| AMENDME | NT OF SOLICITATION/MODIFIC | ATION OF CO | ONTRACT | | CONTRACT ID CODE | PAGE | OF PAGES | | | |
|--|---|--|---|---|---|------------------------------|---------------------|--|--|--|
| 2. AMENDMEI | NT/MODIFICATION NO. | 3. EFFECTIVE | DATE | 4. REC | UISITION/PURCHASE REQ. NO. | 5. PROJECT | NO. (If applicable) | | | |
| P00014 | | See Bloo | ck 16C | | | | | | | |
| 6. ISSUED BY | CODE | 70CDCR | | 7. ADI | MINISTERED BY (If other than Item 6) | CODE IC | E/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 | t, county, State and | ZIP Code) | (v) 9A. | AMENDMENT OF SOLICITATION NO. | | | | | |
| WEBB COUNTY OF WEBB CNTY SHERIFFS OFC ADMIN 902 VICTORIA ST LAREDO TX 780404456 | | | | 9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR18DIG000004 | | | | | | |
| | | | | | B. DATED (SEE ITEM 13) | | · | | | |
| CODE RG | DEVLDBFWD8 | FACILITY COD |)E | 0 | 2/28/2018 | | | | | |
| | | 11. THIS ITE | M ONLY APPLIES TO A | MENDM | ENTS OF SOLICITATIONS | | | | | |
| THE PLACE virtue of this reference to | E DESIGNATED FOR THE RECEIPT OF a mendment you desire to change an offer the solicitation and this amendment, and TING AND APPROPRIATION DATA (If requedule | OFFERS PRIOR or already submitt is received prior uired) | TO THE HOUR AND DA ted , such change may be to the opening hour and | TE SPE e made date spe | ILURE OF YOUR ACKNOWLEDGEMENT TO CIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram scified. DDIFIES THE CONTRACT/ORDER NO. AS DE | OUR OFFER If or letter makes | by | | | |
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED I ORDER NO. IN ITEM 10A. | PURSUANT TO: | (Specify authority) THE | CHANG | ES SET FORTH IN ITEM 14 ARE MADE IN 1 | THE CONTRAC | ET | | | |
| | B. THE ABOVE NUMBERED CONTRAL appropriation date, etc.) SET FORTI | | | | MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b). TY OF: | in paying office | 9, | | | |
| | D. OTHER (Specify type of modification | and authority) | | | | | | | | |
| Х | IAW Article 11 of 70 | | G0000004 | | | | | | | |
| E. IMPORTAN | | _ | o sign this document and | l return | 1copies to the issuir | ng office. | | | | |
| 14. DESCRIP | TION OF AMENDMENT/MODIFICATION | (Organized by U | CF section headings, inc | luding s | olicitation/contract subject matter where feasi | ble.) | | | | |
| Phone: 2 | enda Rice 210-283-4468 Brenda.Rice@ice.dhs.g | ov | | | | | | | | |
| ACOR: Jo | ose Garcia Longoria | | | | | | | | | |
| Phone: 9 | 956-389-7806 | | | | | | | | | |
| Email: 3 | JoseGarcia.Longoria@i | ce.dhs.g | VC | | | | | | | |
| ACOR: J | ose Torres | | | | | | | | | |
| | 956-728-6683 | | | | | | | | | |
| Continue | | | | | | | | | | |
| | vided herein, all terms and conditions of the ND TITLE OF SIGNER (Type or print) | ne document refe | renced in Item 9 A or 10A | 16A. | retofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OFFI RLAND CLARK : EMP | CER (Type or p | | | | |
| 15B. CONTRA | ACTOR/OFFEROR | | 15C. DATE SIGNED | | JNITED STATES OF AMERICA | · · | 16C. DATE SIGNED | | | |
| | (Signature of person authorized to sign) | <u> </u> | | | (Signature of Contracting Officer) | | | | | |

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR18DIG000004/P00014
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

WEBB COUNTY OF

| TEM NO. | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|---------|---|----------|-----|------------|--------|
| 7) | (B) | (C) | (D) | (E) | (F) |
| | Email: Jose.L.TorresJr@ice.dhs.gov | | | | |
| | ACOD - Duither - Mar - 11 | | | | |
| | ACOR: Brittney Messelt | | | | |
| | Phone: 956-728-6684 | | | | |
| | Email: Brittney.A.Messelt@ice.dhs.gov | | | | |
| | Contracting Officer: Marland Clark | | | | |
| | Phone: 202-913-0308 | | | | |
| | Email: @ice.dhs.gov | | | | |
| | | | | | |
| | Contractor POC: Stacey Cason | | | | |
| | Phone: 615-263-3027 | | | | |
| | Email: Stacey.Cason@corecivic.com | | | | |
| | There is no requisition associated with this | | | | |
| | modification. | | | | |
| | | | | | |
| | The purpose of modification P00014 to | | | | |
| | 70CDCR18DIG000004 concerning Webb County | | | | |
| | Detention Center is to update the rates in | | | | |
| | accordance with the negotiated rates agreed upon | | | | |
| | 6 Dec 22. The pricing structure for this IGSA | | | | |
| | will change as follows: | | | | |
| | Previous Until 31 Dec 2022: | | | | |
| | CLIN 0001: Tier 1 1-300: \$93.91 | | | | |
| | CLIN 0002: Tier 2 301-400: \$68.69 | | | | |
| | CLIN 0003: Tier 3 401+: \$50.08 | | | | |
| | 1 | | | | |
| | New effective 1 Jan 2023: | | İ | | |
| | CLIN 0001: Tier 1-300: \$115.10 | | | | |
| | CLIN 0002: Tier 2 301-499: \$68.69 | | | | |
| | CITN 0002 will no longer be offertive 21 December | | | | |
| | CLIN 0003 will no longer be effective 31 December 22. | | | | |
| | | | | | |
| | The new rates will be effective from 1 Jan 23. | | | | |
| | The rates shall remain fixed for 36 months | | İ | | |
| | excluding any cost adjustments associated with | | İ | | |
| | Department of Labor updates, CBA updates or any | | İ | | |
| | change in the scope of services. | | | | |
| | All mater will be undeted on the effected took | | | | |
| | All rates will be updated on the affected task order. | | | | |
| | | | | | |
| | Period of Performance: 03/01/2018 to 02/28/2023 | | | | |
| | | | | | |
| | Change Item 0001 to read as follows (amount shown | | | | |
| | is the obligated amount): | | | | |
| | Continued | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 1 | | | |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR18 DIG000004/P00014
 PAGE 3
 3
 3

NAME OF OFFEROR OR CONTRACTOR

WEBB COUNTY OF

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|----------|--|----------|-----|------------|--------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| 001 | Bed Day Rate 1 - 300 | | | | |
| | 1 - 300 | | | | |
| | As a result of the negotiated rate adjustment, | | | | |
| | effective 01/01/2023 the bed/day rate increases - | | | | |
| | | | | | |
| | From: \$93.91 | | | | |
| | By: \$23.19 | | | | |
| | To: \$115.10 | | | | |
| | Obligated Amount: \$0.00 Product/Service Code: S206 | | | | |
| | Product/Service Description: HOUSEKEEPING- GUARD | | | | |
| | rioddet, delvice bedeliption. noobhabling domb | | | | |
| | | | | | |
| | Change Item 0002 to read as follows (amount shown is the obligated amount): | | | | |
| | is the obligated amount): | | | | |
| 0002 | Bed Day Rate | | | | |
| | 301 - 499 | | | | |
| | \$68.69 Per Bed Day | | | | |
| | | | | | |
| | As a result of the negotiated rate adjustment, | | | | |
| | the tier for CLIN 0002 will change from 301-400 to 301-499. The rate for 301-499 will remain | | | | |
| | unchanged. | | | | |
| | Obligated Amount: \$0.00 | | | | |
| | Product/Service Code: S206 | | | | |
| | Product/Service Description: HOUSEKEEPING- GUARD | | | | |
| | All other terms and conditions shall remain the | | | | |
| | same. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |