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PAGE NO

QUANTITY ACCEPTED

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DATE OF ORDE 04/11/20	R CONTRACT NO. 6 ACD-4-H-1002				ORDER HSCE	NO. DM-16-F-IG139
TEM ND	SUPPLIES/SERVICES	DUANTITY	UNIT	UNIT		AMOUNT
(a)	(b)	ORDERED (C)	(d)	PRICE (e)		(f)
	continuation of services from order	1				
	ISCEDM-15-F-IG138. It is effective July 1,	[

2016 and obligates a total of \$23,568.96.

The funding provided in this task order is the amount presently available for payment

and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. Exempt Action: Y Period of Performance: 07/01/2016 to 07/31/2015 0001 DETENTION BEDSPACE (b)(4) Accounting Info: (b)(4) Funded: (b)(4) 0002 TRANSPORTATION (b)(4) Accounting Info: (b)(4) Funded: (b)(4) Invoice Instructions: ICE - ERO Contracts Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AU HORIZED FOR LOCAL PEPODUCTION

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PAGE NO 3

IMPORTANT: Mark ail packages and papers with contract and/or order numbers

1/11/20	D16 ACD-4-H-1002			ORDER ND. HSCEDM-16-F-IG139			
TEMIND	SUPPLIES/SERVICES	QUANTITY		UNIT		AMQUNT	QUANTITY
(a)	(b)	(c)	(d)	PRICE (e)		(f)	ACCEPTEI (g)
	[Contract Specialist and Contracting						
	Officer to disclose if on a monthly basis						
	or other agreed to terms") via email,						
	United States Postal Service (USPS) pr						
	facsimile as follows:						1 I
	a) Email:						
	Invoice.Consolidation@ice.dhs.gov						
	 Contracting Officer Representative (Cor 	L .					
	or Sovernment Point of Contact (GPOC)	ſ					1
	Contract Specialist/Contracting Officer						
	Freh empil chall contain only (1) invoice						
	Each email shall contain only (1) invoice and the invoice number shall be indicated						
	on the subject line of the email.						
	b) USPS:						
	DHS, ICE						
	Financial Operations - Burlington						
	P.O. Box 1620						
	Williston, VT 05495-1620						
	ATTN: ICE-ERO/FOD-FCH						
	The Contractors Data Universal Numbering						
	System (DUNS) Number must be registered and						
	active in the System for Award Management						
	(SAM) at https://www.sam.gov prior to award						f
	and shall be notated on every invoice						
	submitted to ensure prompt payment				ł		•
	provisions are met. The ICE program office				Į.		
	identified in the task order/contract shall				j j		
	also be notated on every invoice.						
	c) Facsimile:						
	Alternative Invoices shall be submitted to: (802)-288-7658						
	Submissions by facsimile shall include a						
	cover sheet, point of contact and the						
	number of total pages.						
	Note: the Service Providers or Contractors						
	Dunn and Bradstreet (D&B) DUNS Number must						
	Continued						
	TDTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq	<u> </u>			\$0.00	

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. 04/11/2016 ACD-4-H-1002

PAGE NO

ORDER NO. HSCEDM-16-F-IG139

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	OUANTIT
(a)	(b)	QRDERED (C)	(d)	PRICE (°)	ť	ACCEPTE (9)
.,	be registered in the System for Award	(*)			07	(97
	Maragement (SAM) at https://www.sam.gov	[
	prior to award and shall be notated on	1				
	every invoice submitted to ensure prompt					1
	payment provisions are met. The 1CE program	1				
	office identified in the task					
	order/contract shall also be notated on					
	every invoice.					
	-					
	2. Content of Invpices: Each invoice shall					
	contain the following information in					
	accordance with 52.212-4 (g), as					
	applicable:	Į				1
	(i). Name and address of the Service					
	Provider/Contractor. Note: the name,					
	address and DUNS number on the invoice MUST					
	1					
	match the information in both the					
	Contract/Agreement and the information in					(
	the SAM. If payment is remitted to another					
	entity, the name, address and DUNS	1				
	information of that entity must also be					
	provided which will require Government					
	verification before payment can be					
	processed;					
	(ii). Dunn and Bradstreet (D&B) DUNS Number;					
	(iii). Invoice date and invoice number;					1
	(iv). Agreement/Contract number, contract					
	line item number and, if applicable, the order number:					
	order number;					
	(v). Description, quantity, unit of]
	measure, unit price, extended price and					
	period of performance of the items or					
	services delivered;					
	services delivered,					
	(vi). If applicable, shipping number and					
	date of shipment, including the bill of					
	lading number and weight of shipment if					}
	shipped on Government bill of lading;					
	(vii). Terms of any discount for prompt					
	payment offered;					
	Continued					1
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq			\$0.00	

5 _____

TE OF ORDER					ORDER NO				
/11/201	6 ACD-4-H-1002				HSCEDM-16-F-IG139				
EMNO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE		AMOUNT	ACC	NTITY EPTED	
(a)	(b)	(C)	(d)	(0)		(f)	<u> </u>	(g)	
. (viii;. Remit to Address;								
Ē	<pre>ix). Name, title, and phone number of person to resolve invoicing issues;</pre>								
	(x). ICE program office designated on order/contract/agreement and								
E	<pre>(xi). Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</pre>								
2	(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfar - Other than System for Award Management.								
	3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (PDC) identified in the contract. Invoice charges must align with the contract CLINS. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:								
	 (i, . Suaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below: 								
	a. Detention Bed Space Services Continued								
			1						

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) AUTHORIZED FOR LOGAL REPOSISION PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 (Pey, 40005)

Prescribed by GSA FAR (48 CFR) 53 213(f)

PAGE NO

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	Mark all packages and papers with contract and/or order numbers						
DATE OF ORD	ER CONTRACTINO.				ORDER NO HSCEDM-16-F-IG139		
	ACD-4-H-1002	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY	
ITEM NO		ORDERED		PRICE (6)	(f)	ACCEPTED (9)	
(a)	(b)	(C)	(d)	[8]			
	 Bed day rate; Detainees check-in and check-out dates; 		1			1	
	 Sumber of bed days multiplied by the be 						
	day rate;						
	 Mame of each detainee; 	i	1				
	 Detainees identification information 	1					
						Ì	
	(ii). Allowable Incurred Cost. Fixed Unit	1	1			1	
	Price Items (items for allowable incurred	l i					
	costs, such as transportation services,	i					
	stationary guard or escort services, transportation mileage or other Minor	 	1 1				
	Charges such as sack lunches and detainee	1					
	wages; shall be fully supported with					}	
	documentation substantiating the costs		1 1				
	and/or reflecting the established price in	1	1				
	the contract and shall be submitted in .pdf	1					
	format:		1				
		•	1				
	a. Detention Bed Space Services. For						
	detention bed space CLINs without a GM, the						
	supporting documentation must include:						
	 Bed day rate; 						
	 Detainees check-in and check-out dates; 						
	 Number of bed days multiplied by the be 						
	day rate;						
	 Same of each detainee; 						
	 Detainees identification information 						
	- Treesportstion Corviged, For						
	b. Transportation Services: For transportation CLINs without a GM, the	ł				1	
	supporting documentation must include:	1					
	 Nileage rate being applied for that 		1				
	invoice;	1					
	• Number of miles;						
	 Transportation routes provided; 	1					
	 Locations serviced; Names of detainees transported; 	1					
	 Names of detainees transported; Itemized listing of all other charges; 					ł	
	and,						
	 for reimbursable expenses (e.g. travel 				l l		
	expanses, special meals, etc.) copies of	1					
	all receipts.						
	Centinued					ļ	
		1				1	
					1		
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			I	\$0.00		

OPTIONAL FORM 348 (See Gala)

PAGE NO

	T: Mark all packages and papers with contract and/or order numbers.			·	DRDER NO		
	DER CONTRACT NO C16 ACD-4-H-1002				HSCEDM-16		
		QUANTITY	UNIT			AMOUNT	QUANTITY
TEM NO	SUPPLIES/SERVICES	ORDERED		PRICE		(1)	ACCEPTED (g)
(a)	(b)	(C)	(đ)	(8)		(i)	(9)
	c. Stationary Guard Services: The itemized						
	monthly invoice shall state:	1	1				1
	• The location where the guard services						
	were provided,						
	• The employee guard names and number of	ł					
	hours being billed,	1					
	 The employee guard names and duration of 	£					
	the billing (times and dates), and	•					
	• (4) for individual or detainee group						
	escort services only, the name of the	Į	1 1				
	detainze(s) that was/were escorted.		1				
							i i
	G. Other Direct Charges (e.g. VTC support,						
	transportation meals/sack lunches,						1
	volunteer detainee wages, etc.):						
	1) The invoice shall include appropriate supporting documentation for any direct						
	charge billed for reimbursement. For		1 1				
	charges for detainee support items (e.g.						
	meals, wages, etc.), the supporting						
	documentation should include the name of	1					
	the detainee(s) supported and the date(s)						
	and amount(s) of support.	ł	1 1				
			1				
	(iii) Firm Fixed-Price CLINs. Supporting						
	documentation is not required for charges						
	for SFP CLINS.		1 1				
	4. Safeguarding Information: As a	1	1 1				1
	contractor or vendor conducting business	1	1				
	with Immigration and Customs Enforcement						
	(ICE), you are required to comply with DHS						
	Policy regarding the safeguarding of						
	Sensitive Personally Identifiable				1		1
	Information (PII). Sensitive PII is	1	1				1
	information that identifies an individual,						
	including an alien, and could result in	1					
	harm, embarrassment, inconvenience or	1					
	unfairness. Examples of Sensitive PII	1	1				
	include information such as: Social						
	Security Numbers, Alien Registration						
	Numbers (A-Numbers), or combinations of	1					1
	information such as the individuals name or						1
	other unique identifier and full date of	1					
	Continued				ļ		
					ļ		
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						0.00	

PAGE NO

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SCHEDULE - CONTINUATION IMPORTANT: Mark all packages and papers with contract and/or order numbers DA*E OF ORDER CONTRACT NO

ORDER NO.

MINO	D16 ACD-4-H-1002	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
ave the 🛃		ORDERED	1	PRICE	(f)	ACCEPTED (g)
(a)	(b)	(c)	. (d)	(0)	(1)	(9)
	birth, citizenship, or immigration status.					
		1				
	As part of your obligation to safeguard					
	information, the follow precautions are					
	required:	Į]	
		1	1			
	(i) Email supporting documents containing	•				
	Sansitive PII in an encrypted attachment					1
	with password sent separately to the					
	Contracting Officer Representative assigned					
	to the contract.					
		1				
	(ii) Never leave paper documents containi	ng				
	Sensitive PII unattended and unsecure.					
	When not in use, these documents will be					
	locked in drawers, cabinets, desks, etc. so					
	the information is not accessible to those					1
	without a need to know.	1]
		1				1
	(iii) Use shredders when discarding paper					
	documents containing Sensitive PII.	i i				
						ļ
	(iv) Refer to the DHS Handbook for					
	Safeguarding Sensitive Personally					
	Identifiable Information (March 2012) found					
	at					
	http://www.dhs.gov/xlibrary/assets/privacy/d	t i				
	hs-privacy-safeguardingsensitivepiihandbook-					
	march2012.pdf for more information on					
	and/or examples of Sensitive PII.					
	and, of examples of Sensitive III.					
	5. Invoice Inquiries. If you have questions					
	regarding payment, please contact ICE					
	Financial Operations at	4				
	1-377-491-6521 or by e-mail at		1			
	CCFO.CustomerService@ice.dhs.gov.					
	Of D.CapionergetArcearce.aug.dox.					
	The total amount of award: \$23,568.96. The					
	cbligation for this award is shown in box					
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AUTHORIZED FOR LOGAL REPODUCTION PREVIOUS EDITION NOT USABLE OPTIONAL FORM 348 (Fee street)

Prescribed by GSA FAR (48 CFR) 53 2:3(f)

7 AMERGENERATING SECURING WARD 1 1 7 AMERGENERATING SECURING WARD 1 1 7 AMERGENERATING WARD 1 1 7 AMERGENERATING COMPLICATION OF ADDITION		ION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
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COUND CODE CODE <thcod< th=""> CODE CODE <thc< td=""><td> </td><th></th><td></td><td>p. PRUJECTINU (# appikatie)</td></thc<></thcod<>				p. PRUJECTINU (# appikatie)
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VETNI CIR (STIAN COUNTY OF LID MEST BLM ROOM 70 22/ARK MO 657219270 22/ARK MO 65721928	F CONTRACTOR (No., street, o	unty, State and ZIP Code)	(x) 9A. AMENOMENT OF SOLICITATION NO	·
ACL 4 - H - 100% ACL 4 - H - 100% ACL	COUNTY OF DOM 70			R NO
CODE 1421169740000 FACILITY CODE 106 DATED (SEE ITEM 13) (04/11/2016 CODE 1421169740000 FACILITY CODE 04/11/2016 The above runband selicitation is emended as set first in the nouver did as specified for receipt of the matching or constraint of the source and date specified for receipt of the source and date specipt of the source and date specified for receipt of			ACD-4-H-1002	
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The above numbered selectation is amended as set familin item 14. The nour and date specified in receipt of Oters	0000	ACILITY CODE	04/11/2016	
Differencial admonance process of the semendment port to be how and date specified in the scientific or segment in the other standing or the other section of the semendment, (b) by acknowledging receips of the semendment, (c) by acknowledg		11. THIS ITEM DNLY APPLIES	TO AMENDMENTS OF SOLICITATIONS	
See Schedule Note The Determined 13. THIS (TEM CNLY APPLIES TO MODIFICATION DF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. CHECK ONE A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Speedy evidenty) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER ND. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in beying office. apponnation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43 103(D) C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF D. DTHER (Speedy type of modification and authority) X FAR. PAR'T 43.103(a) B. INFORMATIVE CHANGES (such as changes in beying office. 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF secton headings, micidally and results) 2000000000000000000000000000000000000	OFOR THE RECEIPT OF DF you desire to change on offer a mand this amendment, and is	ERS PRIDE TO THE HOUR ANI ready submitted , such change mi ecoived print to the opening hour	D DATE SPECIFIED MAY RESULT IN REJECTION OF ay be made by blogram or letter, provided each telegra and date specified.	YOUR OFFER If by am er letter makes
13. THIS ITEM CNLY APPLIES TO MODIFICATION DF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. CHECK ONE A THIS CHANGE ORDER IS ISSUED PURSUANT TO. (Specify evitionly) 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 date, 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 FAR 43 103(c) D DTHER (Specify type of modification and authonity) Y FAR PART 43.103(a) Bilateral Modification Contraction D DTHER (Specify type of modification and authonity) X FAR PART 43.103(a) Bilateral Modification Contractor D and is introducing solution document and rolum Contractor D DTHER (b)(b)(7)(C) Solution for the sisting office; (b)(6)(b)(7)(C) Solution for the sisting office; DUNS Number: 142116974 Colspan= 2 Colspan= 2 (b)(6)(b)(7)(C) 202-732 <td>ROPRIATION DATA (If require</td> <th>d) N</th> <td>Net Increase:</td> <td>\$25,784.15</td>	ROPRIATION DATA (If require	d) N	Net Increase:	\$25,784.15
X FAR PART 43.103(a) Bilateral Modfication IMPORTANT: Contractor Is negalized to sign this document and return 1 copies to the issuing office. 14 OESCRIPTION DEAMENDMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) VUNS Number: 142116974 Program COR: (b)(6):(b)(7)(C) 312-347 (b)(6):(b)(7)(C) 312-347 (b)(6):(b)(7)(C) 202-732 (b)(7) 202-732 (c) (b)(6):(b)(7)(C) 202-732 (c) (b)(7) 202-732 (c) (c) ontracting Officer: (b)(6):(b)(7)(C) 202-732 (c) (b)(7) 202-732 (c) (c) he purpose of this modification is to:)) Incorporate the following non-disclosure provision regarding detention services for I etainees into IGSA number ACD-4-H-1002: There shall be no public disclosures regarding this agreement made by the Provider (or ontinued ixcept as provided havein, all terms and conditions of the document referenced in item 9 Aer 10A, as heretofice changed, remains unchanged and in full force and effect. SA NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <th></th> <th></th> <th></th> <th>jes m paying once,</th>				jes m paying once,
X FAR PART 43.103(a) Bilateral Modification E. IMPORTANT: Contractor Is not Is is required to sign this document and return 1 copies to the issuing office. 14. DESCRIPTION DF AMENOMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where leasible) 000000000000000000000000000000000000	A	d outbookd		
E. IMPORTANT: Contractor Is not is is required to sign this document and return <u>1</u> copies to the issuing office. 14. DESCRIPTION OF AMEMOMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible) DUNS Number: 142116974 Program COR: (b)(6)(b)(7)(C) 312-347 (b)(6)(b)(7) Contracting Officer: (b)(6)(b)(7)(C) 202-732 (b)(6) Contract Specialist: (b)(6)(b)(7)(C) 202-732 (c) Contract Specialist: (b)(6)(b)(7)(C) 202-732 (c) The purpose of this modification is to: 1) Incorporate the following non-disclosure provision regarding detention services for I detainees into IGSA number ACD-4-H-1002: There shall be no public disclosures regarding this agreement made by the Provider (or Continued Except as provided havein, all terms and conditions of the document referenced in Item 9 Aer 10A, as heretofice changed, remains unchanged and in full force and effect. ISA NAME AND TITLE DE SIGNER (Type or print) (b)(6): (b)(7) (c) (c) (c) (c) (c) (c) (c) (c				
14. DESCRIPTION DF AMENDMENTIMODIFICATION (Organized by UCF section headings, including solidiation/contract subject matter where feasible) DUNS Number: 142116374 Program COR: (b)(6):(b)(7)(C) 312-347 Contracting Officer: 202-732 Contract Specialist: (b)(6):(b)(7)(C) 202-732 Contract Specialist: (c)(6):(b)(7)(C) 202-732 Contract Specialist: (c)(7)(C) (c)(7)(C) Contract Specialist: (c)(7)(C)				
 Incorporate the following non-disclosure provision regarding detention services for I detainees into IGSA number ACD-4-H-1002: There shall be no public disclosures regarding this agreement made by the Provider (or Continued Except as provided havein all terms and conditions at the document referenced in item 9 Aer 10A, as haretofore changed, remains unchanged and in full force and effect. ISA NAME AND TILE OF CONTRACTING OFFICER (Type or print) 	NDMENT/MODIFICATION (0 142116974 (b)(6):(b)(7)(C) ficer: (b)(6):(b)	$\begin{array}{c} \begin{array}{c} \text{ganized by UCF section headings} \\ 312 - 347 (b)(6):(b)(7) \\ \hline \\ 202 - 732 \end{array}$	s, including solicitation/contract subject matter where fe	
Except as provided hardin, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and office. 15A_NAME_AND_TITLE_DE_CONTRACTING_OFFICER_(Type or print)	this modificat.	.on is to:		
15A NAME AND TITLE OF SIGNER (Type or print)		-	pvision regarding detention	services for ICE
15A NAME AND TITLE DE SIGNER (Type or prini)	∃ no public dis	losures regardin:	g this agreement made by th	e Provider (or any
		~		
	rad Cole		D (b)(6):(b)(7)(C)	16C. DATE SIGNED

NSN 7540-01-152-8076	
Previous edition unusable	

STANDARD FORM 3D (REV/10-83) Prescribed by GSA FAR (48 CFR) 53.243

	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE O	F
CONTINUATION SHEET	ACD~4-H-1002/HSCEDM-16-F-1G139/P00007	2	4
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ITEM NO	\$UPPLIES/\$ERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	subcontractors) without review and approval of	<u> </u>	- 1		· · · · · · · · · · · · · · · · · · ·
	such disclosure by ICE", and;				
	soon anongovaro oy rob , ana,	ļ			
	2) Provide additional funding in the amount of				
	\$25,784.15 for Detention and Transportation				
	-				
	Services under the provisions of				
	Intergovernmental Service Agreement (IGSA)number				
	ACD-4-H-1002.				
	The total obligated amount on this task order has				
	increased:				
	From: (b)(4)				
	By: \$25,784.15	1			
	To: \$337,781.67	ļ			
	The funding provided in this task order is the	i			
	amount presently available for payment and		i 1		
	allotted to this task order. The service provider				
	agrees to perform to the point that does not	ľ			
	exceed the total amount currently allotted to the				
	items funded under this task order. The service	1	1 1		
	provider is not authorized to continue to work on		1		
		ł			
	these item(s) beyond that point. The Government				
	will not be obligated to reimburse the service				
	provider in excess of the amount allotted to				
	those item(s) for performance beyond the funding	1			
	allotted.				
	Exempt Action: Y Sensitive Award: SPII		1		
	Delivery Location Code: ICE/ERO	l			
	ICE ENFORCEMENT REMOVAL	ł			
	IMMIGRATION AND CUSTOMS ENFORCEMENT	ł			
	801 I STREET NW				
	(b)(6):(b)(7)(C)				
	WASHINGTON DC 20536				
					-
	FOB: Destination				
	Period of Performance: 07/01/2016 to 06/30/2017				
	Change Item 0001 to read as follows(amount shown				
	is the obligated amount):				
	13 the obligated amounty.				
0001	DETENTION BEDSPACE			(h)	(4)
3000	BITTING BEDOLACI			(5)	(*)
	The total funding on this CLIN is increased as		1		
	foliows:				
	10110431				
	Prom: (b)(4)				
	By: (b)(4)				
	(b)(4)				
	10:				
	Continued				

	REFERENCE NO. OF DOCUM	ENT BEING CO	DNTINUED	
CONTINUATION SHEET	ACD-4-H-1002/HS0	CEDM-16-	F-IG139/P	00007

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	лич		AMOUNT
(A)	(B)	(C)	(D)	(E)	(E')
	The total quantity of funded bed days on this CLIN is increased as follows:				
	From: 4,964 By: 405				
	Tc: 5,369				
	Accounting Info:				
	(b)(4)				
	Funded: \$0.00 Accounting Info:	1			
	(b)(4)				
	Funded: \$0.00 Accounting info:			:	
	(b)(4)				
	Funded: \$0.00 Accounting Info:				
	(b)(4)				
	Funder: \$0.00 Accounting Info:				
	(b)(4)				
	Funded: \$0.00 Accounting Info:				
	(b)(4)				
	Funded: \$0.00 Accounting Info:				
	(b)(4)				
	Funded: \$0.00				
ľ	Accounting Info:				
	(b)(4)				
l	Funded: (b)(4)				
	Change frem 0002 to read as follows(amount shown Continued				
			, I		

CONTINUATION	SHEFT
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REFERENCE NO. OF DOCUMENT BEING CONTINUED ACD-4-H-1002/HSCEDM-16-F-IG139/P00007

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NAME OF OFFEROR OF CONTRACTOR CHRISTIAN COUNTY OF

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMDUNT
(A)	(B)		(D)	(E)	(F)
<u> </u>	is the obligated amount):				
0002	TRANSPORTATION	ŀ			(b)(4)
	The based funding on this Of the incompany of				
	The total funding on this CLIN is increased as follows:				
	5 r cont (b)(4)				
	To: (b)(4)				
	Accounting Info:	-1			
	(b)(4)				
	X-X-7				
	Funded: \$0.00	-1			
	Accounting Info:	-			
	(b)(4)				
	(0)(7)				
	Fondea: \$0.00	-			
	Accounting Info:				
	(b)(4)				
	Funded: \$0.00	-			
	Accounting Info:				
	(b)(4)				
	Funded: \$U.00				
	Accounting Info:				
	(b)(4)				
	Funded: (b)(4)	1			
	All other terms and condition remain the same.	ľ			
		1			
		1			