AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 of 7

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. *(If applicable)*
P00010	See Block 16C	192125FHL00000024.12	

6. ISSUED BY	CODE	7. ADMINISTERED BY *(If other than Item 6)*	CODE
70CDCR		ICE/DCR	

DETENTION COMPLIANCE AND REMOVALS
U.S. Immigration and Customs Enforcement
Office of Acquisition Management
500 12th St SW
WASHINGTON DC 20024

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

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

COUNTY OF WEBB
ATTN TANO TIJERINA
1000 HOUSTON STREET
LAREDO TX 78040

CODE KJ57ZV6UCFB4 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO.
70CDCR24DIG000001
70CDCR24FIGR00077

10B. DATED *(SEE ITEM 13)*
02/29/2024

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

Net Decrease: -$86,295.31

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)* Contract Closeout

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: KJ57ZV6UCFB4

COR: Sandra Solis
Phone: 956-206-3760
Email: Sandra.A.Solis@ice.dhs.gov

ACOR: Jose Garcia Longoria
Phone: 956-389-7806
Email: JoseGarcia.Longoria@ice.dhs.gov

ACOR: Alfonso De Leon III
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)*	
Tano E.Tijerina	Webb County Judge	BRITTANY TOBIAS	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
DocuSigned by: Tano E. Tijerina 86F8127000D0482... *(Signature of person authorized to sign)*	7/31/2025	*(Signature of Contracting Officer)*	

Previous edition unusable

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

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Phone: 956-433-6696 Email: alfonso.a.de-leoniii@ice.dhs.gov Contracting Officer: Brittany Tobias Phone: 202-878-1666 Email: Brittany.Tobias@ice.dhs.gov Requisition(s) associated with this task order: 192125FHL00000024.12 The purpose of this modification is to de-obligate excess funds and closeout this contract. The parties agree as follows: 1) All services/supplies have been received, inspected and accepted by the Government 2) The Contactor releases the Government from any and all liability under this contract for further equitable and/or price adjustments including, but not limited to, claims and causes of action for the recovery of direct costs, indirect costs, delay costs, disruption costs, profit, interest, attorney's fees, damages, etc.) 3) The Government agrees that all obligations under this contract are concluded. 4) Line Item 0001 is decreased from $12,232,003.00, by $30,496.56 to $12,201,506.44. 5) Line Item 0002 is decreased from $118,000.00, by $45,421.38 to $72,578.62. 6) Line Item 0003 is decreased from $17,000.00, by $10,377.00 to $6,623.00. 7) Line Item 0004 is decreased from $4,055.00, by $0.37 to $4,054.63. The total obligated amount is decreased from $12,371,058.00, by $86,295.31 to $12,284,762.69. The total contract value is decreased from $12,371,058.00, by $86,295.31 to $12,284,762.69. This contract is closed. --- Discount Terms: Net 30 Period of Performance: 03/01/2024 to 02/28/2025 Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	Bed Day Rate Tier 1: $154.85 Guaranteed Minimum (GM) 0 - 250 Beds effective through 31 March 2024 Tier 1: $155.10 Guaranteed Minimum (GM) 0 - 250 Continued ...				-30,496.56

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF WEBB

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Beds effective 1 April 2024 Tier 2: $82.51 Over Guaranteed Minimum (GM) 251 - 499 Beds Deobligate $30,496.56 from FFMS Item 18 MDL 1 The total obligated funding on this CLIN is decreased as follows: From: $12,232,003.00 By: ($30,496.56) To: $12,201,506.44 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: -$30,496.56 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-72-00- ------ --- 000000 Funded: $0.00 Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	On-Call Escort/Stationary Guard Support Regular Rate: $37.37 Overtime Rate: $56.06 Deobligate $15,421.38 from FFMS Item 8 MDL 1 Deobligate $30,000.00 from FFMS Item 14 MDL 1 The total obligated funding on this CLIN is decreased as follows: From: $118,000.00 By: ($45,421.38) To: $72,578.62 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-70-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-70-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-70-00- ------ --- Continued ...				-45,421.38

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-70-00- ------ --- 000000 Funded: -$15,421.38 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-70-00- ------ --- 000000 Funded: -$30,000.00 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-25-70-00- ------ --- 000000 Funded: $0.00 Change Item 0003 to read as follows(amount shown is the obligated amount): Voluntary Work Program Reimbursement $1.00 Per Day Deobligate $377.00 from FFMS Item 10 MDL 1 Deobligate $10,000.00 from FFMS Item 15 MDL 1 The total obligated funding on this CLIN is decreased as follows: From: $17,000.00 By: ($10,377.00) To: $6,623.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: ERODETN-J25 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-11-04-00- ------ --- 000000 Funded: $0.00 Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-11-04-00- ------ --- 000000 Funded: -$377.00 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-11-04-00- ------ --- Continued ...				
0003					-10,377.00

NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	000000 Funded: -$10,000.00 Accounting Info: ERODETN-J26 E1 31-12-00-000 18-62-0900-00-00-00-00 GE-11-04-00- ------ --- 000000 Funded: $0.00 Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	Transportation Mileage rate to be in accordance with the General Services Administration (GSA) rates at the time of occurrence/Transportation Mileage Rate Current Mileage Rate: $0.67 Deobligate $0.37 from FFMS Item 19 MDL 1 The total obligated funding on this CLIN is decreased as follows: From: $4,055.00 By: ($0.37) To: $4,054.63 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0900-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0900-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0900-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0900-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00 Accounting Info: Continued ...				-.37

NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	RMD10LT-000 E5 32-23-00-000 18-62-0900-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: -$.37 Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0900-00-00-00-00 GE-21-31-00- ------ --- 000000 Funded: $0.00				