| AMENDMENT OF SOLICITATION/MODIFIC  | ATION OF CONTRA   | CT  | CONTRACT ID CODE  | PAGE                 | OF PAGES            |  |  |  |  |
|--|---|---|---|----------------------|---------------------|--|--|--|--|
| 2. AMENDMENT/MODIFICATION NO.  | 3. EFFECTIVE DATE   | 4. REC  | UISITION/PURCHASE REQ. NO.  | 5. PROJECT           | NO. (If applicable) |  |  |  |  |
| P00018   | See Block 16  | SC  |   |                      |                     |  |  |  |  |
| 6. ISSUED BY CODE  | 70CDCR  | 7. AD   | 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   |   | Imm<br>Off<br>500                               | 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   | et, county, State and ZIP Code,   | ) (x) 9A  | . AMENDMENT OF SOLICITATION NO.   |                      |                     |  |  |  |  |
| WEBB COUNTY OF WEBB CNTY SHERIFFS OFC ADMIN 902 VICTORIA ST LAREDO TX 780404456  |   | 9B  | 9B. DATED (SEE ITEM 11)   |                      |                     |  |  |  |  |
|  |   | 10  | 3. DATED (SEE ITEM 13)  |                      |                     |  |  |  |  |
| CODE RGDEVLDBFWD8  | FACILITY CODE   |   | 6/28/2018   |                      |                     |  |  |  |  |
|  | 11. THIS ITEM ONLY  | / APPLIES TO AMEND                              | IENTS OF SOLICITATIONS  |                      |                     |  |  |  |  |
| THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If respectively) See Schedule  13. THIS ITEM ONLY APPLIES TO ITEM. | er already submitted , such<br>d is received prior to the op<br>quired) | n change may be made<br>bening hour and date sp | by telegram or letter, provided each telegr   | ram or letter makes  |                     |  |  |  |  |
|  |   |   |   |                      |                     |  |  |  |  |
| ORDER NO. IN ITEM 10A.   |   |   | SES SET FORTH IN ITEM 14 ARE MADE   |                      |                     |  |  |  |  |
| B. THE ABOVE NUMBERED CONTRA<br>appropriation date, etc.) SET FORT   | CT/ORDER IS MODIFIED<br>H IN ITEM 14, PURSUAN                           | TO REFLECT THE AD<br>T TO THE AUTHORITY         | MINISTRATIVE CHANGES (such as chan<br>OF FAR 43.103(b).   | nges in paying offic | 9,                  |  |  |  |  |
| C. THIS SUPPLEMENTAL AGREEMEN  | NT IS ENTERED INTO PU   | RSUANT TO AUTHOR                                | TY OF:  |                      |                     |  |  |  |  |
| D. OTHER (Specify type of modification   | n and authority)  |   |   |                      |                     |  |  |  |  |
| X IAW Article 11 of 7  | OCDCR18DIG000   | 010   |   |                      |                     |  |  |  |  |
| E. IMPORTANT: Contractor is not.   | x is required to sign thi   | is document and return                          | 1 copies to the is  | ssuing office.       |                     |  |  |  |  |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION  | (Organized by UCF section   | on headings, including s                        | olicitation/contract subject matter where f   | feasible.)           |                     |  |  |  |  |
| <br>COR: Jose Garcia Longoria<br>Phone: 956-389-7806<br>Email: JoseGarcia.Longoria@:   | .ce.dhs.gov   |   |   |                      |                     |  |  |  |  |
| ACOR: Brenda Rice  |   |   |   |                      |                     |  |  |  |  |
| Phone: (210) 283-4468  |   |   |   |                      |                     |  |  |  |  |
| Email: Brenda.Rice@ice.dhs.q   | lon   |   |   |                      |                     |  |  |  |  |
| Contractor POC: Stacey Casor   | 1   |   |   |                      |                     |  |  |  |  |
| Phone: 615-263-3027  |   |   |   |                      |                     |  |  |  |  |
| Continued  |   |   |   |                      |                     |  |  |  |  |
| Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER ( <i>Type or print</i> )  | he document referenced ir   | 16A.<br>MA                                      | NAME AND TITLE OF CONTRACTING ORLAND CLARK  | OFFICER (Type or p   |                     |  |  |  |  |
| 15B. CONTRACTOR/OFFEROR  | 15C. DA   | TEI<br>ATE SIGNED 16B.                          | UNITED STATES OF AMERICA  | EMAIL: Maria         | 16C. DATE SIGNED    |  |  |  |  |
|  |   |   |   |                      |                     |  |  |  |  |
| (Signature of person authorized to sign)   |   |   | (Signature of Contracting Officer)  |                      | 1                   |  |  |  |  |

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 
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NAME OF OFFEROR OR CONTRACTOR

WEBB COUNTY OF

| TEM NO.<br>(A) | SUPPLIES/SERVICES (B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|----------------|--|-----------------|-------------|-------------------|---------------|
|                | Email: Stacey.Cason@corecivic.com  |                 |             | , ,               | . ,           |
|                | Contracting Officer: Marland Clark   |                 |             |                   |               |
|                | Phone: 202-913-0308  |                 |             |                   |               |
|                | Email: Marland.Clark@ice.dhs.gov   |                 |             |                   |               |
|                | There is no requisition associated with this                                     |                 |             |                   |               |
|                | modification.  |                 |             |                   |               |
|                | The purpose of modification P00018 to  |                 |             |                   |               |
|                | 70CDCR18DIG000010 concerning Laredo Processing                                   | İ               |             |                   |               |
|                | 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:                          |                 |             |                   |               |
|                | Effective Until 31 Dec 2022:   |                 |             |                   |               |
|                | CLIN 0001: BDR: \$80.17  |                 |             |                   |               |
|                | New effective 1 Jan 2023:  |                 |             |                   |               |
|                | CLIN 0001: Tier 1-300: \$115.10  |                 |             |                   |               |
|                | Tier 2 301-400: \$ \$68.69   |                 |             |                   |               |
|                | The new rates will be effective from 1 Jan 23.                                   |                 |             |                   |               |
|                | The rates shall remain fixed for 36 months                                       |                 |             |                   |               |
|                | excluding any cost adjustments associated with                                   |                 |             |                   |               |
|                | Department of Labor updates, CBA updates or any change in the scope of services. |                 |             |                   |               |
|                | All rates will be updated on the affected task                                   |                 |             |                   |               |
|                | order.   |                 |             |                   |               |
|                |  |                 |             |                   |               |
|                | Period of Performance: 07/01/2018 to 06/30/2023                                  |                 |             |                   |               |
|                | Change Item 0001 to read as follows(amount shown                                 |                 |             |                   |               |
|                | is the obligated amount):  |                 |             |                   |               |
|                | The purpose of IGSA 70CDCR18DIG000010 between the                                |                 |             |                   |               |
|                | Department of Homeland Security, Immigration and                                 |                 |             |                   |               |
|                | Customs Enforcement and Webb County Laredo                                       |                 |             |                   |               |
|                | Processing Center is to provide detention  |                 |             |                   |               |
|                | services to the Webb County, TX. The Contractor shall provide the following:     |                 |             |                   |               |
|                |  |                 |             |                   |               |
| 01             | Detention Services   |                 |             |                   |               |
|                | As a result of the negotiated rate agreement,                                    |                 |             |                   |               |
|                | effective 01/01/2023, the BDR increase from:                                     |                 |             |                   |               |
|                | \$80.17 to:  |                 |             |                   |               |
|                | Continued  |                 |             |                   |               |
|                |  |                 |             |                   |               |
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR18DIG000010/P00018
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NAME OF OFFEROR OR CONTRACTOR

WEBB COUNTY OF

| ITEM NO. | SUPPLIES/SERVICES                                     | QUANTITY |     | UNIT PRICE | AMOUNT |
|----------|---|----------|-----|------------|--------|
| (A)      | (B)   | (C)      | (D) | (E)        | (F)    |
|          | mion 1. 1 200. 6115 10                                |          |     |            |        |
|          | Tier 1: 1-300: \$115.10<br>Tier 2: 301-400: \$68.69   |          |     |            |        |
|          | 1161 2. 301 400. 900.09                               |          |     |            |        |
|          | Obligated Amount: \$0.00                              |          |     |            |        |
|          | Product/Service Code: S206                            |          |     |            |        |
|          | Product/Service Description: HOUSEKEEPING- GUARD      |          |     |            |        |
|          |   |          |     |            |        |
|          |   |          |     |            |        |
|          | All other terms and conditions shall remain the same. |          |     |            |        |
|          | Same.   |          |     |            |        |
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