

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 4
2. AMENDMENT/MODIFICATION NO. P00031	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY DETENTION COMPLIANCE AND REMOVALS ICE 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 ICE Office of Acquisition Management 500 12th St SW Washington DC 20024	CODE ICE/DCR
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) COUNTY OF CHARLTON ATTN [REDACTED] 68 KINGSLAND DRIVE SUITE B FOLKSTON GA 315372872		(x) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER NO. EROIGSA-17-0002 10B. DATED (SEE ITEM 13) 12/16/2016	
CODE NS5WHEVV6LS7	FACILITY CODE	11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS	
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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) In accordance with IGSA No. EROIGSA-17-0002		
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> 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: NS5WHEVV6LS7 Contracting Officer (CO): [REDACTED] Contract Specialist (CS): [REDACTED] CO Representative (COR): [REDACTED] (404) 423-[REDACTED] Alternate COR (ACOR): [REDACTED] (404) 681-[REDACTED] County POC: [REDACTED] Subcontractor POC: [REDACTED] Subcontractor POC: [REDACTED]			
The purpose of this modification is to: 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) [REDACTED] COUNTY ADMINISTRATOR		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) [REDACTED]	
15B. CONTRACTOR/OFFEROR [REDACTED]	15C. DATE SIGNED 4/16/25	Digitally signed by [REDACTED] Date: 2025.04.22	
Previous edition unusable		STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA FPMR (41 CFR) 101-11.6	

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CHARLTON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>1. Correct the SAM UIE number (Previously T461LK5Z69X5 - Charlton County EMS, Corrected: NS5WHEVV6LS7 - County of Charlton);</p> <p>2. Update CLIN 0006 to include Folkston ICE Processing Center and Annex Facilities Facility Improvement Project; and</p> <p>3. Incorporate updated CLIN rates associated with the updated Wage Determination incorporated in modification 30 (P00030). The updated CLIN rates are in accordance with the vendors request for equitable adjustment (REA), dated March 18, 2025, and are included in the CLIN descriptions below. The effective date of the newly incorporated rates is 2/16/2025.</p> <p>The REA submitted on March 18, 2025 included a reference to Executive Order (EO) 14026. Despite the EO's inclusion in the request, this REA approval is NOT related to EO 14026 in any way. Period of Performance: 02/16/2022 to 02/15/2027</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p>				
0001	<p>Detention Management Services at guaranteed minimum of [REDACTED] (70%)</p> <p>2/16/22 - 2/15/23: \$ [REDACTED] /month 2/16/23 - 2/15/24: \$ [REDACTED] /month 2/16/24 - 2/16/25: \$ [REDACTED] /month</p> <p>The rates for the periods below are both increased by \$ [REDACTED] (REA)</p> <p>2/16/25 - 2/15/26: \$ [REDACTED] /month (P00031) 2/16/26 - 2/15/27: \$ [REDACTED] /month (P00031) Obligated Amount: \$0.00</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p>		MO	[REDACTED]	
0002	<p>Transportation Services</p> <p>Monthly Fixed Fee Schedule:</p> <p>02/16/2023 - 11/26/2023: \$ [REDACTED] 11/27/2023 - 02/15/2024: \$ [REDACTED] 02/16/2024 - 02/15/2025: \$ [REDACTED] 02/16/2025 - 02/15/2026: \$ [REDACTED] (Increased P00031 - REA) Continued ...</p>				

CONTINUATION SHEET

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 NAME OF OFFEROR OR CONTRACTOR
 COUNTY OF CHARLTON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	02/16/2026 - 02/15/2027: \$ [REDACTED] (Increased P00031 - REA) Obligated Amount: \$0.00 Change Item 0002A to read as follows (amount shown is the obligated amount):				
0002A	Transportation Guard Rate (Remote Custody) 2/16/22 - 2/15/23: \$ [REDACTED] hour 2/16/23 - 2/15/24: \$ [REDACTED] hour 2/16/24 - 2/16/25: \$ [REDACTED] hour 2/16/25 - 2/15/26: \$ [REDACTED] hour (Increased P00031 - REA) 2/16/26 - 2/15/27: \$ [REDACTED] hour (Increased P00031 - REA) Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD		HR	[REDACTED]	
0002B	Change Item 0002B to read as follows (amount shown is the obligated amount): Transportation OT Guard Rate 2/16/22 - 2/15/23: \$ [REDACTED] hour 2/16/23 - 2/15/24: \$ [REDACTED] hour 2/16/24 - 2/16/25: \$ [REDACTED] hour 2/16/25 - 2/15/26: \$ [REDACTED] hour (Increased P00031 - REA) 2/16/26 - 2/15/27: \$ [REDACTED] hour (Increased P00031 - REA) Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD		HR	[REDACTED]	
0003	Change Item 0003 to read as follows (amount shown is the obligated amount): D. Ray James Correctional Facility Annex (338 Beds) monthly fixed fee 2/16/22 - 2/15/23: \$ [REDACTED] /month 2/16/23 - 2/15/24: \$ [REDACTED] /month 2/16/24 - 2/16/25: \$ [REDACTED] /month 2/16/25 - 2/15/26: \$ [REDACTED] /month (Increased P00031 - REA) 2/16/26 - 2/15/27: \$ [REDACTED] /month (Increased Continued ...		MO	[REDACTED]	

NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0006	<p>P00031 - REA) 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> <p>Medical Renovation - Construction</p> <p>P00031 - Add renovations associated with improvements related to housing females at the Folkston ICE Processing Center and Annex Facilities. On behalf of Charlton County, Geo Group Inc submitted a quote for these renovations. Per the vendor quote submitted on Jan 2, 2025, \$ [REDACTED] will be obligated at the task order level. Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>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.</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
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2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
P00032	See Block 16C			
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE	ICE/DCR
DETENTION COMPLIANCE AND REMOVALS ICE Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024	70CDCR	ICE/Detention Compliance & Removals ICE Office of Acquisition Management 500 12th St SW Washington DC 20024		
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COUNTY OF CHARLTON ATTN [REDACTED] 68 KINGSLAND DRIVE SUITE B FOLKSTON GA 315372872			9B. DATED (SEE ITEM 11)	
		X	10A. MODIFICATION OF CONTRACT/ORDER NO. EROIGSA-17-0002	
			10B. DATED (SEE ITEM 13)	
CODE	NS5WHEVV6LS7	FACILITY CODE	12/16/2016	
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X	D. OTHER (Specify type of modification and authority) In accordance with IGSA No. EROIGSA-17-0002			
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The purpose of this modification is to add the D-Ray James facility (DRJ) to the current 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)		
[REDACTED], Charlton County Administrator		[REDACTED]		
15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED
06/06/2025		[REDACTED]		Digitally signed by [REDACTED] Date: 2025.06.06 15:19:21 -04'00'
(Signature of person authorized to sign)		(Signature of Contracting Officer)		

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COUNTY OF CHARLTON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>IGSA via the following CLINS:</p> <p>0001B Facility Operations Charge 1 - D-Ray James Facility</p> <p>0001C Facility Operations Charge 2 - D-Ray James Facility</p> <p>0001D Fixed Individual Unit Price (FIUP) ()</p> <p>0011 D-Ray Facility Renovations</p> <p>Additionally, this modification combines the transportation needs of DRJ with the current IGSA Transportation CLINS, which are CLIN 0002, 0002A and 0002B.</p> <p>Additional details are located in the CLIN descriptions below. All funding will be obligated on the Task Order level.</p> <p>All other terms and conditions remain the same. Period of Performance: 02/16/2022 to 02/15/2027</p> <p>Add Item 0001B as follows:</p> <p>0001B Facility Operations Charge 1 - D-Ray James Facility</p> <p>FY25 Period: Mod Execution Date - 02/15/2026 Monthly Rate: \$ Yearly Total: \$TBD (The yearly total will be pro-Rated to match the percentage of the period remaining following the modification execution date)</p> <p>FY26 Period: 02/16/2026 - 02/15/2027 Monthly Rate: \$ Yearly Total: \$ Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Add Item 0001C as follows:</p> <p>0001C Facility Operations Charge 2 - D-Ray James Facility</p> <p>FY25 Period: Mod Execution Date - 02/15/2026 Monthly Rate: \$ Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED EROIGSA-17-0002/P00032	PAGE 3 OF 5
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NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CHARLTON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Yearly Total: \$TBD (The yearly total will be pro-Rated to match the percentage of the period remaining following the modification execution date)</p> <p>FY26 Period: 02/16/2026 - 02/15/2027 Monthly Rate: \$ [REDACTED] Yearly Total: \$ [REDACTED] Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Add Item 0001D as follows:</p> <p>0001D Bed Days - D-Ray James Facility</p> <p>Fixed Individual Unit Price (FIUP) ([REDACTED]): \$ [REDACTED] Quantity: [REDACTED] (This quantity total will be adjusted to match the percentage of the period remaining following the modification execution date) 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> <p>0002 Transportation Services</p> <p>Monthly Fixed Fee Schedule: 02/16/2023 - 11/26/2023: \$ [REDACTED] 11/27/2023 - 02/15/2024: \$ [REDACTED] 02/16/2024 - Mod Date-1: \$ [REDACTED] Mod Date - 02/15/2026: \$ [REDACTED] (The monthly total will be pro-Rated, for the first month only, to match the percentage of the month remaining following the modification execution date. The rate for the remaining months will remain as stated.) 02/16/2026 - 02/15/2027: \$ [REDACTED] (P00032) Obligated Amount: \$0.00</p> <p>Change Item 0002A to read as follows (amount shown is the obligated amount): Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
EROIGSA-17-0002/P00032PAGE OF
4 5NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CHARLTON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002A	<p>Transportation Mileage Rate (Previously Transportation Guard Rate, Pre Mod 32)</p> <p>Period: Mod Date - 2/15/26: Miles: [REDACTED] Rate: \$ [REDACTED] Total: \$1BD (The yearly total will be pro-Rated to match the percentage of the period remaining following the modification execution date)</p> <p>Period: 2/16/26 - 2/15/27: Miles: [REDACTED] Rate: \$ [REDACTED] Total: \$ [REDACTED] Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Change Item 0002B to read as follows (amount shown is the obligated amount):</p>				
0002B	<p>Mileage over [REDACTED] Annually (Previously - Transportation OT Guard Rate)</p> <p>Rate: \$ [REDACTED]/mile Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Add Item 0011 as follows:</p>				
0011	<p>Facility Renovations at D-Ray James Facility</p> <p>Area 1: \$ [REDACTED] Area 2: \$ [REDACTED] Total: \$ [REDACTED]</p> <p>The vendor agrees to submit receipts and/or other documentation with any invoices associated with this CLIN. Should the price of the renovations exceed \$ [REDACTED] the Government will not be responsible for those excess costs. Alternatively, if the total price of the renovations is less than \$ [REDACTED] the Government will reduce this CLIN accordingly and de-obligate (at the task order level) any excess funding. Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CHARLTON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Obligated Amount: \$0.00</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>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.</p>				