

2. AMENDMENT/MODIFICATION NO. P00022	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
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6. ISSUED BY DETTENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024	CODE 70CDCR	7. ADMINISTERED BY (If other than Item 6) ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW Washington DC 20024	CODE ICE/DCR
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) FREEBORN COUNTY GOVERNMENT CENTER ATTN [REDACTED] 411 BROADWAY AVENUE SOUTH P O BOX 1147 ALBERT LEA MN 560071147	(x)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-09-0020
		10B. DATED (SEE ITEM 13) 03/25/2009
CODE C18CL8K86UE6	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:
X	D. OTHER (Specify type of modification and authority) Bilateral Modification IAW DROIGSA-09-0020

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: C18CL8K86UE6

Contracting Officer's Representative (COR):  
[REDACTED], 612-843-[REDACTED]

Alternate COR (A-COR):  
[REDACTED], 515-201-[REDACTED]

Contracting Officer (CO):  
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) <b>Ryan Shea, Sheriff</b>	15C. DATE SIGNED 03/31/2025	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED] [REDACTED] Date: 2025.04.02 16:57:41 -04'00' (Signature of Contracting Officer)	16C. DATE SIGNED
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NAME OF OFFEROR OR CONTRACTOR  
FREEBORN COUNTY GOVERNMENT CENTER

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>[REDACTED], 202-731-[REDACTED]</p> <p>Contract Specialist (CS): [REDACTED], 202-731-[REDACTED]</p> <p>---</p> <p>The purpose of this bilateral modification is to take the following actions:</p> <p>1) Establish the Bed/Day rate of \$ [REDACTED] per Bed/Day.</p> <p>2) Establish the Transportation Services rates of \$ [REDACTED]/hour and \$ [REDACTED] hour for Overtime.</p> <p>---</p> <p>Period of Performance: 03/25/2025 to 03/24/2026</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>0001 DETENTION SERVICES</p> <p>Bed Day Rate: \$ [REDACTED]/day Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p>				
0002	<p>0002 TRANSPORTATION SERVICES</p> <p>Transportation shall be reimbursed in accordance with the GSA Privately Owned Vehicle Mileage Reimbursement Rates effective at the time of occurrence.</p> <p>\$ [REDACTED] hour and \$ [REDACTED]/hour OT Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>				