AMENDME	ENT OF SOLICITATION/MODIFICA	ATION OF C	ONTRACT		1. CONTRACT ID CODE	PAGE	OF PAGES
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. RE		5. PROJEC	T NO. (If applicable)
P00001		See Blo	ck 16C	192	119FDGFARM0006.8		
6. ISSUED BY	Y CODE	ICE/DCR		7. AE	MINISTERED BY (If other than Item 6)	CODE IC	CE/DCR
IMMIGRA OFFICE 801 I S	ENTION COMPLIANCE REM LITION AND CUSTOMS ENFO OF ACQUISITION MANAGE STREET NW SUITE 930 STON DC 20536			IMM OFE 801	EDETENTION COMPLIANCE RIMIGRATION AND CUSTOMS ENTI TICE OF ACQUISITION MANAGE. I STREET NW SUITE 930 CHINGTON DC 20536		
) ADDRESS OF CONTRACTOR (No., street,	, county, State and	ZIP Code)	(x) ^{9/}	A. AMENDMENT OF SOLICITATION NO.		
P O BOX	LE TOWN OF			96	B. DATED (SEE ITEM 11)		
	LE VA 239010368				3.3.1.2. (622.7.2.11.7.7)		
111111111111111111111111111111111111111	DE VII 233010300						
				x D	DA. MODIFICATION OF CONTRACT/ORDER N ROIGSA-08-0021/	0.	
					0CDCR19FIGR00186		
				10	DB. DATED (SEE ITEM 13)		
CODE 04	101562180000	FACILITY COL	DE	(04/30/2019		
		11. THIS IT	EM ONLY APPLIES TO A	MEND	MENTS OF SOLICITATIONS		
virtue of this	s amendment you desire to change an offer to the solicitation and this amendment, and in TING AND APPROPRIATION DATA (If required with the aedule	r already submit is received prior uired)	ted , such change may be to the opening hour and Net	e made date s In		r letter makes	000.42
CHECK ONE					GES SET FORTH IN ITEM 14 ARE MADE IN THE		
	appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMENT				OMINISTRATIVE CHANGES (such as changes in YOF FAR 43.103(b). UITY OF:	n paying oinc	
	D. OTHER (Specify type of modification	and authority)					
X	FUNDING ONLY ACTION						
DUNS Num ContracCOR: '	PTION OF AMENDMENT/MODIFICATION (Organized by U 225, Tod 2-732-28	d.Mills@ice.o	dhs.	solicitation/contract subject matter where feasib gov liams@ice.dhs.gov		
					cant@ICA-Farmville.com cional funding in the am	ount of	:
	,000.42 for the Farmy						
The total	al obligated amount is ed	s increa	sed as follow	ws:			
		e document refe	renced in Item 9 A or 10A	A, as h	eretofore changed, remains unchanged and in f	ull force and e	effect.
	ND TITLE OF SIGNER (Type or print)			_	NAME AND TITLE OF CONTRACTING OFFICE		
				CR	ISTINA WILLIAMS		
15B. CONTRA	ACTOR/OFFEROR		15C. DATE SIGNED	16B	UNITED STATES OF AMERICA		16C. DATE SIGNED 5 June 2019
	(Signature of person authorized to sign)	_	I		(Signature of Contracting Officer)		I

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

DROIGSA-08-0021//70CDCR19FIGR00186/P00001

PAGE 2

13

OF

(A) (B) (C) (D) (E) FROM: \$ 2,397,999.04 BY: \$ 12,020,000.42 TO: \$ 14,417,999.46 All other terms and conditions remain unchanged. Discount Terms:	AMOUNT
BY: \$ 12,020,000.42 TO: \$ 14,417,999.46 All other terms and conditions remain unchanged. Discount Terms: Net 30 Period of Performance: 05/01/2019 to 04/30/2020 Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$73000 EA 120.75 \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$ 1,871,625.00 BY: \$ 8,814,750.00 TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	(F)
TO: \$ 14,417,999.46 All other terms and conditions remain unchanged. Discount Terms: Net 30 Period of Performance: 05/01/2019 to 04/30/2020 Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$73000 EA 120.75 \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$ 1,871,625.00 BY: \$ 8,814,750.00 TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
All other terms and conditions remain unchanged. Discount Terms: Net 30 Period of Performance: 05/01/2019 to 04/30/2020 Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$73000 EA 120.75 \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$1,871,625.00 BY: \$8,814,750.00 TO: \$10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
Discount Terms: Net 30 Period of Performance: 05/01/2019 to 04/30/2020 Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$73000 EA 120.75 \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$1,871,625.00 BY: \$8,814,750.00 TO: \$10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
Net 30 Period of Performance: 05/01/2019 to 04/30/2020 Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$1,871,625.00 BY: \$8,814,750.00 TO: \$10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
Period of Performance: 05/01/2019 to 04/30/2020 Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$1,871,625.00 BY: \$8,814,750.00 TO: \$10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
Change Item 0001 to read as follows (amount shown is the obligated amount): 0001 Guaranteed Minimum (1-500) Bed/Day Rate is \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$ 1,871,625.00 BY: \$ 8,814,750.00 TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
is the obligated amount): Outrol Guaranteed Minimum (1-500) Bed/Day Rate is \$73000 EA 120.75 \$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$1,871,625.00 BY: \$8,814,750.00 To: \$10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 To: 88,500 Accounting Info:	
\$120.75 Per Detainee CLIN 0001 is increased as follows: FROM: \$ 1,871,625.00 BY: \$ 8,814,750.00 TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
FROM: \$ 1,871,625.00 BY: \$ 8,814,750.00 TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	8,814,750.00
FROM: \$ 1,871,625.00 BY: \$ 8,814,750.00 TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
TO: \$ 10,686,375.00 Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
Bed quantity has increased as follows: FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
FROM: 15,500 BY: 73,000 TO: 88,500 Accounting Info:	
BY: 73,000 TO: 88,500 Accounting Info:	
TO: 88,500 Accounting Info:	
Accounting Info:	
ERODETN-W01 E1 31-12-00-000	
18-61-0800-00-00-00 GE-25-72-00	
000000	
Funded: \$0.00	
Accounting Info:	
ERODETN-W01 E1 31-12-00-000	
18-61-0800-00-00-00 GE-25-70-00	
Funded: \$8,814,750.00	
Change Item 0002 to read as follows(amount shown	
is the obligated amount):	
0002 Bed/Day Rate for Bed Space (501-736) is \$28.26 31716 EA 28.26 Per Detainee	896,294.16
CLIN 0002 is increased as follows:	
FROM: \$ 206,750.16	
BY: \$ 896,294.16	
TO: \$ 1,103,044.32	
Beds have increased as follows:	
FROM: 7,316	
Continued	

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-08-0021//70CDCR19FIGR00186/P00001
 PAGE OF TWO INCIDENT SERVICE S

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	BY: 31,716 TO: 39,032 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00-00 GE-25-72-00 000000 Funded: \$0.00 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00-00 GE-25-70-00 000000				
	Funded: \$896,294.16 Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	Emergency Bed Space(COTS) at the Bed/Day Rate of \$54.69 Per Detainee The emergency cots are beds (737-1036)	9113	EA	54.69	498,389.9
	CLIN 0003 is increased as follows: FROM: \$0.00 BY: \$498,389.97 TO: \$498,389.97 Beds have increased as follows: FROM: 0 BY: 9,113				
	TO: 9,113 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-72-00 000000 Funded: \$0.00 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-70-00 000000 Funded: \$498,389.97				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	Transportation Guard Services in Farmville, VA Rate is \$29.37 Per Hour	15155	HR	29.37	445,102.3
	CLIN 0004 is increased as follows:				
	Continued				
		1			

CONTINUATION SHEET

| REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE | DROIGSA-08-0021//70CDCR19FIGR00186/P00001 | 13

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	FROM: \$ 75,010.98				
	BY: \$ 445,102.35				
	TO: \$ 520,113.33				
	Hours are increased as follows:				
	FROM: 2,554				
	BY: 15,155				
	TO: 17,709				
	Accounting Info:				
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00 GE-21-31-00				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00 GE-21-31-00				
	000000				
	Funded: \$445,102.35				
	Change Item 0005 to read as fellows/amount shown				
	Change Item 0005 to read as follows (amount shown is the obligated amount):				
	is the obligated amount).				
0005	Overtime Transportation Guard Services in	7962	HR	34.54	275,007
	Farmville, VA Rate is \$34.54 Per Hour				•
	CLIN 0005 is increased as follows:				
	FROM: \$ 51,948.16				
	BY: \$ 275,007.48				
	TO: \$ 326,955.64				
	Hours are increased as follows:				
	FROM: 1,504				
	BY: 7,962				
	TO: 9,466				
	10. 3,400				
	Accounting Info:				
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00 GE-21-31-00				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00 GE-21-31-00				
	000000				
	Funded: \$275,007.48				
	Change Item 0006 to read as follows(amount shown				
	is the obligated amount):				
	Continued				
		1			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-08-0021//70CDCR19FIGR00186/P00001
 PAGE OF 13

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY (C)		UNIT PRICE	AMOUNT
(A)	(B)	3550	(D)	(E)	(F)
0006	Stationary Guard Services in Richmond, VA Rate is \$29.37 Per Hour	3550	HK	29.37	104,263.50
	CLIN 0006 is increased as follows:				
	FROM: \$ 21,616.32 BY: \$ 104,263.50				
	TO: \$ 125,879.82				
	130, 4 233,3732				
	Hours are increased as follows:				
	FROM: 736				
	BY: 3,550				
	TO: 4,286				
	Accounting Info:				
	ERODETN-W01 E1 31-12-00-000				
	18-61-0800-00-00-00 GE-25-70-00				
	000000				
	Funded: \$0.00 Accounting Info:				
	ERODETN-W01 E1 31-12-00-000				
	18-61-0800-00-00-00 GE-25-70-00				
	000000				
	Funded: \$104,263.50				
	Change Item 0007 to read as follows(amount shown				
	is the obligated amount):				
0007	Overtime Stationary Guard Services in Richmond,	1137	HR	34.54	39 , 271.98
	VA Rate is \$35.54 Per Hour				22,2:200
	CLIN 0007 is increased as follows:				
	FROM: \$ 5,008.30				
	BY: \$ 39,271.98				
	TO: \$ 44,280.28				
	Hours are increased as follows:				
	FROM: 145				
	BY: 1,137				
	TO: 1,282				
	Accounting Info: ERODETN-W01 E1 31-12-00-000				
	18-61-0800-00-00-00 GE-25-70-00				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	ERODETN-W01 E1 31-12-00-000				
	18-61-0800-00-00-00 GE-25-70-00 000000				
	Funded: \$39,271.98				
	Continued				
JON 7540 04 45					

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF **CONTINUATION SHEET** DROIGSA-08-0021//70CDCR19FIGR00186/P00001 6 13

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0008	Change Item 0008 to read as follows(amount shown is the obligated amount): Stationary Guard Services in Norfolk, VA Rate is	2143	HR	30.03	64,354.29
	\$30.03 Per Hour CLIN 0008 is increased as follows: FROM: \$ 16,576.56 BY: \$ 64,354.29 TO: \$ 80,930.85 Hours are increased as follows: FROM: 552 BY: 2,143 TO: 2,695 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-70-00				
0009	Overtime Stationary Guard Services in Norfolk, VA Rate is \$35.49 Per Hour CLIN 0009 is increased as follows: FROM: \$ 3,549.00 BY: \$ 17,177.16 TO: \$ 20,726.16 Hours are increased as follows: FROM: 100 BY: 484 TO: 584 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-70-00 000000 Funded: \$0.00 Accounting Info: Continued	484	HR	35.49	17,177.16

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-08-0021//70CDCR19FIGR00186/P00001
 PAGE OF 13

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-70-00 000000 Funded: \$17,177.16				
	Change Item 0010 to read as follows(amount shown is the obligated amount):				
0010	Stationary Guard Services in Fairfax, VA Rate is \$38.16 Per Hour	7621	HR	38.16	290,817.3
	CLIN 0010 is increased as follows: FROM: \$ 56,171.52 BY: \$ 290,817.36 TO: \$ 346,988.88				
	Hours are increased as follows: FROM: 1,472 BY: 7,621 TO: 9,093				
	Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-70-00 000000 Funded: \$0.00 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-70-00 000000 Funded: \$290,817.36				
0011	Change Item 0011 to read as follows(amount shown is the obligated amount): Overtime Stationary Guard Services in Fairfax, VA	2120	HR	47.25	100,170.0
	Rate is \$47.25 Per Hour CLIN 0011 is increased as follows: FROM: \$ 7,040.25 BY: \$ 100,170.00 TO: \$ 107,210.25				
	Hours are increased as follows: FROM: 149 BY: 2,120 TO: 2,269				
	Accounting Info: ERODETN-W01 E1 31-12-00-000 Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-08-0021//70CDCR19FIGR00186/P00001
 PAGE 0F
 8
 13

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	18-61-0800-00-00-00 GE-25-70-00				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	ERODETN-W01 E1 31-12-00-000				
	18-61-0800-00-00-00 GE-25-70-00				
	000000				
	Funded: \$100,170.00				
	Change Item 0012 to read as follows (amount shown is the obligated amount):				
0012	Director of Transportation Services Rate is	888	HR	40.12	35,626.5
	\$40.12 Per Hour				
	CLIN 0012 is increased as follows:				
	FROM: \$ 7,382.08				
	BY: \$ 35,626.56				
	TO: \$ 43,008.64				
	Hours are increased as follows:				
	FROM: 184				
	BY: 888				
	TO: 1,072				
	Accounting Info:				
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00 GE-21-31-00 000000				
	Funded: \$0.00				
	Accounting Info:				
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00 GE-21-31-00				
	000000 Funded: \$35,626.56				
	Change Item 0013 to read as follows (amount shown				
	is the obligated amount):				
0013	Dispatcher of Transportation Services Rate is	888	HR	30.73	27,288.2
	\$30.73 Per Hour				
	CLIN 0013 is increased as follows:				
	FROM: \$ 5,654.32				
	BY: \$ 27,288.24				
	TO: \$ 32,942.56				
	Hours are increased as follows:				
	FROM: 184				
	BY: 888				
	Continued				
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
DROIGSA-08-0021//70CDCR19FIGR00186/P00001

PAGE 9

13

OF

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	l I	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TO: 1,072 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00 000000 Funded: \$0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00 000000 Funded: \$27,288.24 Change Item 0014 to read as follows(amount shown is the obligated amount):				
0014	Overtime Dispatcher of Transportation Services Rate is \$36.48 Per Hour	1	HR	36.48	36.48
	CLIN 0014 is increased as follows: FROM: \$ 0.00 BY: \$ 36.48 TO: \$ 36.48 Hours are increased as follows:				
	FROM: 0 BY: 1 TO: 1				
	Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00 000000 Funded: \$0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00 000000 Funded: \$36.48				
	Change Item 0015 to read as follows(amount shown is the obligated amount):				
0015	Insurance and Vehicle Supplies Rate is \$16,997.01 Per Month	5	МО	16,997.01	84,985.05
	CLIN 0015 is increased as follows: FROM: \$ 16,997.01 BY: \$ 84,985.05 TO: \$ 101,982.06 Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-08-0021//70CDCR19FIGR00186/P00001

NAME OF OFFEROR OR CONTRACTOR

FARMVILLE TOWN OF ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE **AMOUNT** (A) (C) (D) (E) (B) (F) CLIN 0015 Qty is increased as follows: FROM: 1 Months 5 Months BY: TO: 6 Months Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00-00 GE-21-30-00- ----- ---000000 Funded: \$0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00-00 GE-21-31-00- ----- ---000000 Funded: \$84,985.05 Change Item 0016 to read as follows (amount shown is the obligated amount): 0016 Estimated Mileage Rate is \$0.58 Per Mile 289000 DH 0.58 167,620.00 CLIN 0016 is increased as follows: FROM: \$ 31,007.38 BY: \$ 167,620.00 \$ 198,627.38 TO: Miles are increased as follows: FROM: 53,461 289,000 BY: TO: 342,461 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00- ----- ---000000 Funded: \$0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00- ----- ---000000 Funded: \$167,620.00 Change Item 0017 to read as follows (amount shown is the obligated amount): 0017 37,412.00 Language Lines Services Cost Reimbursable CLIN for Interpretive Services CLIN 0017 is increased as follows: Continued ...

PAGE

10

OF

13

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE DROIGSA-08-0021//70CDCR19FIGR00186/P00001
 PAGE DROIGSA-08-0021//70CDCR19FIGR00186/P000001
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NAME OF OFFEROR OR CONTRACTOR

(B) OM: \$ 6,412.00 : \$ 37,412.00 : \$ 43,824.00 COUNTING INFO: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-37-00 DO00 Inded: \$0.00 COUNTING INFO: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-37-00 DO00 Inded: \$37,412.00 Ange Item 0018 to read as follows (amount shown the obligated amount): There Direct Costs Internance for Computers, Other Equipment	(C)		(E)	(F)
: \$ 37,412.00 : \$ 43,824.00 counting Info: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-37-00 0000 nded: \$0.00 counting Info: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-37-00 0000 nded: \$37,412.00 ange Item 0018 to read as follows(amount shown the obligated amount):				
DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-37-00 D0000 nded: \$0.00 counting Info: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-37-00 D0000 nded: \$37,412.00 ange Item 0018 to read as follows (amount shown the obligated amount): her Direct Costs				
the obligated amount): ner Direct Costs				
				65,000.0
IN 0018 is increased as follows: DM: \$ 5,000.00 : \$ 65,000.00 : \$ 70,000.00				
counting Info: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00 GE-25-72-00 D0000 nded: \$0.00 counting Info: DDETN-W01 E1 31-12-00-000 -61-0800-00-00-00-00 GE-25-72-00 D0000 nded: \$65,000.00				
ange Item 0019 to read as follows(amount shown the obligated amount):				
digent Detainee Mailing st Reimbursable CLIN for mailing services for digent detainees per PBNDS 2011				1,100.0
IN 0019 is increased as follows: DM: \$ 250.00 : \$ 1,100.00 : \$ 1,350.00				
counting Info:				
	M: \$ 5,000.00 \$ 65,000.00 \$ 70,000.00 counting Info: DETN-W01 E1 31-12-00-000 61-0800-00-00-00-00 GE-25-72-00 000 ded: \$0.00 counting Info: DETN-W01 E1 31-12-00-000 61-0800-00-00-00-00 GE-25-72-00 000 ded: \$65,000.00 Inge Item 0019 to read as follows (amount shown the obligated amount): digent Detainee Mailing the Reimbursable CLIN for mailing services for digent detainees per PBNDS 2011 N 0019 is increased as follows: M: \$ 250.00 \$ 1,100.00 \$ 1,350.00 counting Info:	M: \$ 5,000.00 \$ 65,000.00 \$ 70,000.00 counting Info: DETN-W01 E1 31-12-00-000 61-0800-00-00-00-00 GE-25-72-00 000 ded: \$0.00 counting Info: DETN-W01 E1 31-12-00-000 61-0800-00-00-00 GE-25-72-00 000 ded: \$65,000.00 Inge Item 0019 to read as follows(amount shown the obligated amount): Ligent Detainee Mailing the Reimbursable CLIN for mailing services for ligent detainees per PBNDS 2011 N 0019 is increased as follows: M: \$ 250.00 \$ 1,100.00 \$ 1,350.00 counting Info:	M: \$ 5,000.00 \$ 65,000.00 \$ 70,000.00 SOUNTING INFO: DETN-W01 E1 31-12-00-000 61-0800-00-00-00-00 GE-25-72-00 000 ded: \$0.00 SOUNTING INFO: DETN-W01 E1 31-12-00-000 61-0800-00-00-00-00 GE-25-72-00 000 ded: \$65,000.00 Inge Item 0019 to read as follows (amount shown the obligated amount): Digent Detainee Mailing It Reimbursable CLIN for mailing services for ligent detainees per PBNDS 2011 N 0019 is increased as follows: M: \$ 250.00 \$ 1,100.00 \$ 1,350.00 SOUNTING INFO:	M: \$ 5,000.00 \$ 65,000.00 \$ 70,000.00 SOUNTING INFO: DEETN-W01 E1 31-12-00-000 61-0800-00-00-00 GE-25-72-00 000 ded: \$0.00 SOUNTING INFO: DEETN-W01 E1 31-12-00-000 61-0800-00-00-00 GE-25-72-00 000 ded: \$65,000.00 Inge Item 0019 to read as follows(amount shown the obligated amount): Itigent Detainee Mailing It Reimbursable CLIN for mailing services for ligent detainees per PBNDS 2011 N 0019 is increased as follows: M: \$ 250.00 \$ 1,100.00 \$ 1,350.00 SOUNTING INFO:

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 DROIGSA-08-0021//70CDCR19FIGR00186/P00001
 12
 13

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-22-74-00 000000 Funded: \$0.00 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-22-74-00 000000 Funded: \$1,100.00 Change Item 0020 to read as follows(amount shown is the obligated amount):				
0020	X-Ray Usage Cost Reimbursable CLIN				45,000.0
	CLIN 0020 is increased as follows: FROM: \$ 5,000.00 BY: \$ 45,000.00 TO: \$ 50,000.00				
	Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-72-00 000000 Funded: \$0.00 Accounting Info: ERODETN-W01 E1 31-12-00-000 18-61-0800-00-00-00 GE-25-72-00 000000 Funded: \$45,000.00				
0021	Change Item 0021 to read as follows(amount shown is the obligated amount): Travel/Per Diem will be reimbursed in accordance with the Federal Travel Regulation (FTR). All travel must be pre-approved by the COR.				10,333.
	CLIN 0021 is increased as follows: FROM: \$ 5,000.00 BY: \$ 10,333.84 TO: \$ 15,333.84				
	Accounting Info: RMD10LT-000 E5 32-23-00-000 18-61-0800-00-00-00 GE-21-31-00 000000 Funded: \$0.00 Accounting Info: Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-08-0021//70CDCR19FIGR00186/P00001 PAGE 05 13 13

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	RMD10LT-000 E5 32-23-00-000				
	18-61-0800-00-00-00-00 GE-21-31-00				
	000000				
	Funded: \$10,333.84				
	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 only which does				
	not exceed the funding of this task order. The				
	service provider is not authorized to continue to				
	work beyond that point. The Government is not				
	obligated to reimburse the service provider in				
	excess of the amount obligated.				
	For inquiries regarding ICE detainee information				
	or ICE's usage of this agreement, there shall be				
	no public disclosures regarding this agreement				
	made by the Provider (or any				
	subcontractors) without review and approval of				
	such disclosure by ICE.				
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