

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)	
P00001	08/16/2022	ACF299299		
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE	
Admin for Children and Families Administration for Children and Families MARY E. SWITZER BUILDING 330 C ST., SW Washington DC 20201	ACF			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)	9A. AMENDMENT OF SOLICITATION NO.	
FAMILY ENDEAVORS INC 1577736 Attn: CHIP R. FULGHUM FAMILY ENDEAVORS, INC. 6363 DE 6363 DE ZAVALA RD STE 200 SAN ANTONIO TX 78249				
CODE 1577736		FACILITY CODE	9B. DATED (SEE ITEM 11)	
		x	10A. MODIFICATION OF CONTRACT/ORDER NO. 75ACF122C00016	
			10B. DATED (SEE ITEM 13) 06/24/2022	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers _____ is extended. <input type="checkbox"/> 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)		Net Increase:		\$245,898,403.11
2022.G99UPR2.25102				
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>				
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) FAR 52.217-9, "Option to Extend the Term of the Contract" and FAR 52.212-4(c) "Changes Clause"			
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)				
Tax ID Number: 23-7223078				
DUNS Number: 118914498				
UEI: PC1AM3TAQXD8				
CONTACT INFORMATION				
COR: Dewayne Frederick, (b)(6)				
Dewayne.Frederick@acf.hhs.gov				
ACOR: April Martin, (202) 401-0904				
April.Martin@acf.hhs.gov				
CO: Paul D. Brown, (202) 401-5365				
Paul.Brown@acf.hhs.gov				
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)		
Chip Fulghum, President & COO		PAUL D. BROWN		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED	
(b)(6)	8/15/2022	Paul D. Brown -S	Digitally signed by Paul D. Brown -S Date: 2022.08.15 22:30:12 -04'00'	
(Signature of person authorized to sign)		(Signature of Contracting Officer)		

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
75ACF122C00016/P00001

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NAME OF OFFEROR OR CONTRACTOR  
FAMILY ENDEAVORS INC 1577736

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>CS: Marvin A. Nunez, (202) 205-8626 Marvin.Nunez@acf.hhs.gov Endeavors POC: Andrea Helling, (b)(6) ahelling@endeavors.org</p> <p>The purpose of this modification is to:</p> <ol style="list-style-type: none"> <li>Exercise Option Period 1. The period of performance for this option is 8/16/2022 to 11/15/2022.</li> <li>Provide funding for CLIN 1002 in the amount of \$245,898,403.11.</li> <li>Appoint Dewayne Frederick as Contracting Officer's Representative (COR)</li> <li>Appoint April Martin As Alternate Contracting Officer's Representative (ACOR)</li> <li>The total contract ceiling remains unchanged at \$1,370,668,215.12.</li> <li>Based on the forgoing changes the total obligated amount is increased:</li> </ol> <p>FROM: \$785,214,548.90 BY: \$245,898,403.11 TO: \$1,031,112,952.01</p> <p>All other terms and conditions remain unchanged.</p> <p>Discount Terms: HHS NET 30P Appr. Yr.: 2022 CAN: G99UPR2 Object Class: 25102 Period of Performance: 05/16/2022 to 05/15/2023</p> <p>Change Item 1001 to read as follows (amount shown is the obligated amount):</p>				
1001	<p>CLIN 1001   Ramp-Up for Direct Care Support Services * OPTION PERIOD #1 * Period of Performance - 08/16/2022 to 11/15/2022</p> <p>This CLIN is not being funded at this time.</p> <p>Change Item 1002 to read as follows (amount shown is the obligated amount):</p>				0.00
1002	<p>CLIN 1002   Staffed Bed Capacity * OPTION PERIOD #1 * Period of Performance - 08/16/2022 to 11/15/2022 - 92 days * Band 4 - 1501 - 2000 Beds * Period of Performance Daily Rate: \$2,672,808.73 * This is a Firm Fixed Price (FFP) CLIN Obligated Amount: \$245,898,403.11</p> <p>Continued ...</p>				245,898,403.11

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
75ACF122C00016/P00001

NAME OF OFFEROR OR CONTRACTOR  
FAMILY ENDEAVORS INC 1577736

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The total obligated amount for this CLIN is increased:</p> <p>FROM: \$0.00                      BY: \$245,898,403.11                      TO: \$245,898,403.11</p>				

Obtained by America First Legal Foundation through Litigation

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
			1	4
2. AMENDMENT/MODIFICATION NO. P00002	3. EFFECTIVE DATE 11/16/2022	4. REQUISITION/PURCHASE REQ. NO. ACF304797	5. PROJECT NO. (If applicable)	
6. ISSUED BY Admin for Children and Families Administration for Children and Families MARY E. SWITZER BUILDING 330 C ST., SW Washington DC 20201	CODE ACF	7. ADMINISTERED BY (If other than Item 6)	CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) FAMILY ENDEAVORS INC 1577736 Attn: CHIP R. FULGHUM FAMILY ENDEAVORS, INC. 6363 DE 6363 DE ZAVALA RD STE 200 SAN ANTONIO TX 78249		(x)	9A. AMENDMENT OF SOLICITATION NO.	
CODE 1577736 FACILITY CODE			9B. DATED (SEE ITEM 11)	
		x	10A. MODIFICATION OF CONTRACT/ORDER NO. 75ACF122C00016	
			10B. DATED (SEE ITEM 13) 06/24/2022	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers _____ is extended. <input type="checkbox"/> 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 Increase: \$4,297,693.59		
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>				
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) FAR 52.217-9, "Option to Extend the Term of the Contract" and FAR 52.212-4(c) "Changes Clause"			
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Tax ID Number: 23-7223078 DUNS Number: 118914498 UEI: PC1AM3TAQXD8 CAGE Code: 52LR2				
CONTACT INFORMATION COR: Jung Kim, (240) 429-9643 Jung.Kim@acf.hhs.gov ACOR: April Martin, (202) 401-0904 April.Martin@acf.hhs.gov CO: David Greaves, (202) 993-6260 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) Chip Fulghum, President & COO		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) DAVID A. GREAVES		
15B. CONTRACTOR/OFFEROR Signed by: (b)(6) (Signature or person authorized to sign) Previous edition unusable	15C. DATE SIGNED 11/15/2022	16B. UNITED STATES OF AMERICA David A. Greaves -S (Signature of Contracting Officer)	16C. DATE SIGNED Digitally signed by David A. Greaves -S Date: 2022.11.15 16:39:07 -05'00'	

## CONTINUATION SHEET

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NAME OF OFFEROR OR CONTRACTOR  
FAMILY ENDEAVORS INC 1577736

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>David.Greaves@acf.hhs.gov CS: Marvin A. Nunez, (202) 205-8626 Marvin.Nunez@acf.hhs.gov Endeavors POC: Andrea Helling (b)(6) ahelling@endeavors.org</p> <p>The purpose of this modification is to:</p> <p>1. Reduce the bed count for CLIN 1002 from band 4 (1501 - 2000 beds) to Band 3 (1001 - 1500 beds). Band 3 was effective as of 8/30/2022. The period of performance for band 3 is 8/30/2022 to 10/04/2022 a total of 36 days.</p> <p>2. Reduce the bed count for CLIN 1002 from Band 3 (1001 - 1500) to Band 1 (500 beds). Band 1 was effective as of 10/5/2022. The period of performance for band 1 is 10/05/2022 - 11/15/2022 a total of 42 days.</p> <p>3. De-obligate \$89,359,166.61 from CLIN 1002 for ramp down. The obligated amount for CLIN 1002 is decreed: From: \$245,898,403.11 By: \$89,359,166.61 To: \$156,539,236.50</p> <p>4. Exercise Option Period 2 at Band 1 - 500 beds. Provide funding for CLIN 2002 - Staffed bed capacity in the amount of \$93,656,860.20. The obligated amount for the CLIN 2002 is increased: From: \$0.00 By: \$93,656,860.20 To: \$93,656,860.20</p> <p>5. Based on the forgoing changes the contract's total obligated amount is increased:</p> <p>De-obligation (Line item 3 above): From: \$1,031,122,952.01 By: \$89,359,166.61 To: \$941,753,785.40</p> <p>Obligation (Line item 4 above) From: \$941,753,785.40 BY: \$93,656,860.20 To: \$1,035,410,645.60</p> <p>The net increase for the modification is \$4,297,693.56</p> <p>All other terms and conditions remain unchanged.</p> <p>Discount Terms: HHS NET 30P Period of Performance: 05/16/2022 to 05/15/2023 Continued ...</p>				

## CONTINUATION SHEET

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4

NAME OF OFFEROR OR CONTRACTOR  
FAMILY ENDEAVORS INC 1577736

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1002	<p>Change Item 1002 to read as follows (amount shown is the obligated amount):</p> <p>CLIN 1002   Staffed Bed Capacity            * Period of Performance - 08/16/2022 to 11/15/2022 - 92 days            * Band 4 - 1501 - 2000 Beds - (08/16/2022 to 08/29/2022) - 14 days            * Band 4 Daily Rate: \$2,672,808.73            * Band 3 - 1001 - 1500 Beds (8/30/2022 to 10/04/2022) 36 days            * Band 3 Daily Rate: \$2,121,208.94            * Band 1 - 500 Beds - (10/05/2022 to 11/15/2022) 42 days            * Band 1 Daily Rate: \$1,018,0009.35            * This is a Firm Fixed Price (FFP) CLIN            Obligated Amount: -\$89,359,166.61</p> <p>Accounting Info:            2022.G99UPR2.25102 Appr. Yr.: 2022 CAN: G99UPR2 Object Class: 25102            Funded: -\$89,359,166.61</p> <p>The total obligated amount for this CLIN is decreased:</p> <p>FROM: \$245,898,403.11            BY: \$89,359,166.61            TO: \$156,539,236.50</p>				-89,359,166.61
2001	<p>Change Item 2001 to read as follows (amount shown is the obligated amount):</p> <p>CLIN 2001   Ramp-Up for Direct Care Support Services            * OPTION PERIOD #2            * Period of Performance - 11/16/2022 to 02/15/2023</p> <p>This CLIN is not being funded at this time.</p>				0.00
2002	<p>Change Item 2002 to read as follows (amount shown is the obligated amount):</p> <p>CLIN 2002   Staffed Bed Capacity            * OPTION PERIOD #2            * Period of Performance - 11/16/2022 to 02/15/2023            * Band 1 - 500 Beds            * Band 1 - Daily Rate: \$1,018,009.35            FFP            Amount:: \$93,656,860.20</p> <p>Accounting Info:            2023.G99PRU3.25102 Appr. Yr.: 2023 CAN: G99PRU3 Object Class: 25102            Funded: \$93,656,860.20            Continued ...</p>				93,656,860.20

CONTINUATION SHEET

75ACF122C00016/P00002

NAME OF OFFEROR OR CONTRACTOR  
FAMILY ENDEAVORS INC 1577736

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The total obligated amount for this CLIN is increased:</p> <p>From: \$0.00</p> <p>By: \$93,656,860.20</p> <p>To: \$93,656,860.20</p>				

Obtained by America First Legal Foundation through Litigation

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		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)	
P00003	See Block 16C	ACF308256		
6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE	
Admin for Children and Families Administration for Children and Families MARY E. SWITZER BUILDING 330 C ST., SW Washington DC 20201	ACF			
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)	9A. AMENDMENT OF SOLICITATION NO.	
FAMILY ENDEAVORS INC 1577736 Attn: CHIP R. FULGHUM FAMILY ENDEAVORS, INC. 6363 DE 6363 DE ZAVALA RD STE 200 SAN ANTONIO TX 78249				
CODE 1577736		FACILITY CODE	9B. DATED (SEE ITEM 11)	
		x	10A. MODIFICATION OF CONTRACT/ORDER NO. 75ACF122C00016	
			10B. DATED (SEE ITEM 13) 06/24/2022	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers _____ is extended. <input type="checkbox"/> 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)		Net Increase:	\$93,656,860.00	
2023.G994006.25102				
<b>13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>				
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) FAR 52.217-9, "Option to Extend the Term of the Contract"			
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> 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.)				
Tax ID Number: 23-7223078				
UEI: PC1AM3TAQXD8				
CAGE Code: 52LR2				
CONTACT INFORMATION				
COR: Jung Kim, (240) 429-9643 Jung.Kim@acf.hhs.gov				
ACOR: April Martin, (202) 401-0904 April.Martin@acf.hhs.gov				
CO: David Greaves, (202) 993-6260 David.Greaves@acf.hhs.gov				
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 A. GREAVES		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED	
(Signature of person authorized to sign)		David A. Greaves -S Digitally signed by David A. Greaves -S Date: 2023.02.15 16:02:20 -05'00'	15 FEB 23	
		(Signature of Contracting Officer)		

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
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NAME OF OFFEROR OR CONTRACTOR  
FAMILY ENDEAVORS INC 1577736

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>CS: Marvin A. Nunez, (202)763-8241 Marvin.Nunez@acf.hhs.gov Endeavors POC: Andrea Helling, (b)(6) [REDACTED] ahelling@endeavors.org</p> <p>The purpose of this modification is to:</p> <p>1. Exercise Option Period 3 at Band 1 - 500 beds capacity. Provide funding for CLIN 3002 - Staffed bed capacity in the amount of \$93,656,860.</p> <p>2. The total obligated amount for CLIN 3002 is increased: From: \$0.00 By: \$93,656,860.00 To: \$93,656,860.00</p> <p>3. Based on the forgoing changes the contract's total obligated amount is increased: From: \$1,035,410,645.60 BY: \$93,656,860.00 To: \$1,129,067,505.60</p> <p>All other terms and conditions remain unchanged.</p> <p>Discount Terms: HHS NET 30P Appr. Yr.: 2023 CAN: G994006 Object Class: 25102 Period of Performance: 05/16/2022 to 05/15/2023</p> <p>Change Item 3001 to read as follows (amount shown is the obligated amount):</p>				
3001	<p>CLIN 3001   Ramp-Up for Direct Care Support Services * OPTION PERIOD #3 * Period of Performance - 02/16/2023 to 05/15/2023 This CLIN is not being funded at this time.</p>				0.00
3002	<p>Change Item 3002 to read as follows (amount shown is the obligated amount):</p> <p>CLIN 3002   Staffed Bed Capacity * OPTION PERIOD #3 * Period of Performance - 02/16/2023 to 05/15/2023 * Band 1 - 500 Beds * Period of Performance Daily Rate: \$1,018,009.35</p>				93,656,860.00