AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE	OF	PAGES
	1		5

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQUISITION NUMBER	5. PROJECT NUMBER *(If applicable)*
P00001	See Block 16C	192126FEP00001104	

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
70CDCR26FIGR00102

☒

10B. DATED *(SEE ITEM 13)*
03/16/2026

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)* Net Increase: $8,076,800.00
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)*
Funding 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.*)
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)		IRW *(Signature of Contracting Officer)*	IRW

Digitally signed by IRW
Date: 2026.05.28 10:40:56 -04'00'

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] CS/CO: IRW [redacted] County: IRW [redacted] Contractor: IRW [redacted] There is one requisition associated with this action: 192126FEP00001104 The purpose of this modification is to: 1. Add funding in the amount of $8,076,800.00. See CLINs below for details. 2. Update the period of performance end date to July 30, 2026, to match the amount of funding currently available for this task order. The total obligated amount for this task order has increased: From: $8,076,800.00 By: $8,076,800.00 To: $16,153,600.00 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. The funding provided in this contract is the amount presently available for payment and allotted to this contract. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items funded under this contract. The service provider is not authorized to continue work on those items beyond that point. The Government will not be obligated to reimburse Continued...				

NAME OF OFFEROR OR CONTRACTOR
OTERO COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	the service provider in excess of the amount allotted to those items for performance beyond the funding allotted. Discount Terms: Net 30 Period of Performance: 03/16/2026 to 07/30/2026 Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Facility Operation Charge (FOC) 1-650 Year 1 - 03/16/2026 - 03/15/2027 Facility Operating Charge: $3,057,851.44 The amount for this CLIN has increased: From: $8,026,800.00 By: $5,782,851.66 To: $13,809,651.66 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING-GUARD Accounting Info: OBDETNF-000 OD 31-12-DF-E01 18-62-0400-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: OBDETNF-000 OD 31-12-DF-E01 18-62-0400-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $5,782,851.66				5,782,851.66
	Add Item 0002 as follows:				
0002	Bed Day Rate Year 1 - 03/16/2026 - 03/15/2027 Tier I (1-650): $18.15 Tier II (651-850): $63.20 Tier III (851-1000): $62.12				2,243,948.34

Continued...

NAME OF OFFEROR OR CONTRACTOR
OTERO COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Emergency Tier (1,001-1,100): $62.12 The overall value of this CLIN is $77,141,347.16. The amount for this CLIN has increased: From: $0 By: $2,243,948.34 To: $2,243,948.34 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING-GUARD Accounting Info: OBDETNF-000 OD 31-12-DF-E01 18-62-0400-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $2,243,948.34				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	Firm Fixed Price (FFP) Transportation Services				50,000.00
	Year 1 - 03/16/2026 - 03/15/2027 Firm Fixed Price per month for medical, dental, and check cashing transportation. Monthly Rate: $145,467.54 The overall dollar value of this CLIN is $194,037,200.01. The amount for this CLIN has increased: From: $50,000.00 By: $50,000.00 To: $100,000.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING-GUARD Accounting Info: Continued...				

NAME OF OFFEROR OR CONTRACTOR
OTERO COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	OBTRANS-000 OT 32-23-GT-E01 18-62-0400-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: OBTRANS-000 OT 32-23-GT-E01 18-62-0400-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $50,000.00				