AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 1

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00010	See Block 16C		

6. ISSUED BY CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW Suite 930
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
MONROE COUNTY SHERIFFS OFFICE
100 EAST SECOND STREET
MONROE MI 481612454

CODE 5571738380000 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 telegram 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 telegram or letter, provided each telegram or letter 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 date, 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)* in accordance with the agreement

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

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

DUNS Number: 557173838
COR: IRW IRW IRW
Procurement POC: IRW IRW IRW

The purpose of this modification is to extend the period of performance of the agreement to 6/30/2023.
Exempt Action: Y Sensitive Award: SPII
Period of Performance: 07/01/2008 to 06/30/2023
All other terms and conditions remain unchanged and in full force and effect.

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)*
	IRW IRW IRW
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	

16C. DATE SIGNED

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 1

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00010	See Block 16C		

6. ISSUED BY CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW Suite 930
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
MONROE COUNTY SHERIFFS OFFICE
100 EAST SECOND STREET
MONROE MI 481612454

CODE 5571738380000 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 telegram 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 telegram or letter, provided each telegram or letter 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.

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	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, 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)* in accordance with the agreement

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

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

DUNS Number: 557173838
COR: IRW IRW IRW
Procurement POC: IRW IRW IRW

The purpose of this modification is to extend the period of performance of the agreement to 6/30/2023.
Exempt Action: Y Sensitive Award: SPII
Period of Performance: 07/01/2008 to 06/30/2023
All other terms and conditions remain unchanged and in full force and effect.

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)*
	IRW IRW IRW
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	

16C. DATE SIGNED

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 17

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00011	See Block 16C		

6. ISSUED BY CODE ICE/DCR

ICE/Detention Compliance & Removals
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street, NW Suite 930
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
MONROE COUNTY SHERIFFS OFFICE
100 EAST SECOND STREET
MONROE MI 481612454

CODE 5571738380000 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 telegram 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 telegram or letter, provided each telegram or letter 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

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	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, 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)* Article XI Modifications

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return 1 copies to the issuing office.

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

DUNS Number: 557173838
COR: IRW IRW IRW
Procurement POC: IRW IRW IRW

The purpose of this modification is to incorporate Wage Determination Number 2015-4859, Revision 8, Dated August 2, 2019 into agreement DROIGSA-08-0025 with Monroe County, MI.
Period of Performance: 07/01/2008 to 06/30/2023
All other terms and conditions remain unchanged and in full force and effect.

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)*
	IRW IRW IRW IRW
15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*	15C. DATE SIGNED
	16C. DATE SIGNED

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 3

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00012	See Block 16C		

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street, NW Suite 930 WASHINGTON DC 20536	ICE/DCR	ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, suite 930 Washington DC 20536	ICE/DCR

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*		9A. AMENDMENT OF SOLICITATION NO.
MONROE COUNTY OF MONROE COUNTY SHERIFFS OFFICE 100 EAST SECOND STREET MONROE MI 481612454	(x)	9B. DATED *(SEE ITEM 11)*
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. DROIGSA-08-0025
		10B. DATED *(SEE ITEM 13)* 07/01/2008

CODE	5571738380000	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 telegram 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 telegram or letter, provided each telegram or letter 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

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	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, 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)*
X	In accordance with the agreement

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION *(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)*
DUNS Number: 557173838

Contracting Officer's Representative (COR):
IRW IRW
IRW

Contracting Officer (CO):
IRW IRW
IRW

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)*
Jeff Pauli - Chief Deputy	IRW
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	2/19/202
	16C. DATE SIGNED
	IRW

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Contract Specialist (CS): [redacted]				

	The purpose of this no cost modification is as follows: 1) Change the standards from NDS 2000 to NDS 2019. https://www.ice.gov/detention standards/2019 2) Incorporate the Robotics Process Automation (RPA) and, 3) Incorporate the Bed Space Tracking Initiative (BSTI) Robotics Process Automation (RPA) Contract Requirement: The Detention Facility Robotics Process Automation (RPA) process requires that bed space and transportation invoice costs and supporting documentation be recorded utilizing the Detention-Transportation Invoice Template (attached) and that all Templates must be submitted to both the ERO Field Office Contract Officer Representative (COR) and the ERO RPA Team Mailbox along with the monthly invoices. This invoice template should be completed in its entirety in the established format (template included in this modification) to include, but not limited to, the following: (1) Vendor Reference information including Bed Space Rate Breakdown, Invoice Date Range, Transportation Cost Breakdown; (2) Bed Space data including Detainee Names and corresponding Alien Numbers (A#); (3) Detainees Transported data including: Detainee Names, corresponding Alien Numbers, Category and Mission #, Mission Data including Mandatory Fields and Additional Mission Expenses corresponding to GSA and contract rates, as applicable and allowed. Invoice updates may be requested by the COR and will require timely resubmission to the COR and the ERO RPA Team Mailbox. The Government reserves the right to update the detention facility invoice process, templates or other related documents, in order to fix issues, expand capabilities, and improve performance of the reconciliation process. Continued ...				

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Bed Space Tracking Initiative (BSTI) Contract Requirement: The Custody Management - ServiceNow platform portal (Custody SNOW) is a consolidated portal that will enable ICE to meet detention facility reporting requirements. Effective March 01, 2020, detention facilities are required to complete the attached template and submit it twice daily via e-mail to BSTI@ice.dhs.gov at 9:00am EST and 4:00pm EST. In the future, the data platform may include, but not limited to, the Bed Space Tracking Initiative (BSTI), Segregation Management Reporting System (SMRS), Prison Rape Elimination Act (PREA) and Sexual Abuse and Assault Prevention and Intervention (SAAPI) compliance, national detention standards compliance, as well as other detention-related compliance and initiative reports being developed by ICE. Applicable submission forms and reporting templates will be made available to the detention facilities via email, the Custody SNOW portal or other electronically transmitted medium of the governments choice. Data input may be required on an as-required basis, such as, per incident or an established reporting time of day requirement, based on the specific subject, and as required under applicable Federal law, ICE policies, and/or program procedures. The Government reserves the right to update the Custody SNOW portal and associated forms, user access, and submission process for uploading the required data to correct issues, expand capabilities, and improve performance of the system. Attachments: •RPA Detention-Transportation Invoice Template •ICE BSTI Email Submission Form --- Period of Performance: 07/01/2008 to 06/30/2023 All other terms and conditions remain unchanged and in full force and effect.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00013	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
MONROE COUNTY SHERIFFS OFFICE
100 EAST SECOND STREET
MONROE MI 481612454

CODE 5571738380000 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 telegram 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 telegram or letter, provided each telegram or letter 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	
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	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES *(such as changes in paying office, appropriation date, 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)* In accordance with the agreement

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

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

DUNS Number: 557173838

Contracting Officer's Representative (COR):

IRW IRW
IRW

Alternate Contracting Officer's Representative (ACOR):

IRW IRW
IRW

Contracting Officer (CO):

IRW IRW

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)*
David Bechtco Chief Deputy	IRW
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	6/3/2021
	16C. DATE SIGNED
	IRW

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	IRW [redacted]				
	Contract Specialist (CS): IRW [redacted] IRW [redacted] IRW [redacted]				
	--- The purpose of this modification is to incorporate DHS PREA Standards into this Inter-Governmental Service Agreement (IGSA). The DHS PREA Standards are attached to this modification as "Attachment A_DHS PREA Standards". All other terms and conditions of IGSA No. DROIGSA-08-0025 remain unchanged. Period of Performance: 07/01/2008 to 06/30/2023 All other terms and conditions remain unchanged and in full force and effect.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00015	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
MONROE COUNTY SHERIFFS OFFICE
100 EAST SECOND STREET
MONROE MI 481612454

CODE H2N2AF4GHA75 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 telegram 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 telegram or letter, provided each telegram or letter 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

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	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, 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) Mutual Agreement of the Parties

E. IMPORTANT: Contractor ☐ is not. ☒ is required to sign this document and return 1 copies to the issuing office.

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

Contracting Officer's Representative (COR):

[redacted]

Alternate Contracting Officer's Representative (ACOR):

[redacted]

Contracting Officer (CO):

[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)
Captain Julie Massengill Jail Administrator	[redacted]
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
Capt. J Massengill (Signature of person authorized to sign)	12/22/22
	16B. UNITED STATES OF AMERICA [redacted]
	16C. DATE SIGNED

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Contract Specialist (CS): IRW IRW IRW --- The purpose of this modification is to: 1) Incorporate updated Virtual Attorney Visitation (VAV) language - Attachment 1 2) Incorporate updated Transgender Care language - Attachment 2 Period of Performance: 07/01/2008 to 06/30/2023 All other terms and conditions remain unchanged and in full force and effect.				

Attachment 1
Virtual Attorney Visitation

The VAV program utilizes common web conferencing and videoconferencing applications to enable legal representatives to meet with their clients or prospective clients virtually using video technology in private rooms or booths to ensure confidentiality of communications during remote legal visits. VAV is not a substitute for in-person meetings, but it does provide an alternative for legal service providers to communicate with clients in a timely and efficient manner.

- The same guidelines in applicable ICE detention standards for in-person attorney/client visits will apply to virtual attorney client meetings and legal calls. Only legal representatives, legal assistants, and interpreters will be allowed; no family or friends of the clients are permitted. The attorney and/or his/her agents may contact outside interpretation services during the call or session. To ensure confidentiality of communications between detained non-citizens and legal representatives, the existing visitation officer shall maintain safety and security for all detained non-citizens/residents utilizing VAV. The officer shall be stationed outside of the confidential room standing out of earshot but within eyeshot. The officer will knock 5 minutes before the cut off time.
- Service provider shall build or identify private rooms or booths in the facility for VAV to be available in accordance with each facility's legal visitation hours (but at least eight (8) hours per day on weekdays and 5 hours a day on weekends and holidays in accordance with ICE detention standards). Phone booths should be soundproofed to at least the 30-35 decibel (dB) level to keep VAV conversations private.
- VAV rooms or booths must have closeable doors and the service provider should ensure visibility of detainees through windowed doors or other alternatives to ensure safety, while still maintaining confidentiality of the attorney-client communication.
- The service provider shall have at least two telephones and a network line per station, with one telephone jack a FAX-compliant POTS line.

The VAV program shall be operational within 6 months of IGSA award to include purchase and installation of equipment, training of staff, implementation of VAV procedures, and policy updates.

Deliverables:

- All deliverables listed below shall be submitted to the ERO Contracting Officer Representative (COR) within 3 months of IGSA award for review and approval:
  - The service provider shall create and implement procedures, in writing, through which legal representatives can utilize an online scheduling system to verify legal representatives and schedule legal visits or confidential legal calls. The procedures shall be added to the posted Legal Visitation Rules for each facility and be made available to the COR for posting on the facility webpage on ICE.gov.
    - The service provider shall appropriately staff the online scheduling system to ensure timely scheduling and response to requests.

- The service provider shall create and implement procedures, in writing, through which detained individuals and legal representatives may exchange confidential and non-confidential messages (such as the use of a dedicated email box or electronic messaging platforms). The service provider shall send written procedures to the ERO COR for posting on the facility webpage on ICE.gov.
- The service provider shall create and implement procedures, in writing, through which detained individuals and legal representatives may exchange confidential documents, via electronic means (*e.g.*, facsimile or email), such as to obtain signatures. The service provider shall send written procedures to the ERO COR for posting on the facility webpage on ICE.gov.
- The service provider shall maintain a usage log of the VAV and provide this to the ERO COR on a monthly basis.
  - The usage log shall be provided using Microsoft Excel and include the following data elements:
    1) Name of detainee and A#
    2) Name of legal representative
    3) Length of Call
    4) Wait time (if applicable)
    5) Interpreter Needed (if applicable)
    6) Interpreter Language (if applicable)

- All procedures and or manuals shall be provided to the COR for review annually.
- The service provider shall notify ICE if the scheduling process changes in advance of the changes taking effect.
- If the service provider cannot achieve implementation of the VAV, a waiver can be sought through the ERO COR and the Contracting Officer. Waivers would be for a period of 1-year, after which the service provider should continue to explore the capability of establishing and implementing VAV.

Attachment 2
Transgender Care

The following are transgender care requirements for this facility, including the establishment and operation of a multidisciplinary Transgender Classification and Care Committee, responsible for constructing an individualized detention plan for each self-identified transgender non-citizen in detention. To further support you with implementation, identification, and care requirements, ICE is providing the below supplements Best Practices and a Transgender Question Determination Guide and Individualized Detention Plan (Template).

- SUPPLEMENT 2(a)--Best Practices for the Care of Transgender Non-citizens in Detention
- SUPPLEMENT 2(b)--Transgender Classification and Care Committee Determination Question Guide and Individualized Detention Plan (Template)

The facility will comply with the following requirements related to the care and custody of transgender non-citizens:

1) Intake: Upon arrival at the detention facility, intake personnel shall review the non-citizen's record and documentation. If the record indicates the non-citizen's gender identity differs from his/her biological sex, intake personnel shall only ask questions related to gender identity when such information is necessary to ensure the safety and security of other non-citizens and staff. In addition, the facility shall ensure that sensitive information, such as the non-citizen's gender identity, is not used to the non-citizen's detriment by facility personnel or other non-citizens.

a. Intake personnel shall accurately record the non-citizen as transgender. The non-citizen shall be treated as a protective custody non-citizen for the duration of the intake process.

b. The non-citizen shall be temporarily housed (i.e., in a location away from the general population, to include in a medical unit or protective custody) for no more than 72 hours (excluding weekends, holidays, and exigent circumstances) until classification, housing, and other needs can be assessed by a Transgender Classification and Care Committee as delineated below. In particular, placement into administrative segregation due to a non-citizen's identification as transgender should be used only as a last resort and when no other viable housing options exist.

2) Transgender Classification and Care Committee

a. The facility shall create and operate a Transgender Classification and Care Committee (TCCC).

b. In facilities **staffed** by the ICE Health Service Corps (IHSC):

i) The TCCC shall be comprised of a dedicated facility medical representative, facility mental health representative, a facility classification supervisor, the Enforcement and Removal Operations (ERO) Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Field Liaison, and a supervisory representative designated by the Field Office Director FOD) (the supervisory representative from the ERO FOD can be the ERO LGBTI Field Liaison).

ii) The TCCC may utilize remote forms of communication (i.e., phone or video teleconference) to facilitate meetings and other activities.

c. For facilities **not staffed** by IHSC:

i) The TCCC shall include the IHSC Field Medical Coordinator (FMC), in addition to a dedicated facility medical representative, a facility mental health representative, a facility classification

supervisor, the ERO LGBTI Field Liaison, and a supervisory representative designated by the FOD (at the FOD's discretion, the supervisory representative can include the ERO LGBTI Field Liaison).

d. The TCCC shall be chaired jointly by a representative from the facility and an ERO representative, preferably the ERO LGBTI Field Liaison.
e. The facility staff members, including medical and mental health personnel, will have appropriate training and experience in working with transgender persons.

3) Transgender Classification and Care Committee Determinations:

a. ***Meeting with the Non-citizen:*** In preparation for the TCCC meeting, the TCCC designated facility medical representative(s) shall meet with the non-citizen as soon as practicable after the non-citizen's arrival to the facility to gather information necessary to solicit the non-citizen' s preferences and requests with regard to housing, searches(1), and other matters. The ERO LGBTI Field Liaison may also participate in any meeting with the non-citizen. The communication between the TCCC representative(s) and the non-citizen shall be in a language and manner the non-citizen can understand and should be conducted using the TCCC Determination Question Guide provided at the conclusion of this document.

b. ***Meeting of the TCCC:*** The TCCC shall meet and provide a classification assessment no later than 72 hours (excluding weekends, holidays, and emergencies) after the non-citizen's arrival to the facility to assess medical, psychological, housing, and other needs.

c. ***Classification Assessment:*** As part of the transgender classification assessment, the TCCC shall, at a minimum, consider:

i) The non-citizen's self-identification.

ii) An assessment of the effect of possible placements on the non-citizen's health and safety, conducted by a medical or mental health professional (which may coincide with the full medical assessment done in accordance with the applicable ICE detention standards).

iii) The non-citizen's record and available documentation, including forms and notes from initial processing, medical/mental health records, booking records, identification documents, etc.; and

iv) Observations provided by medical or mental health representative(s), to include those based upon the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for the diagnosis of Gender Dysphoria.

d. ***Detention Plan:*** Once the TCCC determines the non-citizen's transgender classification, the TCCC shall construct an individualized Detention Plan for each transgender non-citizen. As part of its Detention Plan assessment, the TCCC shall, at a minimum, consider:

i) All records and prior assessments, including medical/mental health records, and an assessment of the effects of any housing placement on the non-citizen's health and safety that has been conducted by a medical or mental health professional.

ii) The non-citizen's preferences and requests.
iii) The non-citizen's self-assessment of his or her safety needs (i.e., does the non-citizen feel threatened or at risk of harm?).

iv) The non-citizen's documented criminal history and past and/or current behavior.
v) The TCCC's determination of the non-citizen's safety/security needs, including documented and self-reported history of sexual assault, victimization, or predatory behavior.

vi) The non-citizen's physical, medical, or mental health, or special needs.

(1) Whenever practicable, the non-citizen's request should be honored but not to the detriment of the safety and security of the facility or facility staff.

vii) Privacy issues, including showers, single cell sleeping arrangements, etc.

viii) Available beds and/or housing.

ix) Whether the housing assignment would pose a safety risk to other non-citizens *(See* Section 3.e.ii "Safety, Security, and Privacy"); and

x) Effects of housing assignment on resources, including facility staff.

e. ***Requirements within the Detention Plan:*** Consistent with existing ICE policy and detention standards, the individualized Detention Plan shall, at a minimum, contain the following requirements:

i) Housing Assignment: Options to include:
   a. General housing consistent with the non-citizen's biological sex.
   b. General housing consistent with the non-citizen's gender identity.
   c. A protective custody unit; or
   d. Medical or administrative segregation.

ii) Safety. Security and Privacy: The TCCC shall address the safety, security, and privacy needs for both the transgender non-citizen and the general detention population when assessing the housing assignment. Discussion(s) may include guidance on appropriate staffing levels in the housing option assigned (e.g., single or shared cell, or dormitory housing).

iii) Hygiene: Consistent with ICE detention standards, facility staff shall ensure that transgender non-citizens are able to maintain acceptable personal hygiene practices consistent with their gender identity and that ensure their safety. Transgender non-citizens shall be provided the opportunity to shower in a setting that ensures safety and privacy.

iv) Clothing and Commissary: Transgender non-citizens will be provided undergarments consistent with their gender identity as assessed by the TCCC. Transgender non-citizens shall be issued standard detention attire consistent with their assigned housing unit. Transgender non-citizens shall also be allowed to possess or purchase through the commissary those hygiene and personal items that are consistent with their Detention Plan.

v) Searches: As prescribed by standard 2.10 of lCE's 2011 *Performance-Based National Detention Standards (PENDS),* the transgender non-citizen's preference as to the gender of the officer that will perform any necessary pat-down and strip searches will be considered by the TCCC when drafting the Detention Plan and followed by detention facility staff accordingly. Also, with regards to strip searches only, and pursuant to standard 2. IO of lCE's 2011 *PENDS,* special care should be taken to ensure that transgender non-citizens are searched in private.

Searches shall be conducted in a professional and respectful manner, and in the least restrictive manner possible, consistent with security needs. Pursuant to DHS PREA Standards, at no time shall any search be conducted solely for the purpose of determining a non-citizen's biological sex. Requests for transgender non-citizens to remove appearance related items such as prosthetics, clothing that conveys gender identity, wigs, and cosmetics shall be consistent with requirements for the removal of similar items for other non-transgender non-citizens. All strip searches shall be documented.

vi) Staff Communication: Detention facility staff shall refer to transgender non-citizens by their preferred pronouns.

vii) Medical Care: Pursuant to existing ICE detention standards, transgender non-citizens who were already receiving hormone therapy when taken into ICE custody shall have continued access to hormone therapy; those who have not yet begun treatment will be assessed and treated, if deemed medically necessary and safe in the context of their other medical conditions. All transgender non-citizens shall have access to continued mental health care and other transgender-related health care based on medical need. Medical care for transgender non-citizens shall be provided by qualified and appropriate medical professionals and administered pursuant to the applicable ICE detention standards.

f. ***Decision:*** The TCCC will attempt to reach consensus on all decisions.

i) The TCCC shall retain summary notes of each meeting to document persons attending and conclusions reached. A copy of the notes shall be placed in the non-citizen' s detention file.

ii) Absent extraordinary circumstances, a written Detention Plan by the TCCC for the non-citizen, including housing assignment, shall be forwarded to the facility classification supervisor within 72 hours (excluding weekends, holidays, and emergencies) of the non-citizen's arrival at the facility, and maintained in the non-citizen's detention file; a copy of the plan and housing assignment shall also be provided to the non-citizen.

g. ***Implementation of Detention Plan:*** The classification supervisor shall notify line staff of the TCCC's Detention Plan and housing assignment decision.

i) Detention facility staff shall follow the Detention Plan outlined by the TCCC. If a detention facility staff member identifies a safety or security risk posed by the TCCC's plan? the staff member must inform the TCCC directly, or must notify his/her supervisor as soon as practicable, and that supervisor must notify the TCCC. The TCCC shall review the case and make adjustments to the Detention Plan, if necessary, within 72 hours (excluding weekends, holidays, and emergencies) of receiving notification.

ii) In the case of an immediate threat to the safety or security of the transgender non-citizen or others, the detention facility staff may make a temporary change(s) to the TCCC's plan (to include housing assignment) but should notify the TCCC as soon as possible. Only the TCCC can approve permanent change(s) to the Detention Plan.

iii) In the case of an immediate threat to the safety or security of the transgender non-citizen or others, the detention facility staff may make a temporary change(s) to the TCCC's plan (to include housing assignment) but should notify the TCCC as soon as possible. Only the TCCC can approve permanent change(s) to the Detention Plan.

h. ***Reassessment:*** The TCCC shall reassess a transgender non-citizen's Detention Plan and housing assignment after 30 days following the initial determination and then every 60 days thereafter or at any other time if additional relevant information becomes known, or following any incident of victimization or threats to safety experienced by the non-citizen. As part of its reassessment, the TCCC shall, at a minimum, consider:

i) Changes in the trans gender non-citizen' s housing preferences.

ii) Variations in the non-citizen's medical and/or mental health status.

iii) Safety/security of the non-citizen, other non-citizens, and/or facility staff. Further Guidance Regarding the Care of Transgender Non-citizens

iv) Any threats to safety experienced by the non-citizen.

v) Continued availability of housing; and

vi) The detention facility's documented concerns.

TCCC Determination Questions Guide

In preparation for the TCCC meeting, the designated facility medical representative(s), shall meet with the detainee no later than 72 hours (excluding weekends, holidays, and emergencies) after the detainee's arrival to the facility to gather information necessary to verify the transgender classification, and to solicit detainee's preferences and requests with regards to housing, searches, and other matters. The ERO LGBTI Field Liaison may also participate in any meeting with the detainee.

SEE – Transgender Classification and Care Committee Determination Question Guide (Template)

PREA and PBNDS Requirements Related to Transgender Non-citizens

Pursuant to Section 3(e) of this memorandum, applicable requirements from ICE detention standards and the DHS PREA Standards include:

a) <u>Classification and Housing</u>
i) At facilities governed by the DHS PREA Standards or PBNDS 2011, facility staff must consider the non-citizen's gender self-identification and an assessment of the effects of placement on the non-citizen's health and safety, when making classification and housing decisions for transgender or intersex non-citizens. A medical or mental health professional must be consulted as soon as practicable on this assessment. The facility may not base placement decisions solely on identity documents or the physical anatomy of the non-citizen; rather, a non-citizen's self-identification and self-assessment of safety needs must always be taken into consideration as well.
ii) At facilities governed by PBNDS 2008 or NDS, and which use ICE's Non-citizen Classification System, facility staff must take into consideration and document whether a non-citizen requires protective custody to ensure his/her safety and wellbeing, such as because of perceived or actual sexual orientation or gender identity.

b) <u>Showering and Privacy</u>

i) At facilities governed by the DHS PREA Standards, transgender and intersex non-citizens must be given the opportunity to shower separately from other non-citizens when operationally feasible.
ii) At facilities governed by PBNDS 2011 or PBNDS 2008, transgender non-citizens must be provided with a reasonably private environment for bathing and toilet facilities, in accordance with safety and security needs.

c) Personal Hygiene and Grooming
i) The detention standards do not restrict the provision of gender appropriate clothing. In general, brassieres should be provided to individuals who request them, as appropriate.
ii) At facilities governed by PBNDS 2011 or PBNDS 2008, transgender non-citizens should be allowed freedom in personal grooming, and access to commissary items (including those appropriate for the non-citizen's identified gender) absent a valid safety, security, or medical concern that is fully justified and documented.

d) Medical Care
i) At facilities governed by PBNDS 2011, initial medical screening must inquire into a transgender non-citizen's gender self-identification and history of transition-related care. Transgender non-citizens who were already receiving hormone therapy when taken into ICE custody shall be provided continued access, and all transgender non-citizens must have access to mental health care and other transgender-related health care and medication (such as hormone therapy) based on medical need. Treatment must follow accepted guidelines regarding medically necessary transition-related care

Definitions

The following definitions apply for purposes of this agreement only:

1. Biological Sex. An individual's biological status as either male or female, typically assigned at birth, and associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

2. Non-citizen. An individual detained in ERO custody.

3. Detention Plan. A plan for a transgender non-citizen, constructed by the Transgender Classification and Care Committee at an ICE detention facility with instructions for how to address issues including, but not limited to, housing, clothing, showering, grooming, name and pronoun use, recreation, programming, escort, transportation, searches, privacy, etc.

4. Diagnostic and Statistical Manual of Mental Disorders (DSM). The standard classification of mental disorders used by mental health professionals in the United States as published by the American Psychiatric Association. DSM-5 (Fifth Edition) is the most current edition of the drafting of this guidance.

5. Gender Affirming Surgery. Surgical alteration of male or female genitals, or the reshaping, by any surgical procedure, of a male body into a body with female appearance, or vice versa. Also referred to as "sex reassignment surgery (SRS)," "gender reassignment surgery (ORS)," or by other names. Note: gender affirming surgery is the preferred name.

6. Gender Dysphoria. Medical diagnosis in the American Psychiatric Association's DSM-5 that describes the distress that may accompany the incongruence between an individual's experienced or expressed gender and the individual's biological sex. This was previously known as Gender Identity Disorder.

7. Gender Expression. The ways in which an individual communicates/displays his/her gender identity to others; a combination of appearance, demeanor, and behavior.

8. Gender Identity. An individual's internal sense of being a man, woman, or another gender. It is not necessarily based on the individual's biological sex or on the individual's sexual orientation. Because gender identity is internal, it is not necessarily visible to others, but may be externally manifested in the individual's appearance, behavior, demeanor, or other aspects of the individual's life.

9. Gender Non-Conforming. Having an appearance or manner that does not conform to traditional societal gender expectations.

10. Intersex. Having sexual or reproductive anatomy or chromosomal pattern that do not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

11. LGBTI. The acronym for Lesbian, Gay, Bisexual, Transgender, and lntersex.

12. Sexual Orientation. A pattern of romantic, emotional, physical, and/or sexual attraction towards members of the same, opposite, or both sexes. Includes homosexuality, heterosexuality, and bisexuality.

13. Transgender. A person whose gender identity (i.e., internal sense of feeling male or female) is different from the sex assigned to the person at birth.

14. Transgender Classification and Care Committee (TCCC). The detention facility committee that gathers information and assesses the gender identity of the non-citizen and produces and regularly assesses a Detention Plan for a transgender non-citizen.

15. Transgender man. An individual who is a biological female and has a gender identity as a man.

16. Transgender woman. An individual who is a biological male and has a gender identity as a woman.

17. Transition. The process by which an individual changes his/her gender from that assigned at birth to one with which he/she now identifies. This may include making personal, legal, and medical changes to his/her gender, such as changing his/her name and/or gender on legal documents; undergoing hormone therapy; and/or undergoing one or more forms of surgery.

SUPPLEMENT 2(a) - Best Practices for the Care of Transgender Non-citizens in Detention

NOTICE: ICE Transgender Care policies and procedures apply regardless of when a detained non-citizen discloses their transgender identity.

Intake: The facility should update local data systems used to capture non-citizen information or develop a separate process, as needed, to record a non-citizen's self-identification as transgender. If at any time during the intake process facility staff determine additional privacy is needed, to the extent practicable, staff should make appropriate accommodations to converse with the non-citizen in private.

Staff Communication: All facility staff communication with a detained non-citizen should be conducted in a language and manner the non-citizen understands. Facility staff should interact with transgender non-citizens in a manner that is professional, respectful, and courteous. Facility staff should refer to transgender non-citizens by their preferred pronouns and chosen name, where known and applicable, to promote a respectful and stable environment. If common practice is to refer to non-citizens by last name, then facility staff may do so. The individual's preferred name and pronouns should be documented in their Individualized Detention Plan (see below) and detention file.
Privacy: A non-citizen's self-identification as transgender is considered sensitive information; it should not be shared with other non-citizens or staff who do not have a need to know the information and should not be used to the non-citizen's detriment.

INDIVIDUALIZED ASSESSMENT

Transgender Classification and Care Committee: The facility shall establish a Transgender Classification and Care Committee (TCCC) comprised of a facility medical and behavioral health representative (this may be two positions, one representing medical care and another representing behavioral health, should ERO and the facility desire); facility classification supervisor; the IHSC Field Medical Coordinator (FMC); ERO Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and Intersex (LGBTQI+) Field Liaison; and a supervisory representative designated by the Field Office Director (FOD)- this person may also be the ERO LGBTQI+ Field Liaison.
The TCCC can also include other facility and ERO staff members as desired, including, where available, a contracted ERO Custody and Resource Coordinator (CRC). The TCCC shall be chaired jointly by a representative from the facility and an ERO representative, preferably the ERO LGBTQI+ Field Liaison.

Detainee Preferences and Requests: Any communication between facility representative(s) and a non-citizen should be in a language and manner the non-citizen can understand. During their initial meeting with the transgender non-citizen, the facility medical and/or behavioral health representative(s) and/or the contracted ERO CRC may choose to use the provided Determination Question Guide template (see Attachment 3) to record the non-citizen's preferences. If the facility chooses not to use this template, the facility shall record preferences using a template of their choice. A copy of the non-citizen's responses shall be kept in the non-citizen's detention file. The results of this interview, including the non-citizen's preferences and requests, should be shared during the TCCC meeting (see below).

TCCC Assessment Considerations: As part of the transgender classification assessment, the TCCC should, at a minimum, consider: the non-citizen 's self-identification; record and available documentation, including forms and notes from initial processing, medical/behavioral health records, booking records, identification documents, etc.; and observations provided by medical or behavioral health

representative(s), to include those based upon the latest Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for the diagnosis of Gender Dysphoria.

TCCC Individualized Detention Plan: Aside from safety or security concerns, the TCCC should try where feasible to accommodate the non-citizen's preferences. The facility may choose to use the provided Individualized Detention Plan (IDP) template (see Attachment 3) to record their decisions. If the facility chooses not to use this template, the facility shall record decisions using a template of their choice. The final IDP shall be forwarded to the facility classification supervisor soon after the TCCC meeting. A copy of the IDP should be kept in the non-citizen's detention file to be used for future reference and/or inquiries, as needed. A summary of the IDP should also be provided to the non-citizen The facility may choose to use the provided Detention Plan- Non-citizen Summary template (see Attachment 3) or a template of their choice.

Housing*:* The TCCC shall generally consider housing the transgender non-citizen according to their preference, including by their gender identity, sex assigned at birth, in protective custody, or in an ICE dedicated housing unit for transgender non-citizens. Placement into administrative segregation due to a non-citizen's identification as transgender should be used only as a last resort and when no other housing option exists. When making the housing decision, the TCCC shall consider the safety and security of the non-citizen, other non-citizens, and the facility staff.

All detained transgender non-citizens should be provided with a reasonably private environment for bathing and toilet facilities, consistent with privacy and security considerations afforded to other non-citizens in detention. This is particularly important for this population, as some transgender non-citizens may have undergone surgical procedures as part of their transition.

SECURITY

Searches: Consistent with PBNDS 2011 and U.S. Department of Homeland Security (DHS) policies and standards, including the DHS Prison Rape Elimination Act (PREA), searches of transgender non-citizens shall be performed by an officer of the same gender/gender identity as the non-citizen (e.g., a transgender woman (male to female) should be searched by a female officer). Further, per PBNDS 2011, special care should be taken to ensure non-citizens are strip searched in private. As always, searches should be conducted in a professional and respectful way, in the least restrictive manner possible, and consistent with security needs. At no time shall any search be conducted solely for the purpose of determining a non-citizen's biological sex.

DETAINEE SERVICES AND CARE

Medical Care: Initial medical screening at the facility shall inquire into a non-citizen's gender self-identification and history of transition-related care. Further, transgender non-citizens who were already receiving hormone therapy when taken into ICE custody shall have continued access to such treatment; all transgender non-citizens shall have access to behavioral health care and other transgender-related health care and medication (including hormone therapy) based on medical need and eligibility (regardless of the level of services received or lack of services prior to detention). Any treatment shall follow accepted guidelines regarding medically necessary transition related care.

TRAINING, PROGRAMMING, AND RESOURCES

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex + (LGBTQI+) Subject Matter Expert and Primary Point of Contact: The facility shall designate certain personnel as a resource to

consult when transgender-related issues and needs arise. The name and contact information of the designated employee should be provided to ERO. ICE will also designate a local ERO field office liaison to serve as a resource for the facility. The name and contact information of the designated employee will be provided to the facility. The facility should coordinate questions and/or matters related to transgender non-citizens with the designated ERO field liaison.

Training: To ensure competency in their assigned duties, facility staff (including health care) who will interact with transgender detainees should receive specialized training geared toward this population. While ERO may provide in-person and/or webinar training related to transgender sensitivity and detainee care and specific instruction on the provisions of transgender care (to include applicable ICE standards and DHS PREA provisions), the facility shall provide applicable training to its staff, particularly health care staff and others assigned to work in unit where transgender non-citizens will be housed. ERO may also offer the facility a training DVD addressing medical care of transgender patients. The facility shall facilitate access for trainers to the facility grounds, as needed.

Custody and Resource Coordinator: As feasible, ERO will hire and assign a contracted Custody and Resource Coordinator (CRC) to the facility. The ERO CRC has a degree in social work, or related field, is fluent in Spanish, and is experienced in providing specialized services to vulnerable populations. The name and contact information of the contracted ERO CRC will be provided to the facility. The facility shall facilitate access for the ERO CRC to the facility grounds and non-citizens, as needed. ERO and facility staff may also rely on the ERO CRC for various functions, including assisting non-citizens with removal or release planning, addressing facility concerns/questions about specific non-citizens, and conducting informal programming for detained non-citizens.

Transgender Programming: The facility shall provide the transgender population equal access to programming and services made available to other populations at the facility. In addition to programming provided by the facility, ERO may identify and engage with local non-government organization (NGO), academic, and other partners to provide programming suitable for the detained transgender population. ERO may also rely on the contracted CRC to conduct informal programming for this population. The facility should facilitate access for the ERO CRC and provider(s) to the facility grounds and non-citizens, as needed.

SUPPLEMENT 2(b)

Transgender Classification and Care Committee Determination Question Guide (Template)

Name:
A#:

Instructions: *The Transgender Classification and Care Committee's (TCCC) designated facility medical and/or behavioral health representative(s) shall meet with the non-citizen prior to the TCCC meeting (i.e., no later than 72 hours, excluding weekends, holidays, and emergencies) to gather information necessary to the TCCC's deliberations. A copy of the non-citizen's responses during this meeting shall be kept in their detention file. Any communication between the TCCC representative(s) and the non-citizen should be in a language and manner the non-citizen can understand.*

Administrative Information
Who administered this Question Guide? Click here to enter text.
When was this guide administered? Click here to enter a date.

Personal Information
Do you identify as transgender? Choose an item.
Do you go by or use any other name(s)? Click here to enter text.
What pronoun(s) do you prefer others use to refer to you? Choose an item.

Medical Issues
Prior to coming here, were you taking any hormonal medications? Click here to enter text. If yes, what were they? Click here to enter text. If yes, how often were you taking them? Click here to enter text. If yes, were they prescribed by a doctor? Click here to enter text. If no, would you like to be assessed for hormone treatment? Click here to enter text.

Hygiene and Grooming
Do you prefer to wear clothing for men or women? Click here to enter text.
Are there any specific clothing items that you need that have not been provided? Click here to enter text.
Are there any specific personal hygiene items that you need that have not been provided? Click here to enter text.

Housing
In general, would you prefer to be housed with females, males, or in a dedicated transgender housing unit? Choose an item. Do you feel you are at risk for your safety based on your gender identity? Choose an item. Would you feel safer being housed with males or females? Choose an item. Would you feel safer being housed with people who are transgender? Choose an item. Would you feel safer being housed in a cell with someone else or by yourself? Choose an item.

Programming
Do you feel comfortable being around **male** non-citizens during group activities? Choose an item.

Do you feel comfortable being around **female** non-citizens during group activities? Choose an item. If no to any of the above, would you prefer to be separated from males, females, or both? Choose an item.
Do you feel that complete separation or specific types of safeguards (e.g. staff escort) would address your concerns? Choose an item. If yes, what types of safeguards do you feel you require? Click here to enter text.

Searches
Do you have a preference for whether a male or female officer searches you? Choose an item. If yes, what would you prefer? Choose an item.

Other Items
Is there anything else we should know about you related to being transgender? Click here to enter text.
Are there any other specific precautions and/or accommodations you think you would like to have to ensure your safety and welfare while at this facility? Click here to enter text.

Individualized Detention Plan (Template)

Name:
A#:

Instructions: *The Transgender Classification and Care Committee (TCCC) facility Chair, or their designee, shall fill out all the Individualized Detention Plan (IDP) fields below in accordance with all records and assessments, as appropriate. The IDP, once completed, shall be kept in the non-citizen's file with all other records. A copy shall be forwarded to the facility classification supervisor; a summary of the IDP (see below) can also be provided to the non-citizen. The IDP should be continually reassessed and/or revised, as needed, with updates in Section 7 below.*

Section 1: TCCC Personnel Information	
Facility Name:	AOR:
Name of TCCC Chair: Click here to enter text.	Title of TCCC Chair: Click here to enter text.
TCCC Chair Phone: Click here to enter text.	TCCC Chair Email: Click here to enter text.

Section 2: Detainee Information		
Non-citizen (Legal) Name:		Preferred Name (If different): Click here to enter text.
Preferred Pronouns: Choose an item.	A#:	Preferred Housing: Choose an item.
Preference for the Gender of the Officer Conducting a Search Choose an item.		
Does non-citizen fear of being harmed in detention? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a self-reported history of sexual assault? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a self-reported history of victimization? Choose an item. If yes, please explain: Click here to enter text.		
Does non-citizen have a self-reported history of predatory behavior? Choose an item.		

If yes, please explain: Click here to enter text.
Does non-citizen have a documented criminal history? Choose an item. If yes, please explain: Click here to enter text.

Section 3: Housing Assignment and Safety Needs
Housing assignment selected:
Reason for assignment:
Will this assignment require safety accommodations? If yes, please list safety accommodations:

Section 4: Hygiene and Clothing
Hygiene needs indicated by the non-citizen:
Hygiene items provided:
Hygiene items available via Commissary:
Accommodations for non-citizen showering:
Undergarments provided:
Clothing provided consistent with Gender Identity:

Name:
A#:

Section 5: Medical and Mental Health
Subpart A: Hormone Therapy
Was the non-citizen receiving hormone therapy prior to entering the facility? Choose an item. If yes, how long had the non-citizen been receiving hormone therapy? Click here to enter text. If yes, how often did the non-citizen take hormones (i.e. every day)? Click here to enter text. If yes, was the non-citizen's hormone therapy regimen prescribed by a doctor? Choose an item. If no, has the non-citizen been assessed for hormone treatment? Choose an item.
If the non-citizen has been assessed for hormone therapy, what was the result? Choose an item.
Who conducted the assessment? Click here to enter text.
Subpart B: Medical Care
Is other transgender-related medical care (including hormone therapy) now required? Choose an item. If yes, what kind of care is required and how will it be provided? Click here to enter text.
Subpart C: Mental Health Care
Is other transgender-related behavioral health care required? Choose an item.

If yes, what kind of care is required and how will it be provided? Click here to enter text.

Section 6: Comments and Approval
Subpart A: TCCC Chair or Designee Comments and Approval *Required where consensus is reached.*
Please include any additional comments, including a justification for housing assignment: Click here to enter text.
Before signing this document, please verify that the above information is correct. TCCC Chair or Designee name and title: Date: _____ Signature TCCC Chair or Designee name and title: Date: _____ Signature
Subpart B: LGBTQI+ Field Liaison or Designee Comments and Approval (For ICE Use Only) *Required only if consensus is not reached.*
Please include any additional comments: Click here to enter text.
Before signing this document, please verify that the above information is correct. ERO LGBTQI+ Field Liaison or Designee: _____ _____ Printed name Signature Date: _____

Section 7: Updates	
Updates	**Date of Update**

Name:
A#:

Individualized Detention Plan – Non-citizen Summary (Template)

Per the Transgender Care Memorandum, transgender non-citizens are entitled to a copy of their Individualized Detention Plan (IDP). This summary contains non-sensitive information from the IDP. If you need to access sensitive information such as medical care or behavioral health care, please consult your Deportation Officer, or call the Detention Reporting and Information Line (DRIL) at 1-888-351-4024. Language assistance for the DRIL is available as needed.

Section 1: Housing Assignment and Safety Needs
Housing assignment selected:

Reason for assignment:
Will this assignment require safety accommodations? If yes, please list safety accommodations:

Section 2: Hygiene and Clothing
Hygiene needs indicated by the detainee:
Hygiene items provided:
Hygiene items available via Commissary:
Accommodations for detainee showering:
Undergarments provided:
Clothing provided consistent with Gender Identity:

Section 3: TCCC Chair or Designee Name, Title, and Date of Plan Approval	
TCCC Chair or Designee:	Date:
TCCC Chair or Designee:	Date:

Section 4: Updates	
Updates	**Date of Update**

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00017	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 telegram 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 telegram or letter, provided each telegram or letter 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 date, 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 1 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):

IRW IRW
IRW

Alternate Contracting Officer's Representative (ACOR):

IRW IRW
IRW

Contracting Officer (CO):

IRW IRW

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)*
Julie MAssengill, Jail Administrator	IRW IRW IRW
15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*	15C. DATE SIGNED 5/30/23
	16C. DATE SIGNED

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	IRW [redacted]				
	Contract Specialist (CS): IRW [redacted] IRW [redacted] IRW [redacted]				

	The purpose of this zero-dollar administrative modification is to extend the period of performance of this Inter-Governmental Service Agreement (IGSA) by sixty (60) months, from 06/30/2023 to 06/30/2028.				
	Period of Performance: 07/01/2008 to 06/30/2028 All other terms and conditions remain unchanged and in full force and effect.				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00020	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)*
Julie Massengill, Jail Administrator	[redacted]
15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*	15C. DATE SIGNED 3/31/25
	16C. DATE SIGNED

Previous edition unusable

STANDARD FORM 30 (REV. 11/2016)
Prescribed by GSA FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

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 increase the Bed Day Rate stated in CLIN 0001 of this IGSA. Please see CLIN 0001 below for details. All other terms and conditions remain unchanged and in full force and effect. 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: $100.00 *EFFECTIVE 03/01/2025* With this Modification (P00020), the bed day rate on this CLIN is increased by $5.00, from $95.00 to $100.00 per bed day. Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD 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.				0.00

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00021	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

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	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 1 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):

IRW IRW
IRW

Contracting Officer (CO):

IRW IRW
IRW

Contract Specialist (CS):

IRW IRW

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)* Julie Massengill, Jail Administrator

15B. CONTRACTOR/OFFEROR *(Signature of person authorized to sign)*

15C. DATE SIGNED 7/31/25

16A. NAME AND TITLE OF CONTRACTING OFFICER *(Type or print)*

IRW
IRW

16C. DATE SIGNED

NAME OF OFFEROR OR CONTRACTOR
MONROE COUNTY OF

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 incorporate National Detention Standards (NDS 2025) into this IGSA. The NDS 2019 Standards are rescinded and replaced with NDS 2025 via this modification. Please see Attachment 1, NDS 2025. All other terms and conditions remain unchanged and in full force and effect. Period of Performance: 07/01/2008 to 06/30/2028 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.				