AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 4

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00018	See Block 16C		

6. ISSUED BY CODE 70CDCR

DETENTION COMPLIANCE AND REMOVALS
U.S. Immigration and Customs Enforcement
Office of Acquisition Management
801 I ST NW, RM 900
WASHINGTON DC 20536

7. ADMINISTERED BY *(If other than Item 6)* CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, suite 930
Washington DC 20536

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

MONROE COUNTY OF
ATTN MICHAEL BOSANAC
125 E SECOND STREET
MONROE MI 481612110

CODE GEKUTMFMKY77 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-08-0025

10B. DATED *(SEE ITEM 13)* 07/01/2008

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.
	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:
X	D. OTHER *(Specify type of modification and authority)* Other Administrative Action

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: GEKUTMFMKY77

Contracting Officer's Representative (COR):

[redacted]

Contracting Officer (CO):

[redacted]

Contract Specialist (CS):

[redacted]

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 _____ *(Signature of person authorized to sign)*	15C. DATE SIGNED
	16C. DATE SIGNED

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	IRW [redacted] --- The purpose of this administrative modification is to: 1) Increase the Bed Day Rate stated in CLIN 0001 of this IGSA. Please see CLIN 0001 below for details. 2) For CLINs 0001 through 0005, state the period of performance of these CLINs as 07/01/2008 to 06/30/2028 to reflect the change in Period of Performance (PoP) stated in Modification P00017. Please see the aforementioned CLINs below for details. 3) Incorporate the clause "PROHIBITION ON A BYTEDANCE COVERED APPLICATION" into this IGSA via Attachment 1. 4) Remove IRW [redacted] as Alternate Contracting Officer's Representative (ACOR) for this IGSA and all task orders issued under this IGSA. Period of Performance: 07/01/2008 to 06/30/2028 Change Item 0001 to read as follows(amount shown is the total amount):				
0001	Detention Beds Bed Day Rate: $95.00 *EFFECTIVE 08/01/2023* With this Modification (P00018), the bed day rate on this CLIN is increased by $20.04, from $74.98 to $95.00 per bed day. Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				0.00
	Change Item 0002 to read as follows(amount shown is the total amount): Continued ...				

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	VTC & Lunch Services Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0003 to read as follows(amount shown is the total amount):				0.00
0003	Ground Transportation Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0004 to read as follows(amount shown is the total amount):				0.00
0004	COVID-19 OTHER DIRECT COSTS (ODC) FOR TELEPHONE SERVICES TELEPHONE SERVICES PROVIDED AT NO COST TO THE DETAINEES. Each ICE detainee at the Monroe County Detention Facility will receive up to 500 free telephone minutes per month during the COVID-19 Pandemic. The Service Provider shall submit invoices monthly for the actual calls placed in accordance with the following rates: •Domestic: $0.21 per minute •International: 0.95 per minute •Michigan: $0.21 per minute ICE will reimburse the Service Provider for the actual number of calls placed at the rates negotiated. A list of calls placed shall be submitted with the invoice. Please note, the 500 minutes should be provided as soon as possible. Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Change Item 0005 to read as follows(amount shown is the total amount):				0.00
0005	COVID-19 Personal Protective Equipment (PPE) for Detainees Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued ...				0.00

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All other terms and conditions remain unchanged and in full force and effect.				