AMENDME	NT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF	PAGES
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO	. (If applicable)
P00011		See Block 16C					
6. ISSUED BY	CODE	70CDCR	7. AD	MINISTERED BY (If other than Item 6)	CODE	ICE/	DCR
U.S. Im		Enforcement	Imm Off 801	/Detention Compliance & igration and Customs Endice of Acquisition Manager Street NW, hington DC 205	forc	novals ement	
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.			
ATTN 4955 TEC	JP INC THE CHNOLOGY WAY FON FL 334313367		9B x 10,	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER NO CDCR 2 2 D 0 0 0 0 0 0 1 B. DATED (SEE ITEM 13)	0.		
CODE JN	ILKZZ1NL2Z6	FACILITY CODE	$\mid \mid_{1}$	0/15/2021			
		11. THIS ITEM ONLY APPLIES TO A					
Items 8 and separate le RECEIVED OFFER. If each letter	tter or electronic communication which includer or electronic communication which includer THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to correlectronic communication makes referently and APPROPRIATION DATA (If requested used). 13. THIS ITEM ONLY APPLIES TO Metal to the control of	pies of the amendment; (b) By acknowler udes a reference to the solicitation and a RECEIPT OF OFFERS PRIOR TO THE change an offer already submitted, such noe to the solicitation and this amendmen uired) ODIFICATION OF CONTRACTS/ORDER	dging reamendment HOUR, change at, and is	on or as amended , by one of the following met ceipt of this amendment on each copy of the off and numbers. FAILURE OF YOUR ACKNOWLAND DATE SPECIFIED MAY RESULT IN REJE may be made by letter or electronic communical received prior to the opening hour and date specifies the CONTRACT/ORDER NO. AS DESCES SET FORTH IN ITEM 14 ARE MADE IN THE	er subrection subrection in the subrection in th	mitted; or (o MENT TO B I OF YOUR rovided	e) By SE
		CT/ORDER IS MODIFIED TO REFLECT HIN ITEM 14, PURSUANT TO THE AUTI	THE AD HORITY	MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).			
	D. OTHER (Specify type of modification	and authority)					
X	Other Administrative	Action					
E. IMPORTAN	T: Contractor X is not	is required to sign this document and	d return	copies to the issuing	office.		
COR: Alternac Contrac Contrac The pur 1. To a Labor W this RE Continue	TLKZZ1NL2Z6 , 720-875- te COR: ting Officer: t Specialist: pose of this modificat pprove the Request for age Determination upda A will be awarded in	, 202-836- tion is the followin r Equitable Adjustme ates at Option Year the accompanying fun	g: nt (exer ding	REA) resulting from the cise. Note, the retroact modification to the curretofore changed, remains unchanged and in form	Dep tive	e payme nt tasl	ent for k order.
	ND TITLE OF SIGNER (Type or print) ACTOR/OFFEROR	15C. DATE SIGNED	16A.	NAME AND TITLE OF CONTRACTING OFFIC	ER (T)	pe or print)	
	(Signature of person authorized to sign)						
Previous editi	on unusable						

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR22D00000001/P00011
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NAME OF OFFEROR OR CONTRACTOR GEO GROUP INC THE

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	2. Update Attachment 25 - Aurora Staffing Plan,		П		
	dated 3 June 2024. Period of Performance: 10/16/2023 to 10/15/2024		H		
	Period of PeriorMance: 10/16/2023 to 10/15/2024		H		
	Change Item 2001A to read as follows(amount shown		H		
	is the obligated amount):		H		
004-		_			
001A	Facility Operations Monthly Rate:				
	Monthly Nace.		H		
	As a result of this modification, the rate for		ΙI		
	this CLIN has changed.		$ \ $		
	From:		$ \ $		
	To: Obligated Amount: \$0.00		$ \ $		
	Product/Service Code: S206		$ \ $		
	Product/Service Description: HOUSEKEEPING- GUARD		$ \ $		
			$ \ $		
	Change Item 2001C to read as follows(amount shown				
	is the obligated amount):		H		
001C	TIER II - Beds				
	Bed Day Rate: /EA		H		
	As a result of this modification, the rate for				
	this C <u>LIN ha</u> s changed.		$ \ $		
	From:		$ \ $		
	To: Obligated Amount: \$0.00		$ \ $		
	Product/Service Code: S206		$ \ $		
	Product/Service Description: HOUSEKEEPING- GUARD		$ \ $		
		1	1 1		
	Change Item 2001E to read as follows(amount shown		H		
	is the obligated amount):		H		
001E	OPTIONAL - CONTINGENCY - Cheyenne Mountain				
	Monthly Facility Operations Monthly Rate:		П		
	Surge to be activated/de-activated at the		H		
	Government's direction		H		
	As a result of this modification, the rate for		H		
	this CLIN has changed. From:		H		
	To:		H		
	Obligated Amount: \$0.00		H		
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Continued				
		I	ıl		

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 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70CDCR22D00000001/P00011
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NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP INC. THE

	UP INC THE	OUANTTE	LBET	LIMIT DOLOG	*****
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Change Item 2002A to read as follows(amount shown is the obligated amount):		/	(=)	,
2002A	Transportation Services for Denver (Aurora) Facility. Monthly Rate: As a result of this modification, the rate for this CLIN has changed. From: To: Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2003A to read as follows(amount shown is the obligated amount):				
2003A	Stationary Guard and Medical Escort Officer Services. Hourly Rate: As a result of this modification, the rate for this CLIN has changed. From: To: Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 2003B to read as follows(amount shown is the obligated amount):				
2003В	OPTIONAL - CONTINGENCY - Stationary Guard and Medical Escort Officers Services for Cheyenne Mountain Labor Hour Rate: To be activated at the Government's direction As a result of this modification, the rate for this CLIN has changed. From: To: Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued		HR		

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NAME OF OFFEROR OR CONTRACTOR
GEO. GROUP INC. THE

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 2005A to read as follows(amount shown				
	is the obligated amount):				
005A	Medical Services.				
	Monthly Rate:				
	As a result of this modification, the rate for				
	this CLIN has changed.				
	From:				
	To: Obligated Amount: \$0.00				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
		1			
	There shall be no public disclosures regarding				
	this task order made by the contractor (or any				
	subcontractors) without review and approval of				
	such disclosure by ICE.				
	All other terms and conditions remain unchanged.				
	All other terms and conditions remain unchanged.				