AMENDMENT OF SOLICITATION/MODIF	CATION OF CONTRACT		CONTRACT ID CODE	PAGE	OF PAGES
				1	4
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)
P00003	See Block 16C	7.40	OMINICTEDED DV //E -/L // 6)	CODE	
6. ISSUED BY COD	70CDCR		OMINISTERED BY (If other than Item 6)		E/DCR
DETENTION COMPLIANCE AND RI U.S. Immigration and Custor Office of Acquisition Manage 500 12th St SW WASHINGTON DC 20024	ns Enforcement	Imm Of: 500	E/Detention Compliance migration and Customs D Fice of Acquisition Man D 12th St SW Shington DC 20024	Enforcemen	
9 NAME AND ADDDESS OF CONTRACTOR (A)	and animate Olate and 710 Code)	0	A AMENIOMENT OF SOLICITATION NO		
8. NAME AND ADDRESS OF CONTRACTOR (No., str	eet, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.		
AKIMA GLOBAL SERVICES LLC 13873 PARK CENTER RD STE SUITE 400N HERNDON VA 20171			B. DATED (SEE ITEM 11)		
		x 1/7	DA. MODIFICATION OF CONTRACT/ORDE 0CDCR23D00000004	R NO.	
		10	DB. DATED (SEE ITEM 13)		
CODE LUDNH5K4XQU9	FACILITY CODE		06/29/2023		
	11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS		
			MODIFIES THE CONTRACT/ORDER NO. AS		
			DMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b).	ges in paying office),
C. THIS SUPPLEMENTAL AGREEMI	ENT IS ENTERED INTO PURSUANT T	OAUTHOR	RITY OF:		
D. OTHER (Specify type of modificati	on and authority)				
X 52.222-43, Fair Lak	oor Standards Act				
E. IMPORTANT: Contractor X is not	is required to sign this documen	nt and return	copies to the iss	suing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION	N (Organized by UCF section heading	s, including	solicitation/contract subject matter where fe	asible.)	
Contracting Officer (CO): Contract Specialist (CS): CO Representative: Contractor POC: Contractor POC:					
The purpose of this modific	ation is to:				
1. Exercise Option Period I	for CLINS 1001 - 1	.008 (1	POP: 07/01/2024 - 06/3	0/2025).	
2. Incorporate the most rec					
Continued					
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	f the document referenced in Item 9 A o		eretofore changed, remains unchanged and NAME AND TITLE OF CONTRACTING O		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE	D			
(Signature of person authorized to sign)					

Previous edition unusable

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TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	instructions for requesting a price adjustment.		П		
	3 din - 1	1			
	Accordingly,	1			
	In accordance with 52.222-43, Fair Labor	1			
	Standards Act and Service Contract Labor				
	Standards - Price Adjustment, Wage				
	Determination(s) No. 2015-5707, dated May 10,				
	2024, and No. 2015-5707, dated May 10, 2024, is				
	hereby attached and incorporated with an				
	effective date of 7/1/2024.				
	The following payroll data must be submitted to				
	support any request for a price adjustment: A. Employee Name and WD Job Classification				
	Title/Number				
	B. Actual hours paid and/or worked				
	C. Actual hourly wage and wage rates used in				
	previous performance period				
	D. Actual H&W wages and rates used in previous				
	performance period				
	E. How was H&W paid? (i.e., cash to employees or				
	paid to third party) F. Applicable workers compensation rate (if H&W				
	was paid in cash to employee				
	G. Applicable tax rates and taxable caps (Federal				
	Unemployment Tax Allowance (FUTA) and State				
	Unemployment Tax Allowance (SUTA)				
		1			
	The Contractor shall notify the Contracting	1			
	Officer of any price increase claimed under clause 52.222-43 within 30 calendar days of	1			
	receiving a copy of the completed modification	1			
	incorporating the new wage determination.	1			
		1			
	4. All other terms and conditions remain	1			
	unchanged.	1			
	Period of Performance: 07/01/2024 to 06/30/2025	1			
	reflor of reflormance: 07/01/2024 to 00/30/2023	1			
	Change Item 1001 to read as follows(amount shown	1			
	is the total amount):	1			
0.01					
001	ARMED GUARDS AGUADILLA [Option Period 1]				
	Per Month x 12 Months				
	Celling:				
	Obligated Amount: \$0.00				
	Change Item 1002 to read as follows(amount shown				
	Continued				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	is the total amount):				
1002	UNARMED GUARD SERVICES [Option Period 1]				
	Monthly Rate: x 12 months Ceiling:				
	Obligated Amount: \$0.00				
	Change Item 1003 to read as follows(amount shown				
	is the total amount):				
1003	EIVED MONIBULY EACTLIEV ODEDATIONS (Ontion Donied				
1003	FIXED MONTHLY FACILITY OPERATIONS [Option Period 1]				
	Monthly Rate: x 12 Months Ceiling:				
	Obligated Amount: \$0.00				
	Change Item 1004 to read as follows(amount shown				
	is the total amount):				
1004	BED DAY RATE FOR UP TO 100 DETAINEES [Option				
1001	Period 1]				
	Rate: per day				
	Rate: per day 36,500 Days				
	Ceiling:				
	Obligated Amount: \$0.00				
	Change Item 1005 to read as follows (amount shown is the total amount):				
	is the total amount,.				
1005	OTHER DIRECT COSTS [Option Period 1]				
	Ceiling:				
	Oblinated Amounts CO OO				
	Obligated Amount: \$0.00				
	Change Item 1006 to read as follows (amount shown is the total amount):				
1006	TEMPORARY HOUSING SERVICES [Option Period 1]				
	Rate: per day				
	Ceiling:				
	Obligated Amount: \$0.00 Continued				

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 1007 to read as follows (amount shown				
	is the total amount):				
1007	TRANSPORTATION GUARD SERVICES [Option Period 1]				
	Rate: per hour				
	5,000 Hours Ceiling:				
	Obligated Amount: \$0.00				
	Change Item 1008 to read as follows (amount shown is the total amount):				
1008	TRANSPORTATION MILES [Option Period 1]				
1000					
	Rate: per mile 20,000 Miles				
	Ceiling:				
	Obligated Amount: \$0.00				
	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.				

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF	I			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. PR(OJECT NO.	10 . (If applicable)			
P00004	See Block 16C								
6. ISSUED BY CODE	70CDCR	7. ADI	MINISTERED BY (If other than Item 6)	CODE	ICE/	DCR			
DETENTION COMPLIANCE AND REM		ICE/Detention Compliance & Removals							
U.S. Immigration and Customs			igration and Customs End						
Office of Acquisition Manage 500 12th St SW	ment	- 1	ice of Acquisition Manaq 12th St SW	geme	nt				
WASHINGTON DC 20024			shington DC 20024						
8. NAME AND ADDRESS OF CONTRACTOR (No., street, AKIMA GLOBAL SERVICES LLC	, county, State and ZIP Code)	(x) ^{9A.}	A. AMENDMENT OF SOLICITATION NO.						
13873 PARK CENTER RD STE		9B	B. DATED (SEE ITEM 11)						
SUITE 400N									
HERNDON VA 20171		10	A MODIFICATION OF CONTRACT/ORDER N	IO.					
X 10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR23D00000004									
		101	B. DATED (SEE ITEM 13)						
CODE LUDNH5K4XQU9	FACILITY CODE	0	06/29/2023						
	11. THIS ITEM ONLY APPLIES TO	AMENDN	MENTS OF SOLICITATIONS						
separate letter or electronic communication which incle RECEIVED AT THE PLACE DESIGNATED FOR THE OFFER. If by virtue of this amendment you desire to a each letter or electronic communication makes referen 12. ACCOUNTING AND APPROPRIATION DATA (If required see Schedule	pies of the amendment; (b) By acknowle cludes a reference to the solicitation and a E RECEIPT OF OFFERS PRIOR TO THE change an offer already submitted, such ence to the solicitation and this amendmental puired)	ledging red l amendme IE HOUR A ch change ent, and is	eceipt of this amendment on each copy of the off ent numbers. FAILURE OF YOUR ACKNOWL AND DATE SPECIFIED MAY RESULT IN REJE e may be made by letter or electronic communica	ffer subn LEDGEN ECTION cation, pr pecified.	mitted ; or (c MENT TO B I OF YOUR rovided	c) By BE			
			GES SET FORTH IN ITEM 14 ARE MADE IN TH						
			MINISTRATIVE CHANGES (such as changes in 7 OF FAR 43.103(b).	in payin	g office,				
C. THIS SUPPLEMENTAL AGREEMENT	FIS ENTERED INTO PURSUANT TO A	AUTHORI	TY OF:						
D. OTHER (Specify type of modification	**								
X FAR 52.222-43, Fair	Labor Standards Act								
E. IMPORTANT: Contractor X is not	is required to sign this document an								
14. DESCRIPTION OF AMENDMENT/MODIFICATION ((Organized by UCF section headings, in	ncluding s	olicitation/contract subject matter where feasib	ole.)					
UEI: LUDNH5K4XQU9									
Contracting Officer (CO):									
Contract Specialist (CS): CO Representative:									
Contractor POC:									
Contractor POC:									
Contractor 100.									
Modification P00003 to contra	act 70CDCR23D000000/	4 inc	orporated an updated Do	т. W а	ue				
Determination, WD No. 2015-5			-		_	n is to			
update the rates for each CL									
following:	111 1mp 1	10	D. 11120			5 6.1.2			
Continued									
Except as provided herein, all terms and conditions of the	ne document referenced in Item 9 A or 1	OA, as he	eretofore changed, remains unchanged and in f	full force	and effect				
15A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OFFICE						
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED								
in a second second									
(Signature of person authorized to sign) Previous edition unusable									

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	1. Update pricing for CLINS 1001 - 4007 to reflect rates associated with the incorporation of Department of Labor Wage Determination No. 2015-5707, dated May 10, 2024. Rates are retroactive to July 1, 2024.				
	2. Total value of this contract increased from				
	3. All other terms and conditions remain				
	unchanged. Period of Performance: 07/01/2024 to 06/30/2025				
	Change Item 1001 to read as follows(amount shown is the total amount):				
001	ARMED GUARDS AGUADILLA [Option Period 1]				
	Per Month x 12 Months				
	CLIN Ceiling Increased: From: By: To: Obligated Amount: \$0.00				
	Change Item 1002 to read as follows(amount shown is the total amount):				
002	UNARMED GUARD SERVICES [Option Period 1]				
	Monthly Rate: x 12 months Ceiling:				
	CLIN Ceiling Increased: From: By: To: Obligated Amount: \$0.00				
	Change Item 1003 to read as follows(amount shown is the total amount):				
003	FIXED MONTHLY FACILITY OPERATIONS [Option Period 1]				
	Continued				

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Change Item is the total 1004 BED DAY RATE Period 1]	g Increased: mount: \$0.00 1004 to read as follows(amount should amount): E FOR UP TO 100 DETAINEES [Option per day		(D)	(E)	(F)
CLIN Ceiling: CLIN Ceiling From: By: To: Obligated An Change Item is the total 1004 BED DAY RATE Period 1] Rate: 36,500 Days Ceiling: CLIN Ceiling	g Increased: mount: \$0.00 1004 to read as follows(amount should amount): E FOR UP TO 100 DETAINEES [Option per day	own			
Change Item is the total OD4 BED DAY RATE Period 1] Rate: 36,500 Days Ceiling:	1004 to read as follows(amount sho l amount): E FOR UP TO 100 DETAINEES [Option per day	own			
is the total 004 BED DAY RATE Period 1] Rate: 36,500 Days Ceiling: CLIN Ceiling	amount): FOR UP TO 100 DETAINEES [Option per day	own			
Period 1] Rate: 36,500 Days Ceiling: CLIN Ceiling	per day				
36,500 Days Ceiling: CLIN Ceiling					
	g Increased:				
By: To:					
Change Item is the total		own			
Rate: Ceiling:	per day				
CLIN Ceiling From: By: To: Obligated An	g Increased: mount: \$0.00				
Change Item is the total	1007 to read as follows(amount sho	own			
1007 TRANSPORTATI	ION GUARD SERVICES [Option Period 1	L]			
Rate: 5,000 Hours Ceiling: Continued					

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	CLIN Ceiling Increased: From: By: To: Obligated Amount: \$0.00				
	Change Item 2001 to read as follows(amount shown is the total amount):				
2001	ARMED GUARDS AGUADILLA [Option Period 2]				0.0
	Per Month x 12 Months				
	CLIN Ceiling Increased: From: By: To: Amount: (Option Line Item)				
	Change Item 2002 to read as follows(amount shown is the total amount):				
2002	UNARMED GUARD SERVICES [Option Period 2]				0.0
	Monthly Rate: x 12 Months Ceiling:				
	CLIN Ceiling Increased: From: By: To: Amount: (Option Line Item)				
	Change Item 2003 to read as follows(amount shown is the total amount):				
2003	FIXED MONTHLY FACILITY OPERATIONS [Option Period 2]				0.0
	Monthly Rate: x 12 Months Ceiling:				
	CLIN Ceiling Increased: From: By: Continued				

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	To: Amount: (Option Line Item)				
	Change Item 2004 to read as follows(amount shown is the total amount):				
2004	BED DAY RATE FOR UP TO 100 DETAINEES [Option Period 2]				0.0
	Rate: per day 36,500 Days Ceiling:				
	CLIN Ceiling Increased: From: By:				
	To: Amount: (Option Line Item)				
	Change Item 2006 to read as follows(amount shown is the total amount):				
2006	TEMPORARY HOUSING SERVICES [Option Period 2]				0.0
	Rate: per day Ceiling:				
	CLIN Ceiling Increased: From: By: To:				
	Amount: (Option Line Item)				
	Change Item 2007 to read as follows(amount shown is the total amount):				
2007	TRANSPORTATION GUARD SERVICES [Option Period 2]				0.00
	Rate: per hour 5,000 Hours Ceiling:				
	CLIN Ceiling Increased:				
	From: By: To:				
	Continued				

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Amount: (Option Line Item)				
	Change Item 3001 to read as follows(amount shown is the total amount):				
3001	ARMED GUARDS AGUADILLA [Option Period 3]				0.00
	Per Month x 12 Months Ceiling:				
	CLIN Ceiling Increased: From: By: To: Amount: (Option Line Item)				
	Change Item 3002 to read as follows (amount shown is the total amount):				
3002	UNARMED GUARD SERVICES [Option Period 3]				0.00
	Monthly Rate: x 12 Months Ceiling:				
	CLIN Ceiling Increased: From: By: To: Amount: (Option Line Item)				
	Change Item 3003 to read as follows (amount shown is the total amount):				
3003	FIXED MONTHLY FACILITY OPERATIONS [Option Period 3]				0.00
	Monthly Rate: x 12 Months Ceiling:				
	CLIN Ceiling Increased: From: By: To: Amount: (Option Line Item)				
	Change Item 3004 to read as follows (amount shown Continued				

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	is the total amount):				
3004	BED DAY RATE FOR UP TO 100 DETAINEES [Option Period 3]				0.00
	Rate: per day 36,500 Days				
	Ceiling:				
	CLIN Ceiling Increased: From: By: To:				
	Amount: (Option Line Item)				
	Change Item 3006 to read as follows(amount shown is the total amount):				
3006	TEMPORARY HOUSING SERVICES [Option Period 3]				0.00
	Rate: per day Ceiling:				
	CLIN Ceiling Increased: From: By: To:				
	Amount: (Option Line Item)				
	Change Item 3007 to read as follows(amount shown is the total amount):				
3007	TRANSPORTATION GUARD SERVICES [Option Period 3]				0.00
	Rate: per hour 5,000 Hours				
	Ceiling:				
	CLIN Ceiling Increased: From: By: To:				
	Continued				
		1	<u> </u>	l	I

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Amount: (Option Line Item)		П		
	Change Item 4001 to read as follows(amount shown				
	is the total amount):				
4001	ARMED GUARDS AGUADILLA [Option Period 4]				0.0
	Per Month x 12 Months				
	celling:				
	CLIN Cailing Ingressed.				
	CLIN Ceiling Increased: From:				
	By:				
	To:				
	Amount: (Option Line Item)				
	(operon nine reem)				
	Change Item 4002 to read as follows (amount shown is the total amount):				
	is the total amount).				
1002	UNARMED GUARD SERVICES [Option Period 4]				0.0
	Monthly Rate: x 12 Months				
	Ceiling:				
	CLIN Ceiling Increased: From:				
	By:				
	To:				
	Amount: (Option Line Item)				
	Amount: (Option Line Item)				
	Change Item 4003 to read as follows (amount shown is the total amount):				
	is the total amount).				
4003	FIXED MONTHLY FACILITY OPERATIONS [Option Period				0.0
	4]				
	Monthly Rate: x 12 Months				
	Ceiling:				
	CLIN Ceiling Increased:				
	From:				
	By:				
	To:				
	Amount: (Option Line Item)				
	Continued				
		1			

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 4004 to read as follows(amount shown is the total amount):				
4004	BED DAY RATE FOR UP TO 100 DETAINEES [Option Period 4]				0.00
	Rate: per day 36,500 Days				
	Ceiling:				
	CLIN Ceiling Increased: From: By:				
	To: Amount: (Option Line Item)				
	Change Item 4006 to read as follows(amount shown is the total amount):				
4006	TEMPORARY HOUSING SERVICES				0.00
	Rate: per day Ceiling:				
	CLIN Ceiling Increased: From: By: To: Amount: (Option Line Item)				
	Change Item 4007 to read as follows(amount shown is the total amount):				
4007	TRANSPORTATION GUARD SERVICES [Option Period 4]				0.00
	Rate: per hour 5,000 Hours				
	Ceiling:				
	CLIN Ceiling Increased: From: By: To:				
	Amount: (Option Line Item)				
	Continued				

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NO.	SUPPLIES/SERVICES			UNIT PRICE	AMOUNT
(<i>A</i>	(B)	(C)	(D)	(E)	(F)
	For inquiries regarding ICE detainee information		\vdash		
	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.				
		1			