


2. CONTRACT NO. 70CDCR24DIG000018
 3. AWARD/EFFECTIVE DATE 8/30/24
 4. ORDER NUMBER _____
 5. SOLICITATION NUMBER _____
 6. SOLICITATION ISSUE DATE _____

7. FOR SOLICITATION INFORMATION CALL:  b. TELEPHONE NUMBER (No collect calls) 202-732-
 8. OFFER DUE DATE/LOCAL TIME _____


9. ISSUED BY CODE 70CDCR
 DETENTION COMPLIANCE AND REMOVALS
 ICE Office of Acquisition Management
 500 12th St SW
 WASHINGTON DC 20024

10. THIS ACQUISITION IS UNRESTRICTED OR SET ASIDE: _____ % FOR:
 SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 561612
 HUBZONE SMALL BUSINESS ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) 8(A) SIZE STANDARD: 

11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED SEE SCHEDULE
 12. DISCOUNT TERMS Net 30
 13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)
 13b. RATING
 14. METHOD OF SOLICITATION: REQUEST FOR QUOTE (RFQ) INVITATION FOR BID (IFB) REQUEST FOR PROPOSAL (RFP)




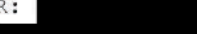


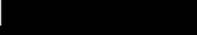


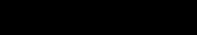
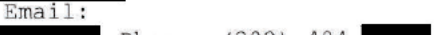


15. DELIVER TO CODE ICE/ERO
 ENFORCEMENT AND REMOVAL OPERATIONS
 IMMIGRATION AND CUSTOMS ENFORCEMENT
 500 12TH SW
 WASHINGTON DC 20536

16. ADMINISTERED BY CODE ICE/DCR
 ICE/Detention Compliance & Removals
 ICE Office of Acquisition Management
 500 12th St SW
 Washington DC 20024

17a. CONTRACTOR/OFFEROR CODE MJKCV3GDC1P1 FACILITY CODE _____
 KARNES COUNTY OF
 ATTN 
 101 N PANNA MARIA AVE
 KARNES CITY TX 781182931

18a. PAYMENT WILL BE MADE BY CODE ICE-ERO-FOD-SANT
 DHS, ICE
 Burlington Finance Center
 P.O. Box 1620
 Attn: ICE-ERO-FOD-SANT-SPC Port Isa
 Williston VT 05495-1620

TELEPHONE NO. _____
 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	UEI: MJKCV3GDC1P1 COR:  Email:  Phone: (571)-355-  ACOR:  Email:  Phone: (210) 885-  CO:  Email:  Phone: (202)-281-  CS:  Email:  Phone: (202)-494-  Vendor POC 1:  Email: _____ (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA See schedule
 26. TOTAL AWARD AMOUNT (For Government Use Only) \$0.00

27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL TERMS AND CONDITIONS SPECIFIED.
 29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED 08/26/2024. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

CONTRACTOR 

30b. NAME AND TITLE OF SIGNER (Type or print) WADE J. HESTER - COUNTY JUDGE
 30c. DATE SIGNED 08.30.2024

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>[REDACTED]; Phone: (830) 780-[REDACTED] Vendor POC 2: [REDACTED] Email: [REDACTED] [REDACTED] Phone: (830) 254-[REDACTED]</p> <p>The purpose of 70CDCR24DIG000018 is to establish an Inter-Governmental Service Agreement (IGSA) between the United States Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) and the Karnes County, TX for the provision of detention, detention-related services, transportation, and stationary guard services for ICE noncitizens at the Karnes County Immigration Processing Center located at 101 N Panna Maria Avenue Karnes City, TX 78118. This agreement replaces EROIGSA-11-0004.</p> <p>The period of performance/ordering period for this IGSA is 09/01/2024 to 08/31/2029. A new wage determination will be incorporated into this agreement on the annual anniversary of this agreement.</p> <p>This action does not obligate any funds. Services shall only be provided when authorized through a funded task order. Annual task orders will be placed against this IGSA.</p> <p>The service provider shall not accept any instruction that results in a change to the Continued ...</p>				

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY (<i>Print</i>)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT (<i>Location</i>)
		42c. DATE REC'D (YY/MM/DD)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018

PAGE OF
3 11

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>services details in the IGSA from an entity or individual other than the Contracting Officer.</p> <p>By signing this agreement, the service provider ensures that any subcontract includes all provisions of this agreement.</p> <p>The following documents constitute the complete agreement and are hereby incorporated into this award: Standard Form 1449 70CDCR24DIG000018, Intergovernmental Service Agreement (IGSA) 70CDCR24DIG000018 and the following attachments.</p> <ul style="list-style-type: none"> - Attachment 1 - Title 29, Part 4 Labor Standards for Federal Service Contracts - Attachment 2a - Wage Determination Number: 2015-5311, Revision 24 - Attachment 2b - CBA and NFFE - Attachment 2c. KCIPC NFFE MOU 2024 (H+W increase eff 12-7-2023) - Attachment 2d. KCIPC NFFE MOU 2024 minimum wage (eff 12-7-2023) - Attachment 2e. MOU Karnes IPC H&W 2024 - Attachment 2f. Amendment to Master Agreement - Attachment 3 - Quality Assurance Surveillance Plan and Performance Requirements /Summary (PBNS 2011 with 2016 revisions) - Attachment 3A -Contract Discrepancy Report (CDR) Template - Attachment 4 - Quality Control Plan - Attachment 5 - Prison Rape Elimination Act (PREA) Regulations - Attachment 6 - Detention- Transportation Template - Attachment 7 - Combating Trafficking in Persons - Attachment 8- ICE Privacy, Records Management, and Safeguarding of Sensitive information - Attachment 9a - Physical Plan Requirement - Attachment 9b - Site Plan - Attachment 10 - Transportation Requirement - Attachment 10a - SNA Routes - Attachment 11a -Virtual Attorney Visitation (VAV) Plan - Attachment 12 - Transgender Requirement - Attachment 13a - Staffing Plan (two units) - Attachment 13b - Staffing Plan (additional unit) <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR

KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>- Attachment 13c - Staff Deployment Floor Plan - Attachment 13d - Floor Plan - Attachment 14 - Performance Work Statement (PWS) - Attachment 15a - DSCS - BAFO - Attachment 15b - 5 - Year Pricing Plan - BAFO - Attachment 15c - Security Upgrade Plan Delivery: 09/01/2024 Period of Performance: 09/01/2024 to 08/31/2029</p> <p>Facility Operating Charge (FOC)</p> <p>Year 1: Tier 1: [REDACTED] Per Month (2 Units) The FOC for 1 year contains costs that are amortized over the 1st year (Base). The project, as proposed by the service provider, is incorporated into the agreement, and listed below:</p> <p>Security Upgrade: Total Cost = [REDACTED] (A one-time cost). This is divided by 12 monthly FOC as:</p> <p>1st Month through the 12th Month of Base Year: FOC = [REDACTED] = [REDACTED] (Monthly)</p> <p>Year 1: Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Year 2: Tier 1; [REDACTED] Per Month (2 Units) Year 2: Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Year 3: Tier 1; [REDACTED] Per Month (2 Units) Year 3: Tier II; [REDACTED] Per Month (Rainforest Unit)</p> <p>Year 4: Tier 1; [REDACTED] Per Month (2 Units) Year 4 Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Year 5: Tier 1; [REDACTED] Per Month (2 Units) Year 5: Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

70CDCR24DIG000018

PAGE OF

5

11

NAME OF OFFEROR OR CONTRACTOR

KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	Bed Day Rate Year 1: Tier 1 [REDACTED] per non-citizen Year 1: Tier II [REDACTED] per noncitizen Year 2: Tier 1 [REDACTED] per non-citizen Year 2: Tier II [REDACTED] per noncitizen Year 3: Tier 1 [REDACTED] per non-citizen Year 3: Tier II [REDACTED] per noncitizen Year 4: Tier 1 [REDACTED] per non-citizen Year 4: Tier II [REDACTED] per noncitizen Year 5: Tier 1 [REDACTED] per non-citizen Year 5: Tier II [REDACTED] per noncitizen Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0003	Residential Office Augmentation [REDACTED] Per Month Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0004	Transportation Fee Year 1: Monthly Transportation Fee @ [REDACTED] Per Month Year 2: Monthly Transportation Fee @ [REDACTED] Per Month Year 3: Monthly Transportation Fee @ [REDACTED] Per Month Year 4: Monthly Transportation Fee @ [REDACTED] Continued ...				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018

PAGE OF
6 11

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Per Month</p> <p>Year 5: Monthly Transportation Fee @ [REDACTED] Per Month</p> <p>Pricing is for [REDACTED] annual miles. Fuel will be reimbursed as incurred if receipts are provided to the COR. Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>				
0005	<p>Stationary Guard</p> <p>Stationary Guard - Regular Rate @ [REDACTED] Per Hour</p> <p>Stationary Guard - Overtime Rate @ [REDACTED] Per Hour</p> <p>Rate billed per hour used. Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p>				
0006	<p>Voluntary Work Program</p> <p>Voluntary Work Program @1.00 per hour Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>INVOICE INSTRUCTIONS - ERO</p> <p>1. The contractor shall be active in the System for Award Management (www.SAM.gov) for invoice processing. Besides the information identified below, a proper invoice shall also include; contractor's Unique Entity Identifier (UEI) number; the ICE Program Office; and state whether the invoice is "INTERIM" or "FINAL".</p> <p>2. In accordance with Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018

PAGE OF
7 11

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>required with each invoice submission is as follows: "...An invoice must include-</p> <ul style="list-style-type: none"> (i) Name and address of the Contractor. The name, address and UEI number on the invoice MUST match the information in both the Contract/Agreement and the information in SAM; (ii) Unique Entity Identifier (UEI) number; (iii) Invoice date and number; (iv) Contract number, line items and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price and extended price of the items delivered; (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii) Terms of any discount for prompt payment offered; (viii) Remit to Address; (ix) Name, title, and phone number of persons to notify in event of defective invoice; (x) ICE Program Office designated on the order/contract/agreement; and (xi) Whether the invoice is "Interim" or "Final" <p>3. Invoice submission: shall be submitted via one of the following two methods. Improper invoices or those submitted by means other than these two methods will be returned. Email is the preferred method.</p> <p>a. Primary method of submission is email. The Contractor shall submit one (1) invoice in PDF format per e-mail and the subject line of the e-mail will reference the invoice number of the attached invoice to: Invoice.Consolidation@ice.dhs.gov Attn: ICE-ERO-FOD-SANT-SPC Invoice</p> <p>b. Mail: DHS, ICE Financial Service Center Burlington Attn: ICE-ERO-FOD-SANT-SPC Invoice P.O. Box 1620 Williston, VT 05495-1620</p> <p>(xii). Electronic Funds Transfer (EFT) banking Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information <p>(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>documentation must include:</p> <ul style="list-style-type: none"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> • Mileage rate being applied for that invoice; • Number of miles; • Transportation routes provided; • Locations serviced; • Names of detainees transported; • Itemized listing of all other charges; and, • for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"> • The location where the guard services were provided, • The employee guard names and number of hours being billed, • The employee guard names and duration of the billing (times and dates), and • for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted. <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018

PAGE OF
10 11

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>CLINs.</p> <p>4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience, or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information on and/or examples of Sensitive PII.</p> <p>4. Payment Inquiries: Questions regarding invoice submission or payment, please contact Financial Service Center Burlington at 1-877-491-6521, Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018

PAGE OF
11 11

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Option # 3 or by e-mail at OCFO.CustomerService@ice.dhs.gov</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>The total amount of award: [REDACTED]. The obligation for this award is shown in box 26.</p>				

2. AMENDMENT/MODIFICATION NO. P00001	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
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6. ISSUED BY DETTENTION COMPLIANCE AND REMOVALS ICE Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024	CODE 70CDCR	7. ADMINISTERED BY (If other than Item 6) ICE/Detention Compliance & Removals ICE Office of Acquisition Management 500 12th St SW Washington DC 20024	CODE ICE/DCR
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) KARNES COUNTY OF ATTN [REDACTED] 101 N PANNA MARIA AVE KARNES CITY TX 781182931	(x)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. 70CDCR24DIG000018
		10B. DATED (SEE ITEM 13) 08/30/2024
CODE MJKCV3GDC1P1	FACILITY CODE	

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 electronic communication 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 letter or electronic communication, provided each letter or electronic communication 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

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.
X	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation data, 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:
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

UEI: MJKCV3GDC1P1

COR: [REDACTED]; Email: [REDACTED]

ACOR: [REDACTED]; Email: [REDACTED]

ACOR: [REDACTED]; Email: [REDACTED]

CO: [REDACTED]; Email: [REDACTED]

CS: [REDACTED]; Email: [REDACTED]

Vendor POC 1: [REDACTED]; Email: [REDACTED]

Vendor POC 2: [REDACTED]; Email: [REDACTED]

The purpose of P00001 is the following:
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)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
	[REDACTED]
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
_____ (Signature of person authorized to sign)	

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018/P00001

PAGE OF
2 3

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>1. Update the invoice office code from ICE-ERO-FOD-SANT to ICE-ERO-FOD-FAO.</p> <p>2. Update the COR assigned to this contract. As stated above, the CORs for this IGSA and any task orders associated with this IGSA are:</p> <p>COR: [REDACTED] ACOR: [REDACTED] ACOR: [REDACTED]</p> <p>3. Correct CLIN 0001's Year 3 Tier 2 information. It previously stated "Rainforest Unit". It has now been updated to "1 Additional Unit".</p> <p>Period of Performance: 09/01/2024 to 08/31/2029</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>Facility Operating Charge (FOC)</p> <p>Year 1: Tier 1: [REDACTED] Per Month (2 Units) The FOC for 1 year contains costs that are amortized over the 1st year (Base). The project, as proposed by the service provider, is incorporated into the agreement, and listed below:</p> <p>Security Upgrade: Total Cost = [REDACTED] (A one-time cost). This is divided by 12 monthly FOC as:</p> <p>1st Month through the 12th Month of Base Year: FOC = [REDACTED] = [REDACTED] (Monthly)</p> <p>Year 1: Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Year 2: Tier 1; [REDACTED] Per Month (2 Units) Year 2: Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Year 3: Tier 1; [REDACTED] Per Month (2 Units) Year 3: Tier II; [REDACTED] Per Month (1 Additional Unit)</p> <p>Year 4: Tier 1; [REDACTED] Per Month (2 Units) Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
70CDCR24DIG000018/P00001

PAGE OF
3 3

NAME OF OFFEROR OR CONTRACTOR
KARNES COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Year 4 Tier II; [REDACTED] Per Month (1 Additional Unit) Year 5: Tier I; [REDACTED] Per Month (2 Units) Year 5: Tier II; [REDACTED] Per Month (1 Additional Unit) Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				