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EMPORTANT: Contractor is not. is not. is required to sign this document and return	D. OTHER (Specify type of modification	and authority)					
The purpose of this modification is to incorporate the Virtual Attorney Visit (VAV) and Cransgender Care Clause into the IGSA. All other terms and conditions remain unchanged. Example: Contracting Officer: Email: Email	X In accordance with 1	GSA No. EROIGSA-17-	-0002				
Contracting Officer: Contracting Officer Representative: Email: County Admin.: Email: Email: Email: County Admin.: Email: Email: Email: Email: Email: Email: County Admin.: Email: Ema	E. IMPORTANT: Contractor is not,	$\overline{\underline{x}}$ is required to sign this document	and retur	copies to the issuir	ng office.		
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Chairman 150 DATE SIGNED	Except as acquired basein, all terms and conditions of the	referenced in Item 9 A or	10/- 00 5	erelefere ehanged rémains unchéngéd and in	full force on	d office)	
Marman 10.19.22	158.	15C DATE SIGNED					
	(Signature of person authorized to sign)	10.19.12					

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	EROIGSA-17-0002/P00020	2	2

NAME OF OFFEROR OR CONTRACTOR CHARLTON COUNTY EMS

EM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT D CODE	PAGE OF PAGE	PAGE OF PAGES		
		4.050	N HOLLOWD IDOUAGE DEC. NO.	1	2 linable)		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If app	licable)		
P00021 6. ISSUED BY CODE	See Block 16C	7 40	MINISTERED BY (If other than Item 6)	CODE TOT /DOR			
DETENTION COMPLIANCE AND REM U.S. Immigration and Customs Office of Acquisition Manage 801 I ST NW, WASHINGTON DC	Enforcement	ICE Imm Off 801	/Detention Compliance igration and Customs ice of Acquisition Ma I Street NW, hington DC 205	e & Removals Enforcement			
A NAME AND ADDRESS OF CONTRACTOR		104	AMENICATE OF OOLIOITATION NO				
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.				
CHARLTON COUNTY EMS ATTN 1567 THIRD ST FOLKSTON GA 315378907		x 10/EH	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORD ROIGSA-17-0002 B. DATED (SEE ITEM 13)	ER NO.			
CODE T4611.K5769X5	FAC LITY CODE		2/16/2016				
T461LK5Z69X5	11. THIS ITEM ONLY APPLIES						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNT NG AND APPROPRIATION DATA (If register Schedule 13. THIS ITEM ONLY APPLIES TO METALE THE PROPERTY OF TH	OFFERS PRIOR TO THE HOUR Al er already submitted , such change is received prior to the opening hou uired)	ND DATE SPE may be made ur and date sp	ECIFIED MAY RESULT IN REJECTION O by telegram or letter, provided each teleg	F YOUR OFFER If by ram or letter makes			
			GES SET FORTH IN ITEM 14 ARE MADE				
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTI	CT/ORDER IS MODIF ED TO REFL H N ITEM 14, PURSUANT TO THE	E AUTHORITY	M NISTRATIVE CHANGES (such as chai OF FAR 43.103(b).	nges in paying office,			
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT	TO AUTHORI	TY OF:				
D. OTHER (Specify type of modification	and authority)						
X In accordance with I	GSA No. EROIGSA-1	7-0002					
E. IMPORTANT Contractor is not,	x is required to sign this docume	ent and return	1 copies to the i	ssuing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION Contracting Officer: Contracting Officer Represen Alternate Contracting Office	; Email: tative:	;	Email: ; Email:	feasible.)			
County Admin.: Subcontractor: GEO,	.; Email:			; Email:			
The purpose of this modifical Representative (ACOR) from Continued Except as provided herein, all terms and conditions of the TSA. NAME AND TITLE OF SIGNER (Type or print)	to						
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN	ED					
(Signature of person authorized to sign)							
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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

EROIGSA-17-0002/P00021

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR CHARLTON COUNTY EMS

M NO.	SUPPL ES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
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	All other terms and conditions remain unchanged.		ΙI		
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