

2. AMENDMENT/MODIFICATION NO. P00018	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	ICE/Detention Compliance & Removals 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) CALHOUN COUNTY OF 161 E MICHIGAN AVENUE BATTLE CREEK MI 490144019	9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-07-0019 10B. DATED (SEE ITEM 13) 10/17/2007
CODE J3XRPEXHD5M1 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	In accordance with the agreement

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

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

Tax ID Number: 38-6004358
 UEI: J3XRPEXHD5M1
 Contracting Officer's Representative (COR):
 [REDACTED], (313) 446-[REDACTED]

 Contracting Officer (CO):
 [REDACTED], 202-924-[REDACTED]

 Contract Specialist (CS):
 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 CONTRACTING OFFICER (Type or print)
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	16C. DATE SIGNED

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DROIGSA-07-0019/P00018

PAGE OF
2 4

NAME OF OFFEROR OR CONTRACTOR
CALHOUN COUNTY OF

ITEM NO. (A)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p> [REDACTED], 202-732-[REDACTED] --- The purpose of this administrative modification is to: 1) Increase the Bed Day Rate stated in CLIN 0001 of this IGSA. Please see CLIN 0001 below for details. 2) For CLINS 0002 through 0006, state the period of performance of these CLINS as 08/20/2007 to 08/19/2027 to reflect the change in Period of Performance (PoP) stated in Modification P00016. Please see the aforementioned CLINS below for details. 3) Incorporate the clause "PROHIBITION ON A BYTEDANCE COVERED APPLICATION" into this IGSA via Attachment 1. Discount Terms: Net 30 Period of Performance: 08/20/2007 to 08/19/2027 Change Item 0001 to read as follows (amount shown is the obligated amount): DETENTION SERVICES GUARANTEED MINIMUM: [REDACTED] beds *Effective Date: 8/1/2023* BED DAY RATE: [REDACTED] /DAY --- With this Modification (P00018), the Bed Day Rate is increased by [REDACTED]. Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0002 to read as follows (amount shown is the obligated amount): TRANSPORTATION SERVICES Continued ... </p>		DA	[REDACTED]	
0002	<p>TRANSPORTATION SERVICES Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DROIGSA-07-0019/P00018

PAGE OF
3 4

NAME OF OFFEROR OR CONTRACTOR
CALHOUN COUNTY OF

ITEM NO. (A)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>*Effective Date: 7/1/2020*</p> <p>████████ Transportation Rate (Regular) ██████ Transportation Rate (OT)</p> <p>Transportation mileage shall be reimbursed at the privately owned vehicle (POV) mileage reimbursement rate established pursuant to the current General Services Administration (GSA)/federal travel allowance rates at the time of incurrence.</p> <p>---</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p>				
0003	<p>DETENTION - ██████ BEDS Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0004 to read as follows (amount shown is the obligated amount):</p>		EA	0.00	
0004	<p>DETENTION - OVER ██████ BEDS Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0005 to read as follows (amount shown is the obligated amount):</p>		EA	0.00	
0005	<p>COVID-19 PERSONAL PROTECTIVE EQUIPMENT (PPE) ITEMS Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0006 to read as follows (amount shown is the obligated amount):</p>				
0006	<p>COVID-19 PHONE CALLS Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DROIGSA-07-0019/P00018

PAGE OF
4 4

NAME OF OFFEROR OR CONTRACTOR
CALHOUN COUNTY OF

ITEM NO. (A)	SUPPL ES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Each ICE detainee at Calhoun County Detention Facility will receive up to 500 free telephone minutes per month during COVID-19 Pandemic. The contractor shall submit invoices monthly for the actual phone calls placed in accordance with the following rates:</p> <p>*Domestic: [REDACTED] per minute *Michigan: [REDACTED] per minute *International: [REDACTED] per minute</p> <p>ICE will reimburse the county for the actual number of calls placed at the rates negotiated. A list of calls placed shall be submitted with the invoice. Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>---</p> <p>All other terms and conditions remain unchanged and in full force and effect.</p>				