AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE	OF	PAGES
	1		3

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQUISITION NUMBER	5. PROJECT NUMBER *(If applicable)*
P00001	See Block 16C	192126FEP00001098	

6. ISSUED BY CODE 70CDCR

DETENTION COMPLIANCE AND REMOVALS
ICE Office of Acquisition Management
500 12th St SW
WASHINGTON DC 20024

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

ICE/Detention Compliance & Removals
ICE Office of Acquisition Management
500 12th St SW
Washington DC 20024

8. NAME AND ADDRESS OF CONTRACTOR *(Number, street, county, State and ZIP Code)*

OTERO COUNTY OF
10 MCGREGOR RANGE ROAD
CHAPARRAL NM 880818018

CODE D5U9RK5DUTA8 FACILITY CODE

(X) 9A. AMENDMENT OF SOLICITATION NUMBER

☐ 9B. DATED *(SEE ITEM 11)*

10A. MODIFICATION OF CONTRACT/ORDER NUMBER
70CDCR26DIG000010

☒

10B. DATED *(SEE ITEM 13)*
03/14/2026

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 ACKNOWLEDGMENT 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 APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NUMBER 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 NUMBER 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:

☒ D. OTHER *(Specify type of modification and authority)*
IAW 70CDCR26DIG000010

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.*)
See continuation page

Except as provided herein, all terms and conditions of the document referenced in Item 9A 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	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		*(Signature of Contracting Officer)*	

Previous edition unusable

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

NAME OF OFFEROR OR CONTRACTOR
OTERO COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	UEI: D5U9RK5DUTA8 COR: IRW [redacted] POC: IRW [redacted] CO: IRW [redacted] CO/CS: IRW [redacted] County: IRW [redacted] Contractor: IRW [redacted] There is one requisition associated with this action: 192126FEP00001098 The purpose of this modification is to: 1. Update the description for CLIN 0004 to provide more detail, currently it does not accurately reflect the transportation now requested and priced in 70CDCR26DIG000010. The CLIN description has been updated from "Firm Fixed Price (FFP) Transportation Services" to "FFP Transportation Services; Transportation Services at the site up to 12,500 miles/month (150,000 miles annually)". 2. Update the PWS with the most recent security language, clean and redline versions included. See attachments "5.1.1-P00001-Attachment 14 - PWS 20260604 clean" and "5.1.1-P00001-Attachment 14 - PWS 20260604 redline". Period of Performance: 03/16/2026 to 03/15/2031 Change Item 0004 to read as follows(amount shown is the obligated amount): 0004 FFP Transportation Services Transportation Services at the site up to 12,500 miles/month (150,000 miles annually) Year 1 - 03/16/2026 - 03/15/2027 Continued...				

NAME OF OFFEROR OR CONTRACTOR
OTERO COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Firm Fixed Price per month for medical, dental, and check cashing transportation. Monthly Rate: $145,467.54 Year 2 - 03/16/2027 - 03/15/2028 Firm Fixed Price per month for medical, dental, and check cashing transportation. Monthly Rate: $149,540.63 Year 3 - 03/16/2028 - 03/15/2029 Firm Fixed Price per month for medical, dental, and check cashing transportation. Monthly Rate: $153,727.77 Year 4 - 03/16/2029 - 03/15/2030 Firm Fixed Price per month for medical, dental, and check cashing transportation. Monthly Rate: $158,032.14 Year 5 - 03/16/2030 - 03/15/2031 Firm Fixed Price per month for medical, dental, and check cashing transportation. Monthly Rate: $162,457.04 The overall value of this CLIN is $9,230,701.38 Obligated Amount: $0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING-GUARD For inquiries related to this agreement or ICE detainee information, the provider (including any subcontractors) must not make any public disclosures concerning this agreement or ICE detainee information without prior review and approval from ICE.				