

2. AMENDMENT/MODIFICATION NO. P00055
 3. EFFECTIVE DATE See Block 16C
 4. REQUISITION/PURCHASE REQ. NO.
 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE 70CDCR
 7. ADMINISTERED BY (If other than Item 6) CODE ICE/DCR
 DETENTION COMPLIANCE AND REMOVALS
 U.S. Immigration and Customs Enforcement
 Office of Acquisition Management
 500 12th St SW
 WASHINGTON DC 20024

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
 STEWART COUNTY OF
 ATTN JOSEPH B WILLIAMS CHAIRMAN
 PO BOX 157
 LUMPKIN GA 318150157
 9A. AMENDMENT OF SOLICITATION NO.
 9B. DATED (SEE ITEM 11)
 10A. MODIFICATION OF CONTRACT/ORDER NO.
 DROIGSA-06-00005/
 10B. DATED (SEE ITEM 13)
 06/30/2006
 CODE N559HGSGNDX7 FACILITY CODE

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

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

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

CHECK ONE
 A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)
 X IAW DROIGSA-06-00005

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

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

UEI: N559HGSGNDX7
 Contract Specialist: [REDACTED]
 Contracting Officer: [REDACTED]
 COR: [REDACTED] (229) 838-[REDACTED]
 ACOR: [REDACTED] (404) 893-[REDACTED]
 Prime Contractor: [REDACTED]
 Sub-Contractor: CoreCivic - [REDACTED] (615) 263-[REDACTED]
 Sub-Contractor: CoreCivic - [REDACTED] (615) 263-[REDACTED]

The purpose of this modification is to:
 1. Update applicable rates associates with a Request for Equitable adjustment resulting
 Continued ...

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

15A. NAME AND TITLE OF SIGNER (Type or print)
 JOSEPH B. WILLIAMS, CHAIRMAN
 15C. DATE SIGNED
 11/29/2023
 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
 [REDACTED]

NAME OF OFFEROR OR CONTRACTOR
STEWART COUNTY OF

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>from Wage Determination 2015-4503 (Rev. 26), which was incorporated into the agreement in modification 54 (P00054); and</p> <p>2. Update the Virtual Attorney Visitation (VAV) and Transgender Care memorandum language.</p> <p>The following are the equitable adjustments to the agreement resulting from the above incorporations:</p> <p>1. Effective August 1, 2023 the Bed Rate is increased by [REDACTED] per bed day for the period of 8/1/2023 through 7/31/2024.</p> <p>The Bed Day Rate is increased as follows: From: [REDACTED] By: [REDACTED] (Annual Increase) By: [REDACTED] (REA) To: [REDACTED]</p> <p>2. Effective August 1, 2023 the per diem rate for Tier 1 Medical Services (CLIN 0009) is increased by [REDACTED] per bed day. Due to the annual scheduled increase that is independent of this equitable adjustment there are two distinct rate periods. The date ranges for these rates are as follows: 8/1/2023 to 9/24/2023 @ [REDACTED] 9/25/2023 to 7/31/2024 @ [REDACTED]</p> <p>Tier 1 Medical Services Per Diem Rate is Increased: From: [REDACTED] By: [REDACTED] (REA) By: [REDACTED] (Annual 3.25%) To: [REDACTED]</p> <p>3. Effective August 1, 2023, the guard hour rate is increased by [REDACTED] based on the increase in the wage rate that is applicable for Detention Officers, as adjusted for overtime.</p> <p>All other terms and conditions remain the same. Accounting Info: [REDACTED] ----- Period of Performance: 08/21/2014 to 08/20/2025</p> <p>Continued ...</p> | | | | |

NAME OF OFFEROR OR CONTRACTOR
STEWART COUNTY OF

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|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0001 | <p>Change Item 0001 to read as follows (amount shown is the total amount):</p> <p>Detention Guard Services.</p> <p>The Bed Day Rate is increased as follows:</p> <p>From: [REDACTED]</p> <p>By: [REDACTED] (Annual Increase)</p> <p>By: [REDACTED] (REA)</p> <p>To: [REDACTED]</p> <p>Funding will be obligated at the Task Order level. Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> | | | | |
| 0009 | <p>Change Item 0009 to read as follows (amount shown is the total amount):</p> <p>Medical Services</p> <p>Period of Performance is extended for the life of the IGSA. (P00043)</p> <p>9/25/2018 to 7/31/2019 @ [REDACTED] (P00032)</p> <p>8/1/2019 to 9/24/2019 @ [REDACTED] (P00040)</p> <p>9/25/2019 to 7/31/2020 @ [REDACTED] (P00040)</p> <p>8/1/2020 to 9/24/2020 @ [REDACTED] (P00042)</p> <p>9/25/2020 to 9/24/2021 @ [REDACTED] (P00043)</p> <p>8/1/2020 to 9/24/2020 @ [REDACTED] (P00047)</p> <p>9/25/2021 to 7/31/2022 @ [REDACTED] (P00047)</p> <p>8/1/2022 to 9/24/2022 @ [REDACTED] (P00050)</p> <p>9/25/2022 to 7/31/2023 @ [REDACTED] (P00050)</p> <p>8/1/2023 to 9/24/2023 @ [REDACTED] (P00055)</p> <p>9/25/2023 to 7/31/2024 @ [REDACTED] (P00055)</p> <p>Tier 1 Medical Services Per Diem Rate is Increased:</p> <p>From: [REDACTED]</p> <p>By: [REDACTED] (REA)</p> <p>By: [REDACTED] (Annual 3.25%)</p> <p>To: [REDACTED]</p> <p>Rate increases by 3.25% each year on 9/25. Obligated Amount: \$0.00 Product/Service Code: Q201 Product/Service Description: MEDICAL- GENERAL HEALTH CARE</p> <p>Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DROIGSA-06-00005//P00055

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NAME OF OFFEROR OR CONTRACTOR
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| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE. | | | | |