 5/23/2017 as follows: From: By: To:	(C)	(D)	(E)	(F)
From: By:				
By:				
By:		1 !		
		1		
10:				
2) Incorporate the attached bed day rate schedule				
which is updated from the previously attached in				
P00017.				
All other terms and conditions remain unchanged.				
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	[
	1			
	Exempt Action: Y Sensitive Award: SPII Period of Performance: 08/21/2014 to 08/31/2020 All other terms and conditions remain unchanged.	Period of Performance: 08/21/2014 to 08/31/2020 All other terms and conditions remain unchanged.	Period of Performance: 08/21/2014 to 08/31/2020	Period of Performance: 08/21/2014 to 08/31/2020 All other terms and conditions remain unchanged.

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 REO	UISITION/PURCHASE REQ. NO) [6	1 14
P00031	08/01/2018		DIDITION OF THE REG. IN	J. J.	PROJECT NO. (If applicable)
6. ISSUED BY CODE		7. ADA	INISTERED BY (If other than It	em 6) CC	DE TOP/DOD
ICE/Detention Compliance & I Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	Removals	ICE, Imm: Off: 801	Detention Compl. gration and Customer Complete C	iance & Ro toms Enfo on Manage	emovals rcement
8. NAME AND ADDRESS OF CONTRACTOR (No., street	COUNTY State and ZIP Codes	las			
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157		9B.	DATED (SEE ITEM 11) MODIFICATION OF CONTRA OIGSA-06-00005/		
		100	DATES (DES ITS)		
CODE 0843549190000	FACILITY CODE		DATED (SEE ITEM 13)		
0010019190000	11. THIS ITEM ONLY APPLIE		5/30/2006		
A. THIS ITEM ONLY APPLIES TO M A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	PURSUANT TO: (Specify authority, TYORDER IS MODIFIED TO REFI IN ITEM 14, PURSUANT TO THE	LECT THE ADN	S SET FORTH IN ITEM 14 ARI INISTRATIVE CHANGES (such IF FAR 43.103(b).	E MADE IN THE C	ONTRACT
C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT	TO AUTHORIT	Y OF:		
D. OTHER (Specify type of modification	and authority)		-		
X Bilateral Modificati	on				
IMPORTANT: Contractor is not.	☑ is required to sign this docume	ent and return	1 copies	to the issuing offic	•
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section heading	ngs, including so	icitation/contract subject matter	where feasible	<u>. </u>
084354919		5.0 5.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	more reasons.	
ontract Specialist:				(202) 732	2-
Contracting Officer:			(202)	732-	4 V
COR: (229) 838- (404)				W	-
(101)			01.020		
ub-Contractor: CoreCivic -	Williams - Chair				
		(615) 2	03-		
his Modification is issued t	:0:				
) Increase the Bed Day rate ontinued	under DROIGSA-06-	-00005 e	ffective 8/01/20	18 per th	e attached
xcept as provided herein, all terms and conditions of the	document referenced in Item 9 A	or 10A, as here	plore changed remains unabas	need and in 5 of 5	
SA. NAME AND TITLE OF SIGNER (Type or print)		16A. N	ME AND TITLE OF CONTRAC	TING OFFICER	Type or print)
	em S				2000
58. CONTRACTOR/OFFEROR	15C. DATE SIGNE	F1 - F2			16C. DATE SIGNED
Signature of person authorized to sign)	08-22-	18			August 9 2046
SN 7540-01-152-8070	- 0				August 8, 2018
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				FAR (48	(CFR) 53.243

CONTINUATION SHEET DROIGSA-06-00005//P00031 REFERENCE NO. OF DOCUMENT BEING CONTINUED

PAGE 2

14

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Rate schedule as follows:				40.000
	From:		1 1		
	By:				
	To:	1			
	2) Incorporate the attached WDOL Wage		11		
	Determination No. 2015-4503 Rev. 10 dated July	1	11		
	03, 2018.		11		
		1			
	In accordance with FAR 52.222-43, Fair Labor	1		1	
	Standards Act and Service Contract Act-Price	1	11		
	Adjustment (Multiple Year and Option Contracts)			1	
	(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.			18	
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AMENDME	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	P	PAGE OF PA	GES		
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5. PRO	JECT NO. (If a	4 applicable)		
P00032		See Block 16C			5. PROJECT NO. (If applicable)				
6. ISSUED BY CODE ICE/DCR ICE/Detention Compliance & Removals				ADMINISTERED BY (if other than Item 6)	ICE/DC	R			
				E/Detention Compliance &			N.		
	tion and Customs Enfo			migration and Customs Er					
Office	of Acquisition Manage			fice of Acquisition Mana					
801 I S	treet, NW		80	1 I Street NW,					
WASHING	TON DC 20536		Wa	shington DC 20536					
8. NAME AND	ADDRESS OF CONTRACTOR (No., stree	County State and 715 And		OA AMENIDAGAT OF COLUMN					
STATISTIC PAINT		, county, state and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.					
STEWART	COUNTY OF								
	SEPH B WILLIAMS CHAIR	MAN		9B. DATED (SEE ITEM 11)					
PO BOX									
LUMPKIN	GA 318150157		х	10A. MODIFICATION OF CONTRACT/ORDER	NO.				
			^	DROIGSA-06-00005/					
				10D DATED (055 1551 151					
CODE no	142540100000	EACH ITY CODE	_	10B. DATED (SEE ITEM 13)					
08	343549190000	FACILITY CODE		06/30/2006					
===	numbered solicitation is amended as set for	11. THIS ITEM ONLY APPLIES 1							
12. ACCOUN	o the solicitation and this amendment, and TING AND APPROPRIATION DATA (If req	is received prior to the opening hour	ay be ma and date	de by telegram or letter, provided each telegram specified.	or letter m	nakes			
See Sch	ALTOUR DESCRIPTIONS				27 3 22 2	or a proper part to the same			
	13. THIS ITEM ONLY APPLIES TO N	ODIFICATION OF CONTRACTS/ORD	DERS. IT	MODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBE	O IN ITEM 14.			
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority)	THE CHA	INGES SET FORTH IN ITEM 14 ARE MADE IN	THE CON	TRACT			
	B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORTI	CT/ORDER IS MODIFIED TO REFLE IN ITEM 14, PURSUANT TO THE A	CT THE	ADMINISTRATIVE CHANGES (such as changes TY OF FAR 43.103(b).	s in paying	office,			
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	O AUTHO	DRITY OF:					
	D. OTHER (Specify type of modification	and authority)							
X	Bilateral Modificati	.on							
E. IMPORTAN	tus to the second	x is required to sign this document	t and retu	m 1 copies to the issui	ng office.				
14. DESCRIP	PTION OF AMENDMENT/MODIFICATION			g solicitation/contract subject matter where feas	1000				
DUNS Nu	mber: 084354919	e court or cell of color constitution	aller to a grant		and the state of the		¥		
Contrac	t Specialist:			(202)	732-				
Contrac	ting Officer:			(202) 732-					
COR:	(229) 838	-		a = 50					
ACOR:	(404)	893-							
Prime C	ontractor: Joseph B.	Williams - Chairm	an,	(229) 838-					
	tractor: CoreCivic -			263-					
This Bi	lateral Modification	is issued to:							
1- Add	CLIN 0009 "Medical Se	rvices" to this ag	reeme	ent with a period of per	formar	nce			
Continu						and the same of th			
Except as pro	ovided herein, all terms and conditions of the	ne document referenced in Item 9 A o	or 10A, as	heretofore changed, remains unchanged and in	full force	and effect.			
15A. NAME A	ND TITLE OF SIGNER (Type or print)			A. NAME AND TITLE OF CONTRACTING OFF					
Tar	-ah R 11/11	ams							
15BCCONTR	ACTOR/OFFEROR	15C. DATE SIGNED	D			100 =	ATE OLOUES		
the 1	1 8 11/10					16C. D	ATE SIGNED		
Dage	(Signature of person authorized to sign)	09-24-20	18			0/2	5/2019		
NSN 7540-01			934			NO THE RESERVE OF THE PERSON NAMED IN	5/2018		
Previous edit						FORM 30 (F by GSA	ι⊏V. 10-83)		
					FAR (48 C	FR) 53.243			

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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00032

PAGE 2

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	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 - 'yr or day 9/25/2019 to 9/24/2020 - 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 billed per diem on the Tier 1 Guarantee Minimum (GM) of				
	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 PBNDS Attachment 3B - Examples of Minimum Staffing Levels National Detention Standards Attachment 4 - PBNDS 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				
NSN 7540-01-152	9067				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00032

PAGE 3

OF 4

M NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT
/		(C)	(D)	(E)	(F)
	vacant for more than 120 days. Failure to fill any individual positions within 120 days of the				
			1 1		
	vacancy may result in a deduction from the				
	monthly invoice if the vacancy (in combination		1 1		
	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,		1 1		
	starting on the day of receipt and concluding on				
	the day conditional approval is granted.				
	No deduction shall apply for those periods			2	
	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				
	121 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.				
	Event Action, V. Committee				
	Exempt Action: Y Sensitive Award: SPII				
	Delivery Location Code: ICE/ERO				
	Continued				
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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00032

PAGE 4

OF 4

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	ICE Enforcement & Removal		П		
	Immigration and Customs Enforcement				
	801 I Street, NW				
	Washington DC 20536		Ш		
	washington be 20030		ΙI		
	Period of Performance: 08/21/2014 to 08/20/2025		H		
			Н		
	Add Item 0009 as follows:				
000	W-11-12-0-1				
009	Medical Services		П		0
	9/25/2018 to 9/24/2019 @ on GM The maximum allocated amount of		П		
	The maximum allocated amount of		ΙI		
	9/25/2019 to 9/24/2020 @ on GM		П		
	The maximum allocated amount of		H		
	Obligated Amount: \$0.00		П		
	Product/Service Code: Q201		ΙI		
	Product/Service Description: MEDICAL- GENERAL	1	ΙI		
	HEALTH CARE	1	П		
	Delivery: 60 Days After Award				
	Add Item 0010 as follows:				
	That I com out as I of tows.				
10	ELECTRONIC HEALTH RECORDS		EA		0
	9/25/2018 to 9/24/2020 @ on GM		ш		
	Obligated Amount: \$0.00	1	11		
	Product/Service Code: q201	1	П	- 1	
	Delivery: 30 Days After Award		ш		
	All other terms and conditions remain unchanged.		ш		
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DROIGSA-06-00005 INTERGOVERNMENTAL SERVICE AGREEMENT

BETWEEN THE

UNITED STATES DEPARTMENT OF HOMELAND SECURITY U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ENFORCEMENT AND REMOVAL OPERATIONS

AND STEWART COUNTY, GEORGIA

Article 6. Medical Services

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 PBNDS, 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 preapproval 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 preapproved 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 detained 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/law-regs.html 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.h tml

- 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 CDCs 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

Federal Bureau of Prisons Clinical Practice Guideline: Detoxification of the Chemically Dependent Inmate. See IHSC Operations Memorandum 11-004 dated June 9, 2011 for reference.

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

Federal Bureau of Prisons Clinical Practice Guidelines for Hepatitis A, Hepatitis B and Cirrhosis.

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)

1) Tuberculosis

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

http://www.cdc.gov/tb/publications/guidelines/default.htm

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

Management of Schizophrenia http://www.bop.gov/resources/health_care_mngmt.jsp

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 SOCIOTATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	EQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)			
P00033	See Block 16C						
6. ISSUED BY CODE	ICE/DCR	7. A	DMINISTERED BY (If other than Item 6)	CODE ICE/DCR			
ICE/Detention Compliance & H Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	Removals	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., stree	t. county. State and ZIP Code)	[5	A. AMENDMENT OF SOLICITATION NO.				
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157		x 1	08. DATED (SEE ITEM 11) 00. MODIFICATION OF CONTRACT/ORDER NOT CONTRA	о.			
CODE 0843549190000	FACILITY CODE		06/30/2006				
	11. THIS ITEM ONLY APPLIES TO	AMENI	DMENTS OF SOLICITATIONS				
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If received the schedule)	pies of the amendment; (b) By acknowle to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND D er already submitted, such change may is received prior to the opening hour an juired)	edging objects. DATE Sobjects objects	receipt of this amendment on each copy of the off FAILURE OF YOUR ACKNOWLEDGEMENT TO PECIFIED MAY RESULT IN REJECTION OF YO le by telegram or letter, provided each telegram o specified.	fer submitted; or (c) By BE RECEIVED AT UR OFFER. If by or letter makes			
13. THIS TIEM ONLY APPLIES TO N	IODIFICATION OF CONTRACTS/ORDE	RS. IT	MODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED IN ITEM 14.			
			NGES SET FORTH IN ITEM 14 ARE MADE IN THE ADMINISTRATIVE CHANGES (such as changes in TY OF FAR 43.103(b).				
C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PURSUANT TO A	AUTHO	RITY OF:				
D. OTHER (Specify type of modification X Bilateral Modificat:							
E. IMPORTANT: Contractor is not.	Is required to sign this document as	nd retu	n 1 copies to the issuing	g office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 084354919 Contract Specialist: Contracting Officer:	(Organized by UCF section headings, in	ncluding	(202)				
COR: (229) 838	893- Williams - Chairman		(202) 732- 229) 838- 263-				
This Bilateral Modification under the above referenced a Continued Except as provided herein, all terms and conditions of the continued and	greement effective (0 \ 8 0	1/2018 as follows:				
15A. NAME AND TITLE OF SIGNER (Type or print)	The state of the s		A. NAME AND TITLE OF CONTRACTING OFFICE				
Tosoph B. Will st., 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) NEN 7540-01-152-8070 Previous edition unusable	15C. DATE SIGNED	-	5.	TAINDARD FORING SU (REV. 10-63)			

Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET	CONT	INUAT	ION	SHE	ET
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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00033

PAGE 2

OF 2

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Tier 1 Bed Day Rate From:			20 20	***
	Guard Rate From: Mileage Rate From:				
	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.				
				7	
NSN 7540-01-152-	8067				

AMENDINE	NT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE	PAGE OF PAGES						
2 AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4 PEC	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO.	(If applicable)					
P00034	TIMODII IOATION NO.	COLD TRACTOR CORPORATION CONTROL BY THE	4. NEC	CONTONIFORCHASE REQ. NO.	S. PROJECT NO.	. (п аррисавіе)					
6. ISSUED BY	CODE	See Block 16C ICE/DCR	7. AD	7. ADMINISTERED BY (If other than Item 6) CODE TCE / DCR							
Immigra Office 801 I S	ention Compliance & R tion and Customs Enfo of Acquisition Manage treet, NW TON DC 20536	Removals	ICE Imm Off 801	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)	(x) 9A	. AMENDMENT OF SOLICITATION NO.							
	COUNTY OF BEPH B WILLIAMS CHAIR 157	MAN		DATED (SEE ITEM 11)							
LUMPKIN	GA 318150157			A. MODIFICATION OF CONTRACT/ORDI ROIGSA-06-00005/	ER NO.						
CODE 09	143540100000	FACILITY CODE		B. DATED (SEE ITEM 13)							
08	43549190000	11. THIS ITEM ONLY APPLIES		16/30/2006							
separate let THE PLACE virtue of this reference to	it 15, and returningco tter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF s amendment you desire to change an offe of the solicitation and this amendment, and TING AND APPROPRIATION DATA	pies of the amendment; (b) By acknown to the solicitation and amendment of OFFERS PRIOR TO THE HOUR AN or already submitted, such change in is received prior to the opening hour	owledging re numbers, F. ID DATE SPI nay be made	ion or as amended, by one of the followin sceipt of this amendment on each copy of the AILURE OF YOUR ACKNOWLEDGEMEN ECIFIED MAY RESULT IN REJECTION O by telegram or letter, provided each telegoecified.	the offer submitted; or (NT TO BE RECEIVED AT FYOUR OFFER. If by	c) By					
CHECK ONE		CT/ORDER IS MODIFIED TO REFL H IN ITEM 14, PURSUANT TO THE	ECT THE ALL AUTHORIT	GES SET FORTH IN ITEM 14 ARE MADE OMINISTRATIVE CHANGES (such as chair OF FAR 43.103(b).							
-	D. OTHER (Specify type of modification	and authority)									
X	Bilateral Modificat:	ion									
E. IMPORTAN	IT: Contractor is not.	Is required to sign this docume	nt and return		issuing office.						
Contrac Contrac COR: ACOR: Prime C	mber: 084354919 t Specialist: ting Officer: (229) 838	893-		(202) 732-	2) 732-						
Service Continu Except as pro	as a result of t s transition at SDC a ed	the acquisition of as detailed below.	or 10A, as h	e reduction of CoreCircular and CoreCirc	the Medical	t.					

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Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00034

PAGE 2

OF 2

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

EM NO.	SUPPLIES/SERVICES	QUANTIT		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Hard medical Equipment -				
	Soft Medical Supplies -				
	Furniture -				
1					
	CoreCivic agrees to reflect this one time				
	adjustment on its February 2019 invoice.		1 1		
	Exempt Action: Y Sensitive Award: SPII				
	Period of Performance: 08/21/2014 to 08/20/2025	1	1 1		
	All other terms and conditions remain unchanged.		1 1		
	Section 1. Harmonian encountries sections responsible to the contract of the c		1 1		
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AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	-	1. CONTRACT ID CODE	PAGE O	F PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	1 BROJECT NE	6 O. (If applicable)
P00035	See Block 16C		STORY STORY OF NEW, NO.	5. PROJECT NO	J. (II арріїсавіе)
6. ISSUED BY CODE		7. ADI	MINISTERED BY (If other than Item 6)	CODE TOP	10.00
ICE/Detention Compliance & I Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	Removals	ICE Imm Off 801	/Detention Compliance & igration and Customs Enfice of Acquisition Manager Street NW, hington DC 20536	Removals	
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t county State and 7ID Code)	100			
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157		98. x 10/DF	AMENDMENT OF SOLICITATION NO. DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER NO. ROIGSA-06-00005/ B. DATED (SEE ITEM 13)	Э.	
CODE 0843549190000	FACILITY CODE	-	6/30/2006		
	11. THIS ITEM ONLY APPLIES TO				
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required See Schedule	pies of the amendment; (b) By acknowle to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND D er already submitted, such change may is received prior to the opening hour and uired)	edging red nbers. FA DATE SPE be made id date spe	ceipt of this amendment on each copy of the offe NLURE OF YOUR ACKNOWLEDGEMENT TO I CIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram or ecified.	er submitted; or BE RECEIVED A JR OFFER If by letter makes	(C) By .T
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	RS. IT MO	DDIFIES THE CONTRACT/ORDER NO. AS DES	CRIBED IN ITEM	1 14.
			SES SET FORTH IN ITEM 14 ARE MADE IN THE MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).		
C. THIS SUPPLEMENTAL AGREEMEN					
D. OTHER (Specify type of modification X Bilateral Modification					
E. IMPORTANT: Contractor is not.	x is required to sign this document ar	nd return		office	
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 084354919 Contract Specialist:			olicitation/contract subject matter where feasible	e.)	
Contracting Officer: COR: (229) 838	893-	615)	(202) 732-		
This Bilateral Modification update the Staffing Plan acc	is issued to add the ordingly.	e fol:	lowing six Positions to	the IGSA	and
Continued					
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9 A or 10		retofore changed, remains unchanged and in fu		
15B. CONTRACTOR/OFFEROR SEEM B. Williams (Signature of person authorized to sign) NSN 7540-01-152-8070	/ Chairman	110/1.1	WHILE OF MAINTRACTING ()EEIN	THE CHING OF OROS	
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00035
 PAGE OF 2
 OF 6

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

EM NO.	SUPPL ES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	1) Guard 5 days a week, 8 Hours per day to		Н		
	facilitate asylum interviews				
	2) Guard 5 days a week, 8 Hours per day to		ΙI		
	facilitate VTC consular interviews				
	3) Guards 5 days a week, 8 Hours per day to				
	facilitate electronic travel document processing				
	4) Guard 5 days a week, 8 hours per day to				
	facilitate the legal orientation program				
	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)				
	l <u> </u>				
	6) Janitor/Maintenance position 5 days a week 8				
	Hours per day to maintain the ICE office Area				
	As a result of the additional staff, the Bed Day		Ш		
	rate is increased as follows:		ш		
	l <u>——</u>				
	From:				
	By:				
	To:				
	The Updated Staffing Plan is attached.				
	Period of Performance: 08/21/2014 to 08/20/2025		ш		
			ш		
	All other terms and conditions remain unchanged.				
		1			

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT		1. CONTRACT D CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 DEC	UISITION/PURCHASE REQ. NO.	1 58 5. PROJECT NO. (If applicable)
		4. KEG	OISHTOWFOROFIASE REQ. NO.	5. FROJECT NO. (II applicable)
P00036 6. ISSUED BY CODE	See Block 16C ICE/DCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE ICE/DCR
ICE/Detention Compliance & Immigration and Customs Enfoffice of Acquisition Management Street, NW WASHINGTON DC 205	Removals orcement	ICE Imm Off 801	/Detention Compliance igration and Customs Dice of Acquisition Mar I Street NW, hington DC 205	& Removals Enforcement
A MANUE AND ADDRESS OF CONTRACTOR		10.	AMENDMENT OF CONTRACTOR NO	
8. NAME AND ADDRESS OF CONTRACTOR (No., street STEWART COUNTY OF	st, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.	
ATTN JOSEPH B WILLIAMS CHAIF PO BOX 157	MAN	9B.	DATED (SEE ITEM 11)	
LUMPKIN GA 318150157		x 10/	A MODIFICATION OF CONTRACT/ORDE ROIGSA-06-00005/	R NO.
		108	3. DATED (SEE ITEM 13)	
CODE 0843549190000	FAC LITY CODE	0	6/30/2006	
	11. THIS ITEM ONLY APPLIES	TO AMENDM	IENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12. ACCOUNT NG AND APPROPRIATION DATA (If red See Schedule 13. THIS ITEM ONLY APPLIES TO I	fer already submitted , such change m d is received prior to the opening hour quired)	nay be made r and date sp	by telegram or letter, provided each telegra	am or letter makes É
13. THIS TIEM ONLY APPLIES TO I	MODIFICATION OF CONTRACTS/ORD	DEKS. II MI	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN HEW 14.
A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority)	THE CHANG	SES SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT		ECT THE AD AUTHORITY	M NISTRATIVE CHANGES (such as chang OF FAR 43.103(b).	ges in paying office,
C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PURSUANT TO	TO AUTHORI	TY OF:	
D. OTHER (Specify type of modification	• •			
X FAR 43.103(b) - Uni			conice to the ier	euing office
E. IMPORTANT Contractor Sis not, 14. DESCRIPTION OF AMENDMENT/MODIFICATION	is required to sign this document		copies to the iss	
DUNS Number: 084354919	(o.gamesa z) con containing	-,g -		
Contract Specialist:			(202) 73	2-
Contracting Officer:			(202) 732-	
COR: , (229) 838	3-			
ACOR: (404)	893-			
Prime Contractor:			(229)	838-
Sub-Contractor: CoreCivic -		(615)	263-	
The purpose of this modifica	ation is to incorpo	rate a	conformance of class	ification request.
the most recent Department of	_			_
Bargaining Agreement and to	_			
Continued	r		w brace a	· ·
Except as provided herein, all terms and conditions of t	the document referenced in Item 9 A c	or 10A, as he	retofore changed, remains unchanged and	I in full force and effect.
15A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACT NG O	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	:D		
(Signature of person authorized to sign)				
NSN 7540-01-152-8070 Previous edition unusable				

FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00036

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OF

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

л NO. А)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
,				, ,	
	Accordingly,				
	1. The conformance of classifications request				
	(attached) approved by the Department of Labor on				
	July 1, 2019 is hereby incorporated.				
	dury 1, 2019 is hereby incorporated.				
	2. In accordance with 52.222-43, Fair Labor				
	Standards Act and Service Contract Labor				
	Standards - Price Adjustment, Wage Determination				
	No. WD 2015-4503, revision 12, dated 04/25/2019				
	is hereby attached and incorporated with an				
	effective date of 8/1/2019.				
	3. In accordance with 52.222-43, Fair Labor				
	Standards Act and Service Contract Labor				
	Standards - Price Adjustment, Wage Determination				
	No. 2019-0188, revision 1, dated 08/08/2019 is				
	hereby attached and incorporated with an				
	effective date of 8/8/2019. This Wage				
	Determination incorporates the collective				
	bargaining with the International Union,				
	Security, Police and Fire Professionals of				
	America (SPFPA).				
	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.				
	Incorporating the new waye determination.				
	All other terms and conditions remain unchanged.				
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00036
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 PAGE DROIGSA-00005//P000036
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NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

M NO.	SUPPL ES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Period of Performance: 08/21/2014 to 08/20/2025				
	All other terms and conditions remain unchanged.				
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2 AMENDMENTIANDORICATION NO SETERCTIVE DATE A REQUISITIONPURCHASE REQ NO SERVICET NO (# appricable) 2 PRODUCT NO See Block 16C 3 FROMETON See Block 16C 5 FROMETON See Block 16C	AMENDME	ENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT D CODE		PAGE OF			
See Block 16C FOREIGN See Block 16C FOREIGN Fo	2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	EQUISITION/PURCHASE REQ. NO.	5. PR0	1 OJECT NO.	22 . (If applicable)		
6 SSMEDBY COOE ICE/DCR 7 ADMINISTRENDRY (Find the Bank Man 9) COOE ICE/DCR 1CE/Detention Compliance & Removals INCE/Detention Compliance & Removals Inmigration and Customs Enforcement Office of Acquisition Administration and Customs Enforcement Office of Acquisition Management Office of Acquisition Office of Office of Acquisition Office of Office	P00037		See Block 16C					,		
ICEX/Detention Compliance & Removals ICEX/Detention Compliance & Removals ICEX/Detention Compliance & Removals Immigration and customs Enforcement Office of Acquisition Management Office of Acquisition Office		CODE		7. ADMINISTERED BY (If other than Item 6) CODE TCE/DCR						
STEMART COUNTY OF ATTM JOSEPH B WILLIAMS CHAIRMAN PO BOX 157 LUMPKIN GA 318150157 TO BO MATCH CONTRACTORDER NO. DROITSSA-06-000057 THE BOVEN CONTRACTORDER NO. DROITSSA-06-000057 THE CHARLES OF THE RESOLUTION OF CONTRACTORDERS. IT MODIFIES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 DROITSSA-06-000057 THE CHARLES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 DROITSSA-06-000057 THE CHARLES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 THE BOVEN CONTRACTORDER NO. DROITSSA-06-000067 THE BOVEN THE BOVEN THE BOVEN THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 THE BOVEN THE BOVEN THE BOVEN THE BOVEN THE BOVEN THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 THE BOVEN THE BOVE	Immigra Office 801 I S	tion and Customs Enfo of Acquisition Manage treet, NW	rcement	Im Of	migration and Customs E fice of Acquisition Man 1 I Street NW,	Inforc	ement			
STEMART COUNTY OF ATTM JOSEPH B WILLIAMS CHAIRMAN PO BOX 157 LUMPKIN GA 318150157 TO BO MATCH CONTRACTORDER NO. DROITSSA-06-000057 THE BOVEN CONTRACTORDER NO. DROITSSA-06-000057 THE CHARLES OF THE RESOLUTION OF CONTRACTORDERS. IT MODIFIES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 DROITSSA-06-000057 THE CHARLES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 DROITSSA-06-000057 THE CHARLES THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 THE BOVEN CONTRACTORDER NO. DROITSSA-06-000067 THE BOVEN THE BOVEN THE BOVEN THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 THE BOVEN THE BOVEN THE BOVEN THE BOVEN THE BOVEN THE CONTRACTORDER NO. AS DESCRIBED IN ITEM 14. DROITSSA-06-000067 THE BOVEN THE BOVE										
ATTIN JOSEPH B WILLIAMS CHAIRMAN PO BOX 157 LUMPKIN GA 318150157 **** *** *** *** *** *** ***	8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) ⁹	A. AMENDMENT OF SOLICITATION NO.					
### The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers The above numbered solicitation is amended as set forth in Item 14. The hour and date specified in receipt of Offers Copies and 15, and returning Copies of the amendment prior to the hour and date specified in the solicitation or is amended, by one of the following methods: (a) By completing tem 8 and 15, and returning Copies of the amendment (b) By acknowledging receipt of the same and the specified in the solicitation and meantment numbers FA LURE OF YOUR ACKNOWLEDEDEDMENT IO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF COFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER IT by virtue of this amendment you do send to a meantment you do send to a meantment you do send to send you harding may be made by telegram or lietter makes reference to the solicitation and made you harding may be made by telegram or lietter makes reference to the solicitation and the amendment and is received prior to the opening hour and date specified. 12. ACCOUNT MA DATE OFFER THE YOUR APPROVED AND THE PLANT OF YOUR ACKNOWLEDGED AND THE PLANT OF YOUR OFFER IT by virtue of this amendment and the provided each belong and or lietter makes reference to the solicitation and the same and the provided such that the provided each belong and relative makes reference to the solicitation and the provided each belong and relative makes reference to the solicitation and the provided each belong and relative makes reference to the solicitation and the provided each belong and relative makes reference to the solicitation and the provided each belong and relative the provided each belong and relative makes reference to the provided each belong and relative the provided each belong and relativ	ATTN JOS PO BOX 1	SEPH B WILLIAMS CHAIRN 157	MAN			R NO.				
The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers Offers must acknowledge receipt of this amendment prior to the hour and date specified for solicitation or a samended. Upon of the following methods. (a) By completing tems B and 15, and returning copies of the amendment (b) By acknowledging receipt of this amendment or undersolidation or as amended. Upon or other or design which includes a reference to the societation and amendment numbers. FALIRE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE FLACE DESIGNATED FOR THE RECEIFT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER IT by virtue of this amendment you does to change an offer adealy 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. ACCOUNT NO AND APPROPRIATION DATA (#required) See Schedulle 13. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority). THE CHANGES SET FORTH IN ITEM 14. ARE MADE IN THE CONTRACT ORDER NO. AS DESCRIBED IN ITEM 14. OFFICE ORDER NO. IN ITEM 14. B THE ABOVE BURBERED CONTRACT/ORDER IS MODIF ED TO REFLECT THE ADM INSTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FEAT 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) — Unitate all Modification E IMPORTANT Contractor E is not. is required to sign this document and return copies to the issuing office. 14. DESCRIPTION OF AMENDMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) DUDN'S NUmber: 08435419 Contract Specialist: (229) 838- ACOR: (229) 838- ACOR: (159) 263- The purpose of this modification is to incorporate the most recent Department of Liabor Wage D				1	OB. DATED (SEE ITEM 13)					
□ The above numbered solicitation is amended as set forth in litem 14. The hour and date specified for receipt of Offers □ settlemeded. □ is not extended. □ Settlemeded. □ Settlemeded. □ is not extended. □ Settlemeded. □ Settlem	CODE 08	343549190000	FAC LITY CODE	1	06/30/2006					
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 terms B and IS, and returning copies of the amendment (b) by acknowledging receipt of this amendment on each copy of the differ submitted or (c) By separate letter or telegram which recludes a reference to the solicitation and amendment numbers. FALURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIPT OF THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFED MAY RESULT IN REJECTION OF YOUR OFFER IT by withse of this amendment you desire to change an ofter 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. ACCOUNT NO MAD APPROPRIATION DATA (Irreprised) SEE SCHEDULE 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. OFFICE ONLY AS A THIS CHANGE CROEKER IS ISSUED PURSUANT TO (Specify authority). THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 140. D. THE REPROPERTIES AND APPROPRIATION OF CONTRACTS/ORDERS IS MODIFIED TO REFLECT THE ADM INSTRATIVE CHANGES (such as changes in paying office, appropriation date, ed.) 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) — Unilateral Modification E. IMPORTANT Contractor B) Is not I are required to sign this document and return copies to the issuing office. 14. DESCRIPTION OF AMENDMENTMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) DUNNS Number: 0 844354919 CONTRACT SOLICITIES AND SOLICIT			11. THIS ITEM ONLY APPLIES TO	AMEN	DMENTS OF SOLICITATIONS					
B. THE ABOVE NUMBERED CONTRACTIORDER IS MODIF ED TO REFLECT THE ADM NISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH NITEM 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) — Unilateral Modification E. IMPORTANT Contractor ② is not. ③ is required to sign this document and return copies to the issuing office. 14. DESCRIPTION OF AMENDMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) DUNS Number: 084354919 Contract Specialist: Contracting Officer: COR: , (229) 838- ACOR: , (229) 838- ACOR: , (404) 893- Prime Contractor: Sub-Contractor: CoreCivic — , (615) 263- 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 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A NAME AND TITLE OF SIGNER (Type or print)	virtue of this reference to 12. ACCOUNT See Sch	s amendment you desire to change an offer to the solicitation and this amendment, and it T NG AND APPROPRIATION DATA (If requiedule 13. THIS ITEM ONLY APPLIES TO MO	r already submitted , such change may be seceived prior to the opening hour and irred) DDIFICATION OF CONTRACTS/ORDER	d date s	e by telegram or letter, provided each telegran specified. MODIFIES THE CONTRACT/ORDER NO. AS	m or letter i	makes ED IN ITEM	14.		
D. OTHER (Specify type of modification and authority) X FAR 43.103 (b) - Unilateral Modification E. IMPORTANT Contractor		B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	T/ORDER IS MODIF ED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	THE A	DM NISTRATIVE CHANGES (such as change Y OF FAR 43.103(b).					
E.IMPORTANT Contractor		C. THIS SUPPLEMENTAL AGREEMENT	FIS ENTERED INTO PURSUANT TO A	UTHO	RITY OF:					
E.IMPORTANT Contractor		D. OTHER (Specify type of modification)	and authority)							
E.IMPORTANT Contractor	X	FAR 43.103(b) - Unil	ateral Modification							
DUNS Number: 084354919 Contract Specialist: Contracting Officer: (202) 732-	E. IMPORTAN	_		d retur	n copies to the issu	uing office.				
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 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACT NG OFFICER (Type or print)	DUNS Nur Contract Contract COR: ACOR: Prime Co	mber: 084354919 t Specialist: ting Officer: , (229) 838- , (404) ontractor:	893-		(202) 732 , (202) 732-	2-				
15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED	Determinoutdated Continue	nation (2015-4503 Revious Revi	ision 13). The previ (2015-4503 Rev 12).	Ous Thi	modification (P00036) s modification corrects	incor that infullforce	porate erro	ed an		
	15B. CONTRA		15C. DATE SIGNED							
(Signature of person authorized to sign) NSN 7540-01-152-8070	NSN 7540 04									

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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00037

PAGE 2

22

OF

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

EM NO.	SUPPL ES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Accordingly,				
	3 1,				
	1. In accordance with 52.222-43, Fair Labor				
	Standards Act and Service Contract Labor				
	Standards - Price Adjustment, Wage Determination				
	No. WD 2015-4503, revision 13, dated 07/16/2019				
	is hereby attached and incorporated with an				
	effective date of 8/1/2019.				
	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.				
		1			

AMENDMENT OF SOLICITATION/MODIFIC		CONTRACT ID CODE		PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 DE0	UNICITION/DUPOLIAGE TOTAL		1 3
P00038		4. KEQ	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (If applicable)
6. ISSUED BY CODE	See Block 16C ICE/DCR	7 401	MINISTERED BY (If other than Item 6)	2000	
ICE/Detention Compliance & I Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	Removals	ICE, Imm: Off: 801	/Detention Compliance & igration and Customs Endice of Acquisition Manager I Street NW, Inington DC 20536	forc	novals
C NAME AND ADDRESS OF COLUMN					
8. NAME AND ADDRESS OF CONTRACTOR (No., stree STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157		9B.	AMENDMENT OF SOLICITATION NO. DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER NO. COIGSA-06-00005/ B. DATED (SEE ITEM 13)	Э.	
CODE 0843549190000	FACILITY CODE		6/30/2006		
	11. THIS ITEM ONLY APPLIES TO A	527.5	DATABLE SAFELED STATES OF THE SAFE		
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offic reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req. See Schedule 13. THIS ITEM ONLY APPLIES TO M.	er already submitted, such change may b is received prior to the opening hour and uired)	e made t date spe	by telegram or letter provided each telegram as	letter r	makes
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH		THE ADN	ES SET FORTH IN ITEM 14 ARE MADE IN TH MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).		
D. OTHER (Specify type of modification	and authority)				
X Bi-Lateral Agreement	of Parties				
E. IMPORTANT: Contractor is not.	X is required to sign this document and	return	copies to the issuing	office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 084354919 Contract Specialist: Contracting Officer: COR: (229) 838		cluding so	(202) 732-	e.)	
ACOR: (404)	893.				
Prime Contractor: Sub-Contractor: CoreCivic -	(61	5) 26	(229) 838-		
The purpose of this modifical Accordingly, the conformance Department of Labor on Septem Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	of classifications of mber 7, 2019 is herek	reque by in	est (attached) approved acorporated.	by	the
Joseph B. Williams 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) NSN 7540-01-152-8070	Chairman 15C. DATE SIGNED 15C. DATE SIGNED		017		D OKIN 30 (KEV. 10-83)
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Prescribed by GSA FAR (48 CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** PAGE OF DROIGSA-06-00005//P00038 2 3 NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
	N 2			\-/	(1)
		1			
	All other terms and conditions remain unchanged.	1			
	Period of Performance: 08/21/2014 to 08/20/2025				
	All other terms and conditions remain unchanged.				
		1			
		1 1			
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	8067				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 RF	QUISITION/PURCHASE REQ. NO.	E DD	1 2 OJECT NO. (If applicable)
P00039	See Block 16C		STOTIAL STOTIAL NEW NO.	5. FK	OJECT NO. (Ir applicable)
6. ISSUED BY CODE	ICE/DCR	7. AI	OMINISTERED BY (If other than Item 6)	CODE	ICE/DCR
ICE/Detention Compliance & P Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 20536	Removals	Imr Of:	E/Detention Compliance & migration and Customs Englished of Acquisition Manage I I Street NW, Eshington DC 20536	Rem	novals
8. NAME AND ADDRESS OF CONTRACTOR (No., street	A county State and 7/D Code	lo lo	A AMENDMENT OF COLUMNIA TOWN		
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157	24 300 10000	9 × 11	A. AMENDMENT OF SOLICITATION NO. B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDER NO. PROIGSA-06-00005/	0.	
CODE 08/35/8180000	FACILITY CODE	_	OB. DATED (SEE ITEM 13)		
0843549190000	11. THIS ITEM ONLY APPLIES TO		06/30/2006		
	is received prior to the opening hour an uired) ODIFICATION OF CONTRACTS/ORDE	d date s	a by telegram or letter, provided each telegram o pecified. MODIFIES THE CONTRACT/ORDER NO. AS DES	SCRIBI	ED IN ITEM 14.
			DMINISTRATIVE CHANGES (such as changes in Y OF FAR 43.103(b).	n payir	ng office,
C. THIS SUPPLEMENTAL AGREEMEN X Bi-lateral agreement D. OTHER (Specify type of modification	of both parties	AUTHOF	RITY OF:		
E. IMPORTANT: Contractor is not.	Is required to sign this document as	nd return	1 popios to the issuine	- off	
14. DESCRIPTION OF AMENDMENT/MODIFICATION (2
Contract Specialist: Contracting Officer:			(202) 732-		2-
COR:	(2	229)	838-		
ACOR:			(404) 893-		
Prime Contractor: Sub-Contractor: CoreCivic -			(229) 838-		5) 050
				(61	.5) 263-
The purpose of this modifications DROIGSA-06-00005.	tion is to incorpora	ate o	or add a verbiage into th	he e	existing
Continued					
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A or 1	OA as b	acatafaca abanand mayorina washanand and in 6	11.5	
15A. NAME AND TITLE OF SIGNER (Type or print)	2 22 Maria le respensa de la Rem 2 A OF 1		eretorore changed, remains unchanged and in fu . NAME AND TITLE OF CONTRACTING OFFICE		
- soseph Billing	m5				37
15B CONTRACTOR/OFFEROR	15C. DATE SIGNED				16C. DATE SIGNED
(Signature of person authorized to sign)	12-03-201	8		-	12/04/2019
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			FA	R (48	CFR) 53.243

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00039

PAGE 2

2

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

EM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	The update is to provide guidance to the		/21 01	70 - 507.		
	Sub-Contractor (CoreCivic) about the security					
	requirements of its personnel when providing		1 1			
	tele-medicine services at the Stewart Detention					
	Center.					
	Center.					
	The working is house 11.1 C.11					
	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		1			
	Agreement (DHS Form 11000-6).		1 1			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1			
	If a Tele-medicine Technology provider enters an					
	ICE controlled facility an escort is necessary					
	and local visitor policy should apply. If a		1 1			
			1 1			
	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/MODIF	ICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REO. NO.	1 2
P00040	See Block 16C	THE PARTY OF THE P	5. PROJECT NO. (If applicable)
B. ISSUED BY COL		7. ADMINISTERED BY (If other than item 5)	CODE ICE/DCR
CCE/Detention Compliance & Immigration and Customs En Office of Acquisition Manager 1 Street, NW IMPRINGTON DC 20536	Removals forcement	ICE/Detention Complianc Immigration and Customs Office of Acquisition M 801 I Street NW, Washington DC 20536	e & Removals Enforcement
I. NAME AND ADDRESS OF CONTRACTOR (No., st	reet, county, State and ZiP Code)	(x) 9A. AMENOMENT OF SOLICITATION NO.	
TEWART COUNTY OF TTN JOSEPH B WILLIAMS CHAI TO BOX 157 JUMPKIN GA 318150157	RMAN	98. DATED (SEE ITEM 11)	
OMPRIN GA 316130137		× IGA. MODIFICATION OF CONTRACT/ORI	DER NO.
		108. DATED (SEE ITEM 13)	
ODE 0843549190000	FACILITY CODE		
0013317170000		06/30/2006	
2. ACCOUNTING AND APPROPRIATION DATA (#1) See Schedule 13. This item only applies to		RDERS. IT MODIFIES THE CONTRACT/ORDER NO.	AS DESCRIBED IN ITEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUE ORDER NO. IN ITEM 10A.	D PURSUANT TO: (Specify authority)	THE CHANGES SET FORTH IN ITEM 14 ARE MAD	E IN THE CONTRACT
B. THE ABOVE NUMBERED CONTR appropriation date, etc.) SET FOR	RACTIORDER IS MODIFIED TO REFL RTH IN ITEM 14, PURSUANT TO THE	ECT THE ADMINISTRATIVE CHANGES (such as che AUTHORITY OF FAR 43.103(b).	anges in paying office,
C. THIS SUPPLEMENTAL AGREEM X IAW IGSA DROIGSA-06	ENT IS ENTERED INTO PURSUANT 5-00005	TO AUTHORITY OF	
D. OTHER (Specify type of modificat	ion and authonly)		
IMPORTANT: Contractor Dis not	E is required to sign this docume	of and return 1 copies to the	Issuing office.
		s, including solicitation/contract subject matter where	fearible)
UNS Number: 084354919			- stranger sac y
Contract Specialist:		(202) 732-	94
Contracting Officer:			02) 732-
ACOR:		(229) 838-	
rime Contractor:		(404) 893-	0.7.0
Sub-Contractor: CoreCivic -		(229)	(615) 263-
		DC = 0	(013) 203-
ue to Modification 37 which	h incorporated Wage	e Determination 2015-4503 (Rev. 13), effective
/1/2019 and Modification 3	88 which incorporate	ed the Department of Labor'	s September 27.
ontinued			
xcept as provided herein, all terms and conditions of	f the document referenced in Item 9 A	or 10A, as herstofore changed, remains unchanged a	and in full force and effect.
SA. NAME AND TITLE OF SIGNER (Type or print)		16A, NAME AND TITLE OF CONTRACTING	OFFICER (Type or print)
esel D. akeer	as Chauma		
58 CONTRACTOR/OFFEROR	15C. DATE SIGNE	EQ	16C. DATE SIGNED
(Signature of person authorized to sign)			01/14/2019
NSN 7540-01-152-6070 Previous edition unusable			57ANDARD FORM 30 (REV. 10-83)
			Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00040
 PAGE 0F

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NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

M NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
Α)	(B) 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 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 from per inmate day for POP 8/1/2019	(C)	(D)	(E)	(F)
	through 7/31/2020 is hereby approved to accommodate this determination. 2. An annual cost impact of 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 from per inmate day for POP 8/01/2019 through 9/24/2019 and from per inmate day beginning 9/25/2019 is hereby approved to account for this determination.				
80	3. Effective August 1, 2019, the guard hourly rate is increased by from Consequently, a backpay of is hereby approved for Task Order 70CDCR19FIGR00268 and				
	broken down in the following order: FY 19 = FY 20 =			S3 57	
	CoreCivic may submit one invoice anytime from Jan 6, 2020 to recover the backpay of Period of Performance: 08/21/2014 to 08/20/2025	:			
	E#				
	×				

AMENDMENT OF COLUMN TOWNS THE	ATION OF CONTRACT	1. CONTRACT D CODE	PAGE OF PAGES
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1 14
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00041	See Block 16C		
6. ISSUED BY CODE	ICE/DCR	7. ADMINISTERED BY (If other than Item 6)	102/2011
ICE/Detention Compliance & I Immigration and Customs Enfo Office of Acquisition Manage 801 I Street, NW WASHINGTON DC 205	orcement	ICE/Detention Complian Immigration and Custom Office of Acquisition 801 I Street NW, Washington DC 205	s Enforcement
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t. county, State and ZIP Code)	(v) 9A. AMENDMENT OF SOLICITATION NO	0.
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157		9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/OI DROIGSA-06-00005/	
		DROIGSA-06-00005/	
		10B. DATED (SEE ITEM 13)	
CODE 0843549190000	FAC LITY CODE	06/30/2006	
	11. THIS ITEM ONLY APPLIES	S TO AMENDMENTS OF SOLICITATIONS	
		RDERS. IT MODIFIES THE CONTRACT/ORDER NO	
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT		LECT THE ADM NISTRATIVE CHANGES (such as a AUTHORITY OF FAR 43.103(b).	hanges in paying office,
C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED INTO PORSUANT	TO AUTHORITY OF.	
D. OTHER (Specify type of modification	and authority)		
X IAW IGSA DROIGSA-06-	-00005		
E. IMPORTANT Contractor 🗵 is not,	is required to sign this docume	ent and return copies to the	ne issuing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section heading	gs, including solicitation/contract subject matter whe	re feasible.)
DUNS Number: 084354919 Contract Specialist:		(202)	722
Contracting Officer: COR: ACOR:		; (202) ; (229) 838- ; (404) 893	732-
Prime Contractor:			9) 838-
Sub-Contractor: CoreCivic -			(615) 263-
The purpose of this modifica Determination and to provide	_		-
Continued			
Except as provided herein, all terms and conditions of to 15A. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9 A	or 10A, as heretofore changed, remains unchanged	l and in full force and effect .
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	ED	
(Signature of person authorized to sign)			
NSN 7540-01-152-8070			

Prescribed by GSA FAR (48 CFR) 53.243

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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00041

PAGE 2

14

OF

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

TEM NO. (A)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
(A)	1	(C)	(D)	(E)	(+)
	Accordingly,				
	1. In accordance with 52.222-43, Fair Labor				
	Standards Act and Service Contract Labor				
	Standards - Price Adjustment, Wage Determination				
	No. WD 2015-4503, revision 15, dated 05/01/2020				
	is hereby attached and incorporated with an				
	effective date of 8/1/2020.				
	CITCOLIVE date of 0/1/2020.				
	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				
	<u> </u>				
	receiving a copy of the completed modification				
	incorporating the new wage determination. Period of Performance: 08/21/2014 to 08/20/2025				
	Period of Periormance: 08/21/2014 to 08/20/2025				
		1	1		

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PA	1000	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (If	3 (applicable)	
P00042	See Block 16C						
6. ISSUED BY CODE		7. AD	MINISTERED BY (If other than Item 6)	CODE	ICE/DO	CR	
ICE/Detention Compliance & F Immigration and Customs Enfo Office of Acquisition Manage 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	t, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.				
ampliant committee on		(^)					
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR	MAN	96	DATED (SEE ITEM 11)				
PO BOX 157	PIAN		0.1121				
LUMPKIN GA 318150157							
		x D	A. MODIFICATION OF CONTRACT/ORDER N ROIGSA-06-00005/	10.			
		10	B. DATED (SEE ITEM 13)				
CODE 0843549190000	FACILITY CODE	1	06/30/2006				
	11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS				
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If red See Schedule	er already submitted, such change may d is received prior to the opening hour and	be made	by telegram or letter, provided each telegram				
13. THIS ITEM ONLY APPLIES TO I	MODIFICATION OF CONTRACTS/ORDER	RS. IT N	ODIFIES THE CONTRACT/ORDER NO. AS DE	ESCRIB	ED IN ITEM 14		
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TH	E CHAN	GES SET FORTH IN ITEM 14 ARE MADE IN T	THE CO	NTRACT		
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	ACT/ORDER IS MODIFIED TO REFLECT THIN ITEM 14, PURSUANT TO THE AU	THE A	OMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).	in payi	ing office,		
C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PURSUANT TO A	AUTHOR	NTY OF:				
x IAW IGSA DROIGSA-06	CONTRACTOR CONTRACTOR						
D. OTHER (Specify type of modification	n and authority)						
E. IMPORTANT: Contractor Dis not.	is required to sign this document a	nd return	1 copies to the issuir	ng office	e.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 084354919	N (Organized by UCF section headings, in	ncluding	solicitation/contract subject matter where feas	ible.)			
Contract Specialist:			(202) 732-				
Contracting Officer:			(202)		2-		
COR:		229)	838-	,		-	
ACOR:			(404) 893-				
Prime Contractor:			(229) 83	8 -			
Sub-Contractor: CoreCivic -			122740		15) 263		
The purpose of this modific	ation is to address	the	effects of Wage Determin	nati	on 2015	-4503	
Rev. 15), effective 5/1/20	20 which was incorpo	rate	d in modification 41 (P	0004	1).		
Continued							
Except as provided herein, all terms and conditions of	the document referenced in Item 9 A or	10A, as	neretofore changed, remains unchanged and in	full for	ce and effect.		
5A. NAME AND TITLE OF SIGNER (Type or print)							
15B, CONTRACTOR/OFFEROR	15C, DATE SIGNED						
Joseph B. Willia	The state of the s						
(Signature of person authorized to sign)	07-25	_					
18N 7540-01-152-8070							

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00042

PAGE 2

OF 3

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

ITEM NO.	SUPPLIES/SERVICES	CHANTITY			
(A)	(B)			W 51	2236655 206550
(A)	The following are the cost impacts to the agreement: 1. An annual cost impact of 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 per inmate day for POP 8/1/2020 through 7/31/2021 is hereby approved to accommodate this determination. The Bed Day Rae is increased as follows: From: By: (P00040) By: (P00042) To: 2. An annual cost impact of 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 Tire 1 Medical Services (CLIN 0009) by 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 9/24/2020 @ Overall, the Tier 1 (CLIN 0009) Medical Services Per Diem Rate is Increased: From: By: To: 3. Effective August 1, 2020, the guard hourly rate is increased by 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:	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Continued				
SN 7540-01-152-8	1067				

REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00042

PAGE 3

OF 3

NAME OF OFFEROR OR CONTRACTOR

STEWART	COUNTY	OF

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
1/	(B)	(C)	(D)	(E)	(F)
	Change Item 0001 to read as follows (amount shown is the total amount):				
001	Detention Guard Services.		DA		0.
	The Bod Day Bar day				
	The Bed Day Rae is increased as follows:			- 1	
	From:				
	By: (P00040)				
	By: (P00042)				
	To:				
	Punding will be a second				
	Funding will be obligated at the Task Order level. Product/Service Code: S206				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0009 to read as follows (amount shown				
	is the total amount):				
09	Medical Services				
	9/25/2018 to 7/31/2019 @ (P00032)				0.
	8/1/2019 to 9/24/2019 @ (P00040)				
- 1					
- 1	9/25/2019 to 7/31/2020 @ (P00040)				
	Beginning 8/1/2020 @ (P00042)				
- 1	The maximum allocated amount is increased:				
	From:	4		1	
	By:				
1	To:			1	
	Obligated Amount: \$0.00				
	Product/Service Code: Q201			- 1	
	Product/Service Description: MEDICAL- GENERAL HEALTH CARE				
	THE CARE				
- 1		- 4			
		- 1		1	
- 1	,				
- 1		- 1			
		- 1			
- 1					
		- 1			
- 1					
	1				
		. 1			
- 1		- 1			

AMENDMENT OF SOLICITATION/MOD	DIFICATION OF CONTRACT		CONTRACT ID CODE	PAGE O	F PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJECT NO	2 (If applicable)
P00043	See Block 16C			J. PROJECT IN	o. (II applicable)
6. ISSUED BY	CODE ICE/DCR	7. ADN	MINISTERED BY (If other than Item 6)	CODE TOP	/DOD
ICE/Detention Compliance	CONTRACTOR CONTRACTOR		10.	ICE,	/DCR
Immigration and Customs E	Inforcement	Tmm;	Detention Compliance gration and Customs	& Removals	3
Office of Acquisition Man	agement	Offi	ice of Acquisition Ma	anagement	
801 I Street, NW		801	I Street NW,	and genience	
WASHINGTON DC 20536			nington DC 20536		
8. NAME AND ADDRESS OF CONTRACTOR (No.	steed courts Plate and 719 Oct.	la.			
	, street, county, State and ZIP Code)	(x) 9A.	AMENDMENT OF SOLICITATION NO.		
STEWART COUNTY OF					
ATTN JOSEPH B WILLIAMS CH	AIRMAN	9B.	DATED (SEE ITEM 11)		
PO BOX 157					
LUMPKIN GA 318150157		10A	MODIFICATION OF CONTRACT/ORD	ED NO	
		X DR	OIGSA-06-00005/	ER NO.	
CODE 0943549199999	TAOU IT.	_	. DATED (SEE ITEM 13)		
CODE 0843549190000	FACILITY CODE		6/30/2006		
	11. THIS ITEM ONLY APPLIES				
The above numbered solicitation is amended as Offers must acknowledge receipt of this amended thems 9 and 15 and returning	set forth in Item 14. The hour and date s	specified for re	ceipt of Offers	extended. is not e	extended.
separate letter or telegram which includes a refe	copies of the amendment; (b) By acknown copies to the solicitation and amendment r	numbers FAI	eipt of this amendment on each copy of t	he offer submitted; or ((c) By
THE PLACE DESIGNATED FOR THE RECEIP	TOF OFFERS PRIOR TO THE HOUR AN	ND DATE SPEC	CIFIED MAY RESULT IN DEJECTION OF	E VOLID OFFED KIN	Т
virtue of this amendment you desire to change a	an offer already submitted, such change m	may be made h	w telegram or letter provided each tology	ram or letter makes	
reference to the solicitation and this amendment 12. ACCOUNTING AND APPROPRIATION DATA (t, and is received prior to the opening bour	r and date spe	cified.		
See Schedule					
13. THIS ITEM ONLY APPLIES	TO MODIFICATION OF CONTRACTS/OR	RDERS. IT MO	DIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM	114
OUTSU SUE					14.
A. THIS CHANGE ORDER IS ISSI ORDER NO. IN ITEM 10A.	UED PURSUANT TO: (Specify authority)	THE CHANGE	ES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT	
	*				
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F	TRACT/ORDER IS MODIFIED TO REFLE ORTH IN ITEM 14, PURSUANT TO THE	ECT THE ADM	INISTRATIVE CHANGES (such as char OF FAR 43.103(b).	iges in paying office,	
	EMENT IS ENTERED INTO PURSUANT T				
X IAW IGSA DROIGSA-		TO AUTHORIT	Y OF:		
D. OTHER (Specify type of modified					
S. STILL (Specify type of mount	auon and authority)				
E. IMPORTANT: Contractor is n	not. X is required to sign this documen	at and set	1		
14. DESCRIPTION OF AMENDMENT/MODIFICAT			copies to the is		
OUNS Number: 084354919	to the long and th	is, including so	licitation/contract subject matter where for	easible.)	
Contract Specialist:			(202) 73		
Contracting Officer:				32-	
COR:		10001 0	17.1	2) 732-	
ACOR:		(229) 8	30-30		
Prime Contractor:			(404) 893-		
the state of the s			(229) 8	38-	
Sub-Contractor: CoreCivic	-			(615) 26	3-
The purpose of this modifi	ication is to extend	the Med	ical Services contra	ct line ite	m (CLIN
009) for the life of the	IGSA.				
Continued					
Except as provided herein, all terms and conditions	s of the document referenced in Item 9 A c	or 10A, as here	etofore changed, remains unchanged and	d in full force and offers	
15A. NAME AND TITLE OF SIGNER (Type or print	J	, = 0,1310	gen gen all a land a la	- III IOI OG ANG GNECI	0.
seed Balieum	040				
15B. CONTRACTOR/OFFEROR	Channa				
	15C. DATE SIGNE	D			
Joseph. B. Williams, Chairma	11/11/25	20			
(Signature of person authorized to sign)	11/4/20				
NSN 7540-01-152-8070	,				

CONTINUATION OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	DROIGSA-06-00005//P00043	2		2

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

TEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	All other terms and conditions remain the same. Period of Performance: 08/21/2014 to 08/20/2025				10-00-40
	Change Item 0009 to read as follows(amount shown is the total amount):				
009	Medical Services	-			0.
	Period of Performance is extended for the life of the IGSA. (P00043)				
	9/25/2018 to 7/31/2019 @ (P00032) 8/1/2019 to 9/24/2019 @ (P00040)				
	9/25/2019 to 7/31/2020 @ (P00040) 8/1/2020 to 9/24/2020 @ \$ (P00042) 9/25/2020 to 9/24/2021 @ (P00043)				
	Rate will increased by 3.25% each year on 9/25.				
	The maximum allocated amount is increased: From: By: \$ To:				
	Obligated Amount: \$0.00 Product/Service Code: Q201 Product/Service Description: MEDICAL- GENERAL HEALTH CARE				

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE	OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 RE	QUISITION/PURCHASE REQ. NO.	1	3				
P00044	See Block 16C			5. PROJECT NO. (If applicable)					
6. ISSUED BY CODE	70CDCR	7. AD	MINISTERED BY (if other than Item 6)	CORE					
DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST 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)		AMENDMENT OF SOLICITATION NO.						
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIRN PO BOX 157 LUMPKIN GA 318150157		9B	. DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER ROIGSA-06-0005/ B. DATED (SEE ITEM 13)	NO.					
CODE 0843549190000	FACILITY CODE	- 0	6/30/2006						
	11. THIS ITEM ONLY APPLIES TO	1000	The state of the s						
THE PLACE DESIGNATED FOR THE RECEIPT OF OVIrtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and if 12. ACCOUNTING AND APPROPRIATION DATA (If requised See Schedule	tes of the amendment; (b) By acknown to the solicitation and amendment nu FFERS PRIOR TO THE HOUR AND already submitted, such change may a received prior to the opening hour a ired)	mbers. FA DATE SPE y be made and date spe	peipt of this amendment on each copy of the JILURE OF YOUR ACKNOWLEDGEMENT T COFFIED MAY RESULT IN REJECTION OF Y by telegram or letter, provided each telegram socified.	offer submitted; of BE RECEIVED OUR OFFER If to or letter makes	or (c) By AT Dy				
13. THIS ITEM ONLY APPLIES TO MO	DIFICATION OF CONTRACTS/ORDS	ERS. IT MO	DIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITE	EM 14.				
			ES SET FORTH IN ITEM 14 ARE MADE IN						
	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 (C. A.)									
D. OTHER (Specify type of modification a X Bi-Lateral Agreement									
			_						
	is required to sign this document a		1 copies to the issui	ng office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (C DUNS Number: 084354919	organized by UCF section headings, i	including so	olicitation/contract subject matter where feas	ible.)					
Contract Specialist:			(202) 732-						
Contracting Officer: COR: ACOR: Prime Contractor: Sub-Contractor: CoreCivic -		229) 8	(202)	732-	63-				
	-			Married Control Control					
The purpose of this modificat Accordingly, the conformance Department of Labor on March Continued	of classifications 23, 2021 is hereby	incor	est (attached) approved porated.	by the	,				
Except as provided herein, all terms and conditions of the 15A, NAME AND TITLE OF SIGNER (Type or print)	document referenced in Item 9 A or 1	0A, as her	etofore changed, remains unchanged and in	full force and effe	ct.				
15B. CONTRACTOR/OFFEROR ASSESSMENT OF DESCRIPTION OF THE CONTRACTOR OF THE CONTRACT	15C. DATE SIGNED 04-30-202	u							
NSN 7540-01-152-8070 Previous edition unusable				TANDARD FORM	4 30 (REV. 10-83)				

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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	DROIGSA-06-00005//P00044	2	3	

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

1 NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	All other terms and conditions remain the same.				
	Period of Performance: 08/21/2014 to 08/20/2025				
	reflod of reflormance: 00/21/2014 to 08/20/2025				
	I .				

AMENDMEN	NT OF SOLICITATION/MODIFICA	TION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES		
		MATERIAL PROPERTY AND ADDRESS OF THE PARTY O	1			1 18		
	T/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (If applicable)		
P00045 6. ISSUED BY	CODE	See Block 16C	7.45	MINISTEDED BY // attacked for the	0000			
CODE 70CDCR DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 801 I ST NW, WASHINGTON DC 20536			ICE Imm Off 801	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 A	ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	() 9/	A. AMENDMENT OF SOLICITATION NO.				
STEWART ATTN JOS PO BOX 1	COUNTY OF EPH B WILLIAMS CHAIRM		98	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDE ROIGSA-06-00005/	R NO.			
CODE no.	425 401 00000	FACILITY CODE	_	DB. DATED (SEE ITEM 13)				
08	43549190000	11. THIS ITEM ONLY APPLIES		06/30/2006				
virtue of this reference to	amendment you desire to change an offethe solicitation and this amendment, and ING AND APPROPRIATION DATA (If required as 13. THIS ITEM ONLY APPLIES TO MATERIAL CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	r already submitted, such change is received prior to the opening hou irred) DDIFICATION OF CONTRACTS/OF PURSUANT TO: (Specify authority) CT/ORDER IS MODIFIED TO REFLE IN ITEM 14, PURSUANT TO THE	THE CHAN	MODIFIES THE CONTRACT/ORDER NO. AS IGES SET FORTH IN ITEM 14 ARE MADE DMINISTRATIVE CHANGES (such as chan Y OF FAR 43.103(b).	B DESCRIB	ED IN ITEM 14.		
	D. OTHER (Specify type of modification							
X	Bi-Lateral Agreement		N 19/3	n 1 copies to the is	177 - 120			
DUNS Num Contract Contract COR:	TION OF AMENDMENT/MODIFICATION aber: 084354919 t Specialist: ting Officer:			solicitation/contract subject matter where for (202) 73	easible.) 32- 32) 73			
The purple of th	21; and ed	ent revised Wage		ination (WD) 2015-4503	(6 3, Rev			
JOSE NAME A	ND TITLE OF SIGNER (Type or print) PH D: WILLIAM ACTOR/OFFEROR (Signature of person authorized to sign)	- CHAIRMAN 15C. DATE SIGN 9/31/2		mounte shangar, remains unu iai ged ar	ne mi ium ior	on and BIEW.		

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

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CONTINUATION SHEET	DROIGSA-06-00005//P00045

PAGE OF 2 18

NAME OF OFFEROR OR CONTRACTOR

STEWART COUNTY OF

(A)	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	2.) Incorporate the collective bargaining agreement (CBA) between International Brotherhood				
	of Electrical Workers, AFL-CIO and CoreCivic,			1	
	approved by DOL via WD 2021-0206, Rev. 1, dated				
	7/29/2021.				
	1,723,72021				
	Both documents are attached below.				
	All other terms and conditions remain the same.				
	Period of Performance: 08/21/2014 to 08/20/2025				
		1			
				1	
				1	
			1 1		
			1 1		
		1			
	1 4 2 1 2				
			1 1		

REGISTER OF WAGE DETERMINATIONS UNDER U.S. DEPARTMENT OF LABOR THE SERVICE CONTRACT ACT EMPLOYMENT STANDARDS ADMINISTRATION WAGE AND HOUR DIVISION

By direction of the Secretary of Labor

WASHINGTON D.C. 20210

Wage Determination No.: 2015-4503 Division of Revision No.: 18

Director Wage Determinations | 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

Daniel W. Simms

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

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occ	cupations	
01011 - Accounting Clerk I	14.88	
01012 - Accounting Clerk II	16.71	
01013 - Accounting Clerk III	19.00	
01020 - Administrative Assistant	24.78	
01035 - Court Reporter	16.17	
01041 - Customer Service Representative I	12.29	
01042 - Customer Service Representative II	13.83	
01043 - Customer Service Representative III	15.08	
01051 - Data Entry Operator I	15.47	
01052 - Data Entry Operator II	16.88	
01060 - Dispatcher, Motor Vehicle	17.92	
01070 - Document Preparation Clerk	12.88	
01090 - Duplicating Machine Operator	12.88	
01111 - General Clerk I	13.30	
01112 - General Clerk II	14.51	
01113 - General Clerk III	16.30	
01120 - Housing Referral Assistant	18.03	
01141 - Messenger Courier	12.16	

01191 - Order Clerk I	12.39
01192 - Order Clerk II	
01261 - Personnel Assistant (Employment) I	13.51
01262 - Personnel Assistant (Employment) I	16.42
01262 - Personnel Assistant (Employment) II	18.36
01263 - Personnel Assistant (Employment) III	20.46
01270 - Production Control Clerk	21.44
01290 - Rental Clerk	12.72
01300 - Scheduler, Maintenance	14.46
01311 - Secretary I	14.46
01312 - Secretary II	16.17
01313 - Secretary III	18.03
01320 - Service Order Dispatcher	16.01
01410 - Supply Technician	24.78
01420 - Survey Worker	14.61
01460 - Switchboard Operator/Receptionist	12.63
01531 - Travel Clerk I	12.23
01532 - Travel Clerk II	13.26
01533 - Travel Clerk III	14.29
01611 - Word Processor I	12.88
01612 - Word Processor II	14.46
01613 - Word Processor III	16.17
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	22.25
05010 - Automotive Electrician	17.62
05040 - Automotive Glass Installer	15.94
05070 - Automotive Worker	15.94
05110 - Mobile Equipment Servicer	14.28
05130 - Motor Equipment Metal Mechanic	17.91
05160 - Motor Equipment Metal Worker	15.94
05190 - Motor Vehicle Mechanic	17.93
05220 - Motor Vehicle Mechanic Helper	13.86
05250 - Motor Vehicle Upholstery Worker	15.59
05280 - Motor Vehicle Wrecker	15.94
05310 - Painter, Automotive	16.98
05340 - Radiator Repair Specialist	15.94
05370 - Tire Repairer	15.54
05400 - Transmission Repair Specialist	17.91
07000 - Food Preparation And Service Occupations	17.91
07010 - Baker	13.07
07041 - Cook I	10.14
07042 - Cook II	11.32
07070 - Dishwasher	9.07
07130 - Food Service Worker	9.46
07210 - Meat Cutter	13.02
07260 - Waiter/Waitress	8.93
09000 - Furniture Maintenance And Repair Occupation	
09010 - Electrostatic Spray Painter	
09040 - Furniture Handler	17.17 11.89
09080 - Furniture Refinisher	
09090 - Furniture Refinisher Helper	17.11
09110 - Furniture Repairer, Minor	13.73
09130 - Upholsterer	15.48
11000 - General Services And Support Occupations	17.17
11030 - Cleaner, Vehicles	10.24
and Ciomici, Vollicies	10.34
	100

11060 - Elevator Operator	10.09
11090 - Gardener	15.49
11122 - Housekeeping Aide	10.09
11150 - Janitor	10.09
11210 - Laborer, Grounds Maintenance	12.59
11240 - Maid or Houseman	9.55
11260 - Pruner	
11270 - Tractor Operator	11.54
11330 - Trail Maintenance Worker	14.54
11360 - Window Cleaner	12.59
12000 - Health Occupations	11.01
12010 - Ambulance Driver	17.25
12011 - Breath Alcohol Technician	17.35
	19.55
12012 - Certified Occupational Therapist Assistant 12015 - Certified Physical Therapist Assistant	27.53
12020 - Dental Assistant	33.51
12025 - Dental Hygienist	16.13
12030 - EKG Technician	36.12
	29.63
12035 - Electroneurodiagnostic Technologist	29.63
12040 - Emergency Medical Technician 12071 - Licensed Practical Nurse I	17.35
	17.48
12072 - Licensed Practical Nurse II	19.55
12073 - Licensed Practical Nurse III	21.79
12100 - Medical Assistant	14.40
12130 - Medical Laboratory Technician	23.54
12160 - Medical Record Clerk	14.99
12190 - Medical Record Technician	18.30
12195 - Medical Transcriptionist	17.48
12210 - Nuclear Medicine Technologist	42.96
12221 - Nursing Assistant I	11.94
12222 - Nursing Assistant II	13.42
12223 - Nursing Assistant III	14.64
12224 - Nursing Assistant IV	16.45
12235 - Optical Dispenser	21.17
12236 - Optical Technician	17.48
12250 - Pharmacy Technician	14.48
12280 - Phlebotomist	12.91
12305 - Radiologic Technologist	28.41
12311 - Registered Nurse I	26.59
12312 - Registered Nurse II	32.53
12313 - Registered Nurse II, Specialist	32.53
12314 - Registered Nurse III	39.37
12315 - Registered Nurse III, Anesthetist	39.37
12316 - Registered Nurse IV	47.17
12317 - Scheduler (Drug and Alcohol Testing)	24.22
12320 - Substance Abuse Treatment Counselor	22.66
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	20.39
13012 - Exhibits Specialist II	25.25
13013 - Exhibits Specialist III	30.88
13041 - Illustrator I	20.60
13042 - Illustrator II	25.25
13043 - Illustrator III	30.88
13047 - Librarian	27.97
	5
	1500

13050 - Library Aide/Clerk	13	3.95
13054 - Library Information Technology System	S	25.25
Administrator		
13058 - Library Technician	19	9.12
13061 - Media Specialist I	18.	.23
13062 - Media Specialist II	20	.39
13063 - Media Specialist III	22	.72
13071 - Photographer I	17.3	
13072 - Photographer II	19.9	90
13073 - Photographer III	24.	65
13074 - Photographer IV	30	.15
13075 - Photographer V		.49
13090 - Technical Order Library Clerk		19.39
13110 - Video Teleconference Technician		18.23
14000 - Information Technology Occupations		
14041 - Computer Operator I	1	4.84
14042 - Computer Operator II	1	16.60
14043 - Computer Operator III		18.51
14044 - Computer Operator IV		20.57
14045 - Computer Operator V		22.77
14071 - Computer Programmer I	(see 1)	20.24
14072 - Computer Programmer II	(see 1)	25.08
14073 - Computer Programmer III	(see 1)	
14074 - Computer Programmer IV	(see 1)	
14101 - Computer Systems Analyst I	(see 1)	
14102 - Computer Systems Analyst II	(see 1)	
14103 - Computer Systems Analyst III	(see 1)	
14150 - Peripheral Equipment Operator	200	14.84
14160 - Personal Computer Support Technician		20.57
14170 - System Support Specialist		27.41
15000 - Instructional Occupations		
15010 - Aircrew Training Devices Instructor (No	n-Rated)	30.64
15020 - Aircrew Training Devices Instructor (Rat	ted)	37.07
15030 - Air Crew Training Devices Instructor (Pi	lot)	44.43
15050 - Computer Based Training Specialist / Ins	structor	30.64
15060 - Educational Technologist		30.52
15070 - Flight Instructor (Pilot)		.43
15080 - Graphic Artist	21.03	
15085 - Maintenance Test Pilot, Fixed, Jet/Prop		44.43
15086 - Maintenance Test Pilot, Rotary Wing		44.43
15088 - Non-Maintenance Test/Co-Pilot		44.43
15090 - Technical Instructor	21.	.88
15095 - Technical Instructor/Course Developer 15110 - Test Proctor	15 66	26.77
	17.66	
15120 - Tutor	17.66	
16000 - Laundry, Dry-Cleaning, Pressing And Rela 16010 - Assembler		
16030 - Counter Attendant	9.54	
16040 - Dry Cleaner		54
	11.16	
16070 - Finisher, Flatwork, Machine 16090 - Presser, Hand	0 -	9.54
	9.54	
16110 - Presser, Machine, Drycleaning 16130 - Presser, Machine, Shirts		9.54
16160 - Presser, Machine, Wearing Apparel, Laur		9.54
10100 - 110301, Machine, Wearing Apparel, Laul	nary 6	9.54
	J	

16190 - Sewing Machine Operator	11.69
16220 - Tailor	12.24
16250 - Washer, Machine	10.09
19000 - Machine Tool Operation And	d Repair Occupations
19010 - Machine-Tool Operator (To	ool Room) 22.19
19040 - Tool And Die Maker	26.31
21000 - Materials Handling And Pacl	king Occupations
21020 - Forklift Operator	17.27
21030 - Material Coordinator	21.44
21040 - Material Expediter	21.44
21050 - Material Handling Laborer	11.82
21071 - Order Filler	12.35
21080 - Production Line Worker (Fo	ood Processing) 17.27
21110 - Shipping Packer	15.28
21130 - Shipping/Receiving Clerk	15.28
21140 - Store Worker I	13.92
21150 - Stock Clerk	17.88
21210 - Tools And Parts Attendant	17.27
21410 - Warehouse Specialist	17.27
23000 - Mechanics And Maintenance	And Repair Occupations
23010 - Aerospace Structural Welde	er 25.20
23019 - Aircraft Logs and Records	Technician 20.45
23021 - Aircraft Mechanic I	24.00
23022 - Aircraft Mechanic II	25.20
23023 - Aircraft Mechanic III	26.48
23040 - Aircraft Mechanic Helper	18.18
23050 - Aircraft, Painter	22.73
23060 - Aircraft Servicer	20.45
23070 - Aircraft Survival Flight Equ	ipment Technician 22.73
23080 - Aircraft Worker	21.55
23091 - Aircrew Life Support Equip	
I	21.33
23092 - Aircrew Life Support Equip	ment (ALSE) Mechanic 24.00
II	21.00
23110 - Appliance Mechanic	20.25
23120 - Bicycle Repairer	16.93
23125 - Cable Splicer	29.67
23130 - Carpenter, Maintenance	18.99
23140 - Carpet Layer	18.90
23160 - Electrician, Maintenance	22.55
23181 - Electronics Technician Mair	
23182 - Electronics Technician Mair	
23183 - Electronics Technician Mair	ntenance III 24.30
23260 - Fabric Worker	18.28
23290 - Fire Alarm System Mechani	ic 20.47
23310 - Fire Extinguisher Repairer	17.28
23311 - Fuel Distribution System Me	echanic 21.21
23312 - Fuel Distribution System Op	
23370 - General Maintenance Worker	
23380 - Ground Support Equipment	Mechanic 24.00
23381 - Ground Support Equipment	Servicer 20.45
23382 - Ground Support Equipment	Worker 21.55
23391 - Gunsmith I	17.28
23392 - Gunsmith II	19.26
	7

23393 - Gunsmith III	21.21
23410 - Heating, Ventilation And Air-Conditioning	
Mechanic Mechanic	20.60
23411 - Heating, Ventilation And Air Contidioning	21.55
Mechanic (Research Facility)	21.55
23430 - Heavy Equipment Mechanic	00.05
23440 - Heavy Equipment Operator	23.25
23460 - Instrument Mechanic	16.03
23465 - Laboratory/Shelter Mechanic	21.21
23470 - Laborer	20.25
23510 - Locksmith	11.82
23530 - Machinery Maintenance Mechanic	20.25
23550 - Machinist, Maintenance	24.64
23580 - Maintenance Trades Helman	21.60
23580 - Maintenance Trades Helper	14.05
23591 - Metrology Technician I	21.21
23592 - Metrology Technician II	22.18
23593 - Metrology Technician III	23.11
23640 - Millwright	23.39
23710 - Office Appliance Repairer	19.88
23760 - Painter, Maintenance	19.26
23790 - Pipefitter, Maintenance	19.40
23810 - Plumber, Maintenance	18.52
23820 - Pneudraulic Systems Mechanic	21.21
23850 - Rigger	21.21
23870 - Scale Mechanic	19.26
23890 - Sheet-Metal Worker, Maintenance	18.71
23910 - Small Engine Mechanic	18.10
23931 - Telecommunications Mechanic I	26.13
23932 - Telecommunications Mechanic II	27.32
23950 - Telephone Lineman	22.51
23960 - Welder, Combination, Maintenance	18.54
23965 - Well Driller	21.21
23970 - Woodcraft Worker	21.21
23980 - Woodworker	17.28
24000 - Personal Needs Occupations	
24550 - Case Manager	14.43
24570 - Child Care Attendant	11.06
24580 - Child Care Center Clerk	13.83
24610 - Chore Aide	10.98
24620 - Family Readiness And Support Services	14.43
Coordinator	
24630 - Homemaker	15.32
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	21.21
25040 - Sewage Plant Operator	17.65
25070 - Stationary Engineer	21.21
25190 - Ventilation Equipment Tender	16.25
25210 - Water Treatment Plant Operator	17.65
27000 - Protective Service Occupations	
27004 - Alarm Monitor	15.33
27007 - Baggage Inspector	13.38
27008 - Corrections Officer	16.85
27010 - Court Security Officer	15.53
27030 - Detection Dog Handler	15.58
	8

25010 5		
27040 - Detention Officer	16.85	
27070 - Firefighter	15.84	
27101 - Guard I	13.38	
27102 - Guard II	15.58	
27131 - Police Officer I	18.50	
27132 - Police Officer II	20.56	
28000 - Recreation Occupations		
28041 - Carnival Equipment Operator	11.8	35
28042 - Carnival Equipment Repairer	12.6	1
28043 - Carnival Worker	9.40	
28210 - Gate Attendant/Gate Tender	14.19	9
28310 - Lifeguard	12.56	
28350 - Park Attendant (Aide)	15.86	
28510 - Recreation Aide/Health Facility Attendant		11.58
28515 - Recreation Specialist	19.54	
28630 - Sports Official	12.64	
28690 - Swimming Pool Operator	18.80)
29000 - Stevedoring/Longshoremen Occupational Serv	rices	
29010 - Blocker And Bracer	19.26	
29020 - Hatch Tender	19.26	
29030 - Line Handler	19.26	
29041 - Stevedore I	18.28	
29042 - Stevedore II	20.25	
30000 - Technical Occupations	_0.20	
30010 - Air Traffic Control Specialist, Center (HFO)	(see 2)	42.44
30011 - Air Traffic Control Specialist, Station (HFO)	(see 2)	29.26
30012 - Air Traffic Control Specialist, Terminal (HFC	() (see 2)	32.23
30021 - Archeological Technician I	16.64	32.23
30022 - Archeological Technician II	18.63	
30023 - Archeological Technician III	23.06	
30030 - Cartographic Technician	23.06	
30040 - Civil Engineering Technician	22.58	2
30051 - Cryogenic Technician I	25.55	
30052 - Cryogenic Technician II	28.22	
30061 - Drafter/CAD Operator I	16.64	
30062 - Drafter/CAD Operator II	18.63	
30063 - Drafter/CAD Operator III	20.76	
30064 - Drafter/CAD Operator IV	25.55	
30081 - Engineering Technician I	14.76	
30082 - Engineering Technician II	16.58	
30083 - Engineering Technician III	18.55	
30084 - Engineering Technician IV	27.52	
30085 - Engineering Technician V	33.30	
30086 - Engineering Technician VI	33.99	
30090 - Environmental Technician	23.06	
30095 - Evidence Control Specialist	23.06	
30210 - Laboratory Technician	20.96	
30221 - Latent Fingerprint Technician I	25.55	
30222 - Latent Fingerprint Technician II	28.22	
30240 - Mathematical Technician	23.06	•
30361 - Paralegal/Legal Assistant I	18.70	
30362 - Paralegal/Legal Assistant II	23.17	
30363 - Paralegal/Legal Assistant III	28.34	
30364 - Paralegal/Legal Assistant IV	34.29	
2	34.29	

30375 - Petroleum Supply Specialist	20.22	
30390 - Photo-Optics Technician	28.22	
30395 - Radiation Control Technician	23.24	
30461 - Technical Writer I	28.22	
30462 - Technical Writer II	23.06	
30463 - Technical Writer III	28.22	
30491 - Unexploded Ordnance (UXO)	Sachnician I	
30492 - Unexploded Ordnance (UXO)	Feelinician I	26.97
30493 - Unexploded Ordnance (UXO)	Feelinician II	32.64
30494 - Unexploded (UXO) Safety Esco		39.12
30495 - Unexploded (UXO) Sweep Pers	26.	.97
30501 - Weather Forecaster I		26.97
30502 - Weather Forecaster II	25.55	
	31.07	
30620 - Weather Observer, Combined U Surface Programs	Spper Air Or (see 2)	20.94
	1000	
30621 - Weather Observer, Senior	(see 2) 23.24	4
31000 - Transportation/Mobile Equipmer	nt Operation Occupations	
31010 - Airplane Pilot 31020 - Bus Aide	32.64	
31030 - Bus Aide 31030 - Bus Driver	11.30	
	16.60	
31043 - Driver Courier	13.13	
31260 - Parking and Lot Attendant	12.60	
31290 - Shuttle Bus Driver	13.96	
31310 - Taxi Driver	11.58	
31361 - Truckdriver, Light	13.96	
31362 - Truckdriver, Medium	14.78	
31363 - Truckdriver, Heavy	18.80	
31364 - Truckdriver, Tractor-Trailer	18.80	
99000 - Miscellaneous Occupations		
99020 - Cabin Safety Specialist	15.91	
99030 - Cashier	9.94	
99050 - Desk Clerk	10.10	
99095 - Embalmer	25.92	
99130 - Flight Follower	26.97	
99251 - Laboratory Animal Caretaker I	13.92	
99252 - Laboratory Animal Caretaker II	14.95	
99260 - Marketing Analyst	25.98	
99310 - Mortician	25.92	
99410 - Pest Controller	18.13	
99510 - Photofinishing Worker	14.17	
99710 - Recycling Laborer	16.66	
99711 - Recycling Specialist	19.25	
99730 - Refuse Collector	15.27	
99810 - Sales Clerk	11.78	
99820 - School Crossing Guard	15.27	
99830 - Survey Party Chief	20.66	
99831 - Surveying Aide	14.64	
99832 - Surveying Technician	20.01	
99840 - Vending Machine Attendant	19.25	
99841 - Vending Machine Repairer	22.88	
99842 - Vending Machine Repairer Help	er 19.2	25
	17.2	

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 conformances 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, dying, 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, explosive, 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)).

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.: 2021-0206 Daniel W. Simms Division of | Revision No.: 1 Wage Determinations | Date Of Last Revision: 07/29/2021 Director 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.

AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO	. (If applicable)
P00046	See Block 16C					
6. ISSUED BY CODE	70CDCR	7. ADN	MINISTERED BY (If other than Item 6)	CODE	ICE/	DCR
DETENTION COMPLIANCE AND REPORT OF THE PROPERTY OF THE PROPERT	Enforcement	Immi Off: 801	Detention Compliance Egration and Customs Elice of Acquisi I Street NW, mington DC 20538		novals	
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	d south State and 7/0 Code	00	AMENDMENT OF SOLICITATION NO.			
STEWART COUNTY OF		(x)	DATED (SEE ITEM 11)			
ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157	MAN		DATED (SEETTEM TI)			
LUMPKIN GA 318150157			A. MODIFICATION OF CONTRACT/ORDER OIGSA-06-00005/	R NO.		
CODE 0943549190000	FACILITY CODE					
CODE 0843549190000			6/30/2006			
	11. THIS ITEM ONLY APPLIES T	OAMENDA	MENTS OF SOLICITATIONS			
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) 1	THE CHANG	ODIFIES THE CONTRACT/ORDER NO. AS GES SET FORTH IN ITEM 14 ARE MADE I MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).	N THE CO	ONTRACT	14.
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT TO	O AUTHOR	TTY OF:			
D. OTHER (Specify type of modification	n and authority)					
X IAW DROIGSA-06-0000	5					
E. IMPORTANT: Contractor Dis not.	is required to sign this documen	t and return	copies to the iss	suing office	e.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings	s, including	solicitation/contract subject matter where fe	easible.)		
DUNS Number: 084354919						
Contract Specialist: Contracting Officer: COR: ACOR: Prime Contractor: Sub-Contractor: CoreCivic -		(229)	838-	2) 73	2-	n3-
The purpose of this modific COVID-19 Safety Protocols f current and future orders i Continued	or Federal Contract ssued against this	ors. 1	This Class Deviation f	lows	down t	co all
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	the document referenced in Item 9 A o	or 1UA, as h	eretorore changed, remains unchanged and	a in full for	ce and effe	ct.
JOSEPH B. WI WAMS, (15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	HAIRMAN 15C. DATE SIGNE 11-16-20					

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DROIGSA-06-00005//P00046

PAGE OF 2 3

NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

M NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	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				

DROIGSA-06-00005//P00046 3 3 NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (A) (B) (C) (D) (E) (F) (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

REFERENCE NO. OF DOCUMENT BEING CONTINUED

CONTINUATION SHEET

OF

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE OF PAGES		
			1			1 4	
	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	DUISITION/PURCHASE REQ. NO.	5. PF	ROJECT NO. (If applicable)	
P00047 6. ISSUED BY	CODE	See Block 16C 70CDCR	7 ADI	MINISTERED BY (if other than Item 6)	COD	E Ton /pop	
U.S. Impoffice of 801 I ST	ON COMPLIANCE AND REM migration and Customs of Acquisition Manage	NOVALS Enforcement	ICE Imm Off 801	/Detention Compliance igration and Customs ice of Acquisition Ma I Street NW, hington DC 20536	& Ren	movals cement	
8 NAME AND	ADDRESS OF CONTRACTOR (No., street	county State and 7ID Code)	I I GA	AMENDMENT OF SOLICITATION NO.		400	
STEWART ATTN JOS PO BOX 1	COUNTY OF EPH B WILLIAMS CHAIR		98 × 10,	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER ROIGSA-06-00005/ B. DATED (SEE ITEM 13)	ER NO.		_
CODE no	43549190000	FACILITY CODE		06/30/2006			
	43349190000	11. THIS ITEM ONLY APPLIES					
separate let THE PLACE virtue of this reference to	ter or telegram which includes a reference E DESIGNATED FOR THE RECEIPT OF s amendment you desire to change an offe the solicitation and this amendment, and TING AND APPROPRIATION DATA (If req edule	to the solicitation and amendment OFFERS PRIOR TO THE HOUR Al er already submitted, such change is received prior to the opening hou uired)	numbers. F, ND DATE SPI may be made ur and date sp	ceipt of this amendment on each copy of the AILURE OF YOUR ACKNOWLEDGEMENT ECIFIED MAY RESULT IN REJECTION OF the provided each telegram or letter, provided each telegram of le	T TO BE R F YOUR O ram or lette	RECEIVED AT IFFER If by or makes	_
CHECK ONE				GES SET FORTH IN ITEM 14 ARE MADE			
	B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT C. THIS SUPPLEMENTAL AGREEMEN			OMINISTRATIVE CHANGES (such as char Y OF FAR 43.103(b). ITY OF:	nges in pay	ying office,	_
x	D. OTHER (Specify type of modification IAW DROIGSA-06-0000)						
E IMPORTAN	I THE COLUMN THE PARTY OF THE P	Is required to sign this docume	ent and return	1copies to the is	ssuing offic	ce.	
DUNS Num Contrac Contrac COR: ACOR: Prime C	PTION OF AMENDMENT/MODIFICATION			solicitation/contract subject matter where (202) 73	32- 02) 73	32- 615) 263-	
(Rev. 1 Agreeme Continu Except as pro 15A. NAME A	8), and WD 2021-0206, ont between International	, Rev. 1 (DOL appronal Brotherhood o	oved WI	effects of Wage Determ D that includes Collectrical Workers, AFL-C	ctive IO and	Bargaining d CoreCivic)	
NSN /540-0	(Sighsture of person authorized to sign)	12-7-	2/			DARD FORM SO (REV. 10-05)	

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NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	which were both incorporated into the agreement				
	in modification 45 (P00045).				
	The following are the equitable adjustments to				
	the agreement resulting from the above		1 1		
	incorporations:			1	
	1. Effective August 1, 2021 the Bed Rate is		11		
	increased by per inmate day for	1			
	POP 8/1/2021 through //31/2022. This adjustment				
	also reflects the wage increases specified in the		11		
	CBAs for Detention Officers and Maintenance		11		
	Workers that were incorporated by modifications				
	and , and the previously agreed upon annual				
	increase from modification 17 (P00017).				
	The Bed Day Rate is increased as follows:				
	From:				
	By: (Annual Increase - P00017)				
	By: (REA - P00047)			1	
	To:				
	2. Effective August 1, 2021 the per diem rate for				
	Tier 1 Medical Services (CLIN 0009) is increased.	1			
	Due to the annual scheduled increase that is	l			
	independent of this equitable adjustment there are two distinct rate periods. The date ranges	1		1	
	for these rates are as follows:	1	11		
	8/1/2021 to 9/24/2021 @				
	9/25/2021 to 7/31/2022 @		11		
	Charles as the second of the second	1	11		
	Tier 1 Medical Services Per Diem Rate is	1		1	
	Increased:				
	From:		11		
	Street Street		11		
	By: To:				
	10.	1		1	
	3. Effective August 1, 2021, the guard hourly			1	
	rate is increased by				
	The vendor may submit an invoice anytime from	1	11		
	August 1, 2021 to recover the back-pay.		11	1	
	All other terms and conditions remain the same.				
	Accounting Info:				
	20 20 20 20 20 20 20 20 20 20 20 20 20 2				
	Period of Performance: 08/21/2014 to 08/20/2025				
	Continued				
	1		1 1		

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REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-06-00005//P00047

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NAME OF OFFEROR OR CONTRACTOR

STEWART COUNTY OF

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTIT (C)	Y UNIT	UNIT PRICE	AMOUNT (F)
(A)	(5)	(0)	(D)	(E)	(1)
	Change Item 0001 to read as follows(amount shown is the total amount):				
0001	Detention Guard Services.		DA		0.0
	The Bed Day Rate is increased as follows:				
	From: By: (Annual Increase - P00017) By: (REA - P00047) To:				
	Funding will be obligated at the Task Order level. Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0009 to read as follows(amount shown is the total amount):				
0009	Medical Services				0.0
	Period of Performance is extended for the life of the IGSA. (P00043)				
	9/25/2018 to 7/31/2019 @ (P00032) 8/1/2019 to 9/24/2019 @ (P00040) 9/25/2019 to 7/31/2020 @ (P00040) 8/1/2020 to 9/24/2020 @ (P00042) 9/25/2020 to 7/31/2021 @ (P00043) 8/1/2021 to 9/24/2021 @ (P00047) 9/25/2021 to 7/31/2022 @ (P00047)				
	Tier 1 Medical Services Per Diem Rate is Increased: From:				
	Rate will increased by 3.25% each year on 9/25. Obligated Amount: \$0.00 Product/Service Code: Q201 Product/Service Description: MEDICAL- GENERAL HEALTH CARE				

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT		1. CONTRACT ID CODE	-	PAGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	IA BE	OLUBETION PURPOSE PER 112		1	2
P00048		4. KE	QUISITION/PURCHASE REQ. NO.	5. PRO	JECT NO.	(If applicable)
6. ISSUED BY CODE	See Block 16C	7 00	MINISTERED BY (If other than Item 6)			
DETENTION COMPLIANCE AND REAULS. Immigration and Customs Office of Acquisition Manage 801 I ST NW, WASHINGTON DC 20536	MOVALS S Enforcement	ICE Imm Off 801	Detention Compliance signation and Customs Fice of Acquisition Mar I Street NW, Chington DC 20536	Enforce	ement	OCR
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t mark Net and Net					
STEWART COUNTY OF ATTN JOSEPH B WILLIAMS CHAIR PO BOX 157 LUMPKIN GA 318150157			A AMENDMENT OF SOLICITATION NO. B. DATED (SEE ITEM 11)			
HOMPKIN GA 316130157		x 10	A MODIFICATION OF CONTRACT/ORDER ROIGSA-06-00005/	R NO.	Notes to the second	
CODE		10	B. DATED (SEE ITEM 13)			
CODE 0843549190000	FACILITY CODE	0	6/30/2006			
The above numbered solicitation is amended as set for	11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS			
virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If required to the solicitation and this amendment, and the solicitation and the solicita	is received prior to the opening hour uired)	r and date sp	by telegram or letter, provided each telegram ecified. DDIFIES THE CONTRACT/ORDER NO. AS D			
New York Control of the Control of t			GES SET FORTH IN ITEM 14 ARE MADE IN			4.
			MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).			
The state of the s				s in paying	omce,	
C. THIS SUPPLEMENTAL AGREEMENT		O AUTHORI	TY OF:			
D. OTHER (Specify type of modification						
X IAW DROIGSA-06-00005						
	is required to sign this documen		1 copies to the issu	ing office.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: 084354919	Organized by UCF section headings	s, including s	olicitation/contract subject matter where feas	sible.)	Ween control of	
Contract Specialist:			14441 900		ľ	
Contracting Officer:			(202) 732			
COR:		(229)		732-		
ACOR:			(404) 893-			
Prime Contractor:			, / 000			
Sub-Contractor: Corecivic -				(615) 263-	-
This modification creates a (CLIN for the addit	ion of	two Advanced Practice	Drossi	do-	
positions into IGSA DROIGSA-(06-00005 . These F	TEs wi	ll perform services in	accor	danca	i+h
the attached position descrip	otion. Pricing is	in acco	ordance with the vendo	r's m	ote	WITH
continued						
Except as provided herein, all terms and conditions of the	e document referenced in Item 9 A o	or 10A, as her	etofore changed, remains unchanged and in	full force ar	nd effect	
pa. NAME AND TITLE OF SIGNER (Type or print)	ee					
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	0				
	ISO. DATE SIGNED					
(Signature of person authorized to sign)	- 12/29/20	H				
NSN 7540-01-152-8070						

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NAME OF OFFEROR OR CONTRACTOR STEWART COUNTY OF

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	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 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 hour.				0.0
	Two positions at hours per year per position (a total of hours per year)				
	Annual amount per position is for a total amount of (Not Separately Priced) Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
		1			

DROIGSA-06-0003

INTER-GOVERNMENTAL SERVICE AGREMENT

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 alicus (thereafter referred to as "DETAINEES").

FACILITY LOCATION:

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

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

POC: Stonie Pattersoo, Chairman

Stewart County Board of Commissioners

PERFORMANCE:

The PROVIDER is required to house ICE detainers, 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 Realth Care (NCCHO). 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 thiring 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.

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PAYMENT RATE

Per Dieno 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 detained accepted and housed by the PROVIDER. The rate is the per diem rate for the support of one Detained 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.
- Indirect costs in which a percentage of all local government costs are pro-rated and applied to individual departments.
- D) Detained services which are not provided to, or cannot be used by detaineds.
- E) Operating costs of facilities not utilized by detainees.
- F) Interest on borrowing (however represented), bond discounts, cost(s) of financing/refinancing, 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:

1. The PROVIDER shall provide all ground transportation services as may be required to transport detainess 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

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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.
- 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
- 4. The PROVIDER shall, upon order of the COTR, or upon his own decision in an urgent medical situation, transport a detained to a hospital location. An shall shall released from the hospital, or at the order of the COTR. The PROVIDER shall then transport the detained to the detention site.
- 5. When the COTR provides documents to the PROVIDER concerning the detaince(s) to be transported and/or excerted, the PROVIDER shall deliver these documents only to the named anthorized recipients. The PROVIDER shall cusare the 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 roses 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 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 to less than twenty-four (24) hours per day, seven (7) days per week. The

DROIGSA-06-0003

PROVIDER shall provide security with a minimum staff of 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 pell line.

When specifically requested by ICE, the PROVIDER agrees to arrange for and/or provide non-emergency or emergency ambulance transportation service to transport detainces to off-site medical care or from one offsite medical care facility to another. ICE agrees to provide reimbursement for mileage, over and above the per diene 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 detained shall similarly be provided instructions and assistance on a routine basis on personal hygiene, dental hygione, 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 detaince population, and PROVIDER shall immediately notify USPHS staff. Behavior problems (detained who is not diagnosed as psychotic) and stricide 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 detainer'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

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 detainer medical services or costs.

RECEIPT AND DISCHARGE OF FEDERAL DETAINEES:

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 simutions, without express authorization of ICE.

INSPECTION:

DROIGSA-06-0003

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 detainment.

PER DIEM RATE AND ECONOMIC PRICE ADJUSTMENT

The per diem rate shall be 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 lumigration 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 lumigration 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) Carcular A-87, Cost Principles for State, Local, and Indian Tribal Governments, or other cost and pricing principles ununally 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 mouth 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) <u>Invoices</u> Monthly invoices shall be submitted to the COTR within 10 business days after the month of performance invoiced. Invoices shall itemize each detained by name, register member, dates of stay, and appropriate detained-day rate. Billing shall be based upon the actual number of detained 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
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DROIGSA-06-0003

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:

ACCEPTED:

U.S. Immigration and Customs Enforcement

Stewart County, GA

<Name>

Contracting Officer



By:



JUN 3 0 2006

Date.

27 Jn/ 06