AMENDME	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF	PAGES				
2. AMENDME	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. PR	2 NOJECT NO.	2 (If applicable)				
P00022		See Block 16C					(
6. ISSUED BY	Y CODE	70CDCR	7. AD	MINISTERED BY (If other than Item 6)	CODE	E ICE/	DCR				
U.S. Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW			Imm Off 500	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW Washington DC 20024							
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)			(x) 9A	9A. AMENDMENT OF SOLICITATION NO.							
FREEBORN COUNTY GOVERNMENT CENTER ATTN 411 BROADWAY AVENUE SOUTH P O BOX 1147				9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-09-0020							
CODE	10 mm 0 mm 0 mm 5	EACH ITY CODE	_	B. DATED (SEE ITEM 13)							
CODE C1	L8CL8K86UE6	FACILITY CODE 11. THIS ITEM ONLY APPLIES TO		3/25/2009							
Items 8 and separate le RECEIVED OFFER. If each letter	d 15, and returning co of the or electronic communication which included AT THE PLACE DESIGNATED FOR THE by virtue of this amendment you desire to or electronic communication makes referent TING AND APPROPRIATION DATA (If required)	pies of the amendment; (b) By acknow udes a reference to the solicitation and RECEIPT OF OFFERS PRIOR TO The change an offer already submitted, suc noe to the solicitation and this amendm	ledging re I amendm IE HOUR ch change	on or as amended, by one of the following mel ceipt of this amendment on each copy of the off ent numbers. FAILURE OF YOUR ACKNOWL AND DATE SPECIFIED MAY RESULT IN REJE may be made by letter or electronic communic ereceived prior to the opening hour and date sp	er subi EDGEI CTION ation, p	mitted ; or (c MENT TO B N OF YOUR provided	e) By				
see scn		ODIFICATION OF CONTRACTS/ORDE	RS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBI	ED IN ITEM	 14.				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) Th	HE CHANG	GES SET FORTH IN ITEM 14 ARE MADE IN TI	HE CO	NTRACT					
	B. THE ABOVE NUMBERED CONTRAC appropriation data, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLEC I IN ITEM 14, PURSUANT TO THE AU	T THE AD JTHORITY	MINISTRATIVE CHANGES (such as changes i OF FAR 43.103(b).	n payir	ng office,					
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO	AUTHORI	TY OF:							
	D. OTHER (Specify type of modification	and authority)									
X	Bilateral Modificati	on IAW DROIGSA-09-0	020								
E. IMPORTAN	IT: Contractor ☐ is not	X is required to sign this document a	and return	copies to the issuing	office						
	PTION OF AMENDMENT/MODIFICATION 1 18CL8K86UE6	(Organized by UCF section headings, i	including s	iolicitation/contract subject matter where feasib	le.)						
Contrac	ting Officer's Repres , 612-843-	entative (COR):									
Alterna	te COR (A-COR):	•									
	, 515-201-										
Contrac Continu	ting Officer (CO):										
		e document referenced in Item 9 A or		retofore changed, remains unchanged and in f							
	nD TITLE OF SIGNER (Type or print) n Shea, Sheriff		16A.	NAME AND TITLE OF CONTRACTING OFFIC	ÆK (/j	ype or pnnt)					
	ACTOR/OFFEROR	15C. DATE SIGNED	16B	UNITED STATES OF AME		160	C. DATE SIGNED				
		03/31/2025		Date: 2025.04.02 16:57:4	1 -04'00'						
	ed to sign)			(Signature of Contracting Officer)	TANDA	RD FORM 3	30 (REV. 11/2016)				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED DROIGSA-09-0020/P00022
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

FREEBORN COUNTY GOVERNMENT CENTER

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	, 202-731-				
	Contract Specialist (CS):				
	, 202-731-				
	The purpose of this bilateral modification is to				
	take the following actions:				
	1) Potoblish the Pod/Pour mate of C				
	1) Establish the Bed/Day rate of \$ per Bed/Day.				
	bea, bay.				
	2) Establish the Transportation Services rates				
	of \$ /hour and \$ hour for Overtime.				
	Period of Performance: 03/25/2025 to 03/24/2026				
	Change Item 0001 to read as follows(amount shown				
	is the obligated amount):				
0001	DETENTION SERVICES				
	Bed Day Rate: \$ /day				
	Obligated Amount: \$0.00 Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				
	Change Item 0002 to read as follows(amount shown				
	is the obligated amount):				
0002	TRANSPORTATION SERVICES				
	Transportation shall be reimbursed in accordance				
	with the GSA Privately Owned Vehicle Mileage				
	Reimbursement Rates effective at the time of				
	occurrence.				
	hour and \$ /hour OT				
	Obligated Amount: \$0.00				
	Product/Service Code: S206				
	Product/Service Description: HOUSEKEEPING- GUARD				