

**U. S. Department of Justice
United States Marshals Service**

Modification of Intergovernmental Agreement

1. Agreement No. 28-07-0005	2. Effective Date See Block 13 (B)	3. Facility Code(s) GAT	4. Modification No. TWO (2)	5. DUNS No. N/A
6. Issuing Federal Agency United States Marshals Service Prisoner Operations Division Intergovernmental Agreements Branch Attention: Renita Jacobs Washington, D.C. 20530		7. Local Government Clay County Jail 120 South Alabama Street Brazil, Indiana 47834 Local Contact Person Sheriff, Paul Harden Number: (812) 447-0941		
8. Appropriation Data 15X1020	9. Per-Diem Rate \$55.00	10. Guard/Transportation Hourly Rate \$20.00 per hour, per guard (Current GSA Mileage Rate Prevails)		
<p>11. EXCEPT AS PROVIDED SPECIFICALLY HEREIN, ALL TERMS AND CONDITIONS OF THE IGA DOCUMENT REFERRED TO IN BLOCK 1, REMAIN UNCHANGED. TERMS OF THIS MODIFICATION:</p> <p>THE PURPOSE OF THIS MODIFICATION IS TO INCREASE THE PER DIEM RATE TO THE CURRENT IGA. THE TERM OF THE IGA WILL BE IN EFFECT FOR 36 (THIRTY-SIX) MONTHS.</p> <p>After thirty-six (36) months, if a per-diem rate services adjustment is desired, the Local Government shall submit a request through the electronic Intergovernmental Agreements (eIGA) area of the Detention Services Network (DSNetwork). All information pertaining to the Facility on the DSNetwork will be required before a new per-diem rate will be considered</p> <p>BILLING ADDRESS: United States Marshals Service Southern District of Indiana 46 E. Ohio Street INDIANAPOLIS, INDIANA 46205 (317) 226-6566</p> <p>Bureau of Prisons Field Office 1900 West Sunshine Street SPRINGFIELD, MO 65807 (417) 862-7041</p> <p>Immigration & Customs Enforcement 101 West Congress Parkway, Suite 4000 CHICAGO, ILLINOIS 60605 (313) 347-2400</p> <p>NO OTHER TERMS OR CONDITIONS OF THIS AGREEMENT ARE AFFECTED.</p>				
12. INSTRUCTIONS TO LOCAL GOVERNMENT FOR EXECUTION OF THIS MODIFICATION:				
A. LOCAL GOVERNMENT IS NOT REQUIRED TO SIGN THIS DOCUMENT		B. <input checked="" type="checkbox"/> LOCAL GOVERNMENT IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ALL COPIES TO U. S. MARSHAL		
13. APPROVALS				
<p>A. LOCAL GOVERNMENT</p> <p><u>Paul R. Smith</u> Signature</p> <p><u>Commissioner V.P.</u> TITLE</p> <p><u>9/15/15</u> DATE</p>		<p>B. FEDERAL GOVERNMENT</p> <p><u>Renita Jacobs</u> Signature</p> <p><u>Grants Analyst</u> TITLE</p> <p><u>11/1/2015</u> DATE</p>		

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<p>A. LOCAL GOVERNMENT</p> <p><u>Dave R. Sanders</u> Signature</p> <p><u>Commissioner V.P.</u> TITLE</p> <p><u>9/15/15</u> DATE</p>		<p>B. FEDERAL GOVERNMENT</p> <p><u>Renita Jacobs</u> Signature</p> <p><u>Grants Analyst</u> TITLE</p> <p><u>11/1/2015</u> DATE</p>		

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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO. P00004		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. 192115FCHCLAYCO14	
5. PROJECT NO. (If applicable)		6. ISSUED BY ICE/DCR		7. ADMINISTERED BY (If other than Item 6) ICE/DCR	
ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE 930 WASHINGTON DC 20536		ICEDETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE 930 WASHINGTON DC 20536			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) COUNTY OF CLAY ATTN JENNIFER FLATER 609 E NATIONAL AVE STE 118 BRAZIL IN 47834-2659		(x) 9A. AMENDMENT OF SOLICITATION NO.		9B. DATED (SEE ITEM 11)	
CODE 0840032630000 FACILITY CODE		x 10A. MODIFICATION OF CONTRACT/ORDER NO. 28-07-0005 HSCEDM-15-F-IG153		10B. DATED (SEE ITEM 13) 04/21/2015	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended. ☐ 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 telegram 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 telegram or letter, provided each telegram or letter 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 Net Increase: \$19,000.00

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 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:
X	D. OTHER (Specify type of modification and authority) in accordance with the agreement

E. IMPORTANT: Contractor ☐ is not. ☒ 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.)

DUNS Number: 084003263
Program POC: Angelina Ramos, 312-347-2226
Program COR: Virginia Sutter, 313-347-2431
Contracting Officer: Travis Graham, 202-732-2672

The purpose of this modification is to add and fund a CLIN for PBNDS 2011 Enhancement equipment purchase.

The total amount obligated increases from \$409,985.00 by \$19,000.00 to \$428,985.00.

The funding provided in this task order is the amount presently available for payment and 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) PAUL B. HARDEN, SHERIFF		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Travis Graham	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	
15C. DATE SIGNED 09-04-15		16C. DATE SIGNED	

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
28-07-0005/HSCEDM-15-F-IG153/P00004PAGE OF
2 3NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CLAY

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>Exempt Action: Y Delivery: 30 Days After Award Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW SUITE 900 WASHINGTON DC 20536</p> <p>Accounting Info: DETNIMP-C25 UP 31-12-00-000 18-62-0100-00-00-00-00 GE-31-03-00- ----- --- 000000 FOB: Destination Period of Performance: 07/01/2015 to 10/31/2015</p> <p>Add Item 0003 as follows:</p>				
0003	<p>COMPLIANCE WITH PBND 2011 OPTIMAL PROVISIONS: Clay County</p> <p>Effective date 09/01/2015, Clay County will comply with the following optimal requirement(s) under the ICE 2011 Performance Based National Detention Standards (PBND 2011): Standard 5.4: Recreation • Clay County shall purchase additional recreation equipment for the General Population and Special Management Units (including stationary bikes and other cardiovascular equipment). - PURCHASE, INSTALL, MAINTAIN AND KEEP OPERATIONAL 2 HELIOS 7 STATION OUTDOOR GYMS FOR DETAINEE USE (this is a one time cost)</p> <p>The obligated funding for this CLIN is \$19,000.00.</p> <p>--- Continued ...</p>	2	EA	9,500.00	19,000.00

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
28-07-0005/HSCEDM-15-F-IG153/P00004

PAGE 3 OF 3

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF CLAY

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All other terms and conditions remain the same.				