**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**

**OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

---

**7. FOR SOLICITATION INFORMATION CALL:**

- **NAME:**
- **PHONE NUMBER:**
- **OFFER DUE DATE:**
- **LOCATION:**

---

**9. ISSUED BY CODE:**

- **ICE/IOSD**

---

**11. DELIVERY FOR FOB DESTINATION MARKED:**

- **SCHEDULE:**

---

**12. DISCOUNT TERMS:**

- **Net 30**

---

**13. OFFER DUE DATE:**

- **LOCAL TIME:**

---

**14. METHOD OF SOLICITATION:**

- **COT**

---

**15. DELIVER TO CODE:**

- **ICE/HSI/HQ-D2**

---

**16. ADMINISTERED BY CODE:**

- **ICE/IOSD**

---

**17. CONTRACTOR/OFEREE CODE:**

- **0330955680000**

---

**18. PAYMENT WILL BE MADE BY CODE:**

- **ICE-HSI-HQ-DIV 2**

---

**19. ITEM NO.**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>21. QUANTITY</th>
<th>22. UNIT</th>
<th>23. UNIT PRICE</th>
<th>24. AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
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<td>(b)(6),(b)(7)(C)</td>
<td>(b)(6),(b)(7)(C)</td>
<td>(b)(6),(b)(7)(C)</td>
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<td>(b)(6),(b)(7)(C)</td>
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<td>(b)(6),(b)(7)(C)</td>
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<tr>
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<td>(b)(6),(b)(7)(C)</td>
<td>(b)(6),(b)(7)(C)</td>
<td>(b)(6),(b)(7)(C)</td>
<td>(b)(6),(b)(7)(C)</td>
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<tr>
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</tbody>
</table>

---

**21. ACCOUNTING AND APPROPRIATION DATA**

See schedule

---

**26. TOTAL AWARD AMOUNT (For Gov't. Use Only)**

- **(b)(4)**

---

**29. AWARD OF CONTRACT:**

- **OFFER DATED:**
- **YOUR OFFER ON SOLICITATION (BLOCK 9), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:**

---

**31. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)**

---

**33. SIGNATURE OF OFFEREE/CONTRACTOR**

---

**33. DATE SIGNED**

- **(b)(6),(b)(7)(C)**

---

**33. NAME AND TITLE OF SIGNER (Type or print)**

- **(b)(6),(b)(7)(C)**

---

**33. DATE SIGNED**

- **(b)(6),(b)(7)(C)**

---

**STANDARD FORM 1449 (REV. 2/2012)**

Prescribed by GSA - FAR (48 CFR) 53.212

---

**AUTHORIZED FOR LOCAL REPRODUCTION**

epic.org

---

**PREVIOUS EDITION IS NOT USABLE**

---

**EPIC-17-06-13-ICE-FOIA-20180803-1stInterim-Production-pt1**

---

**2018-ICLI-00030 1**
### Schedule of Supplies/Services

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Accounting Info:</th>
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<tbody>
<tr>
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<table>
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</tr>
</thead>
<tbody>
<tr>
<td>2002D</td>
<td>(b)(4)</td>
</tr>
</tbody>
</table>

**Invoice Instructions:**

ICE - NON-BRA Contracts

Contractors shall follow these procedures when submitting invoices.

1. **Invoice Submission:** Invoices shall be submitted in a "pdf" format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:

   a. Email:
      - Invoice.Consolidation@ice.dhs.gov
      - Program Office/Receiving Official

   b. Print of Contact (POC):
      - (b)(6); (b)(7)(C)
      - 732-732 or (b)(6); (b)(7)(C)

   Continued ...

---

**Quanitity in Column 21 Has Been**

- [x] Received
- [x] Inspected
- [x] Accepted, and Conforms to the Contract, Except as Noted

**Signature of Authorized Government Representative**

- (Print)

**Date**

- (Print)

**Printed Name and Title of Authorized Government Representative**

- (Print)

**Telephone Number of Authorized Government Representative**

- (Print)

**E-mail of Authorized Government Representative**

- (Print)

**Ship Number**

- (Print)

**Voucher Number**

- (Print)

**Amount Verified**

- (Print)

**Correct for**

- (Print)

**Payment**

- (Print)

**Check Number**

- (Print)

**Received by (Print)**

- (Print)

**Received at (Location)**

- (Print)

**Date Rec'd (YY/MM/DD)**

- (Print)

**Total Containers**

- (Print)
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
</tr>
</tbody>
</table>

- **Alternate Office/Receiving Official POC:**
  - (D)(6)(d)(7)(C) (703) 488-__ or
  - (D)(6)(d)(7)(C)

- **Contract Specialist/Contracting Officer:**
  - (D)(6)(d)(7)(C) (214) 905. __ or
  - (D)(6)(d)(7)(C)

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. **USPS:**

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI-HQ-DOV 2

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

c. **Facsimile:**

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and Continued...
shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, the order number;

(v) Contract Line Item Number(s) HSCEMD-13-D-00001/HSCEMD-16-J-00002 (CLIN) 2002D;

   Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance: 30 days after receipt of order;

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office (ICE-HSI-HQ-DIV 2) designated on order/contract/agreement and

(xi) Mark invoice as “Interim” (Ongoing Continued ...
performance and additional billing expected) and "Final" (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCP0.CustomerService@ice.dhs.gov

The total amount of award: [b](4) The obligation for this award is shown in box 26.

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
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<tbody>
<tr>
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SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

<table>
<thead>
<tr>
<th>1. REQUISITION NUMBER</th>
<th>2. CONTRACT NO.</th>
<th>3. AWARD EFFECTIVE DATE</th>
<th>4. ORDER NUMBER</th>
<th>5. SOLICITATION NUMBER</th>
<th>6. OFFER DUE DATE/LOCAL TIME</th>
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<tr>
<td>192116VHQD25000002</td>
<td>HSCEMD-13-D-00001</td>
<td>(214) 905</td>
<td>HSCEMD-16-J-00005</td>
<td>(214) 905</td>
<td>CT</td>
</tr>
</tbody>
</table>

7. FOR SOLICITATION INFORMATION CALL:
   a. NAME: Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management
   b. TELEPHONE NUMBER: (214) 905-3088

9. ISSUED BY CODE: ICE/HSI/HQ-D2

10. THIS ACQUISITION IS:
    - UNRESTRICTED OR
    - X SET ASIDE: 100.00 % FOR
      - SMALL BUSINESS
      - WOMEN-OWNED SMALL BUSINESS
      - HUBZONE SMALL BUSINESS
      - SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED:
   - ☐ SEE SCHEDULE

12. DISCOUNT TERMS: Net 30

13a. THIS CONTRACT IS A RATED ORDER UNDER DFPS (15 CFR 701)

13c. RATING:
   - ☐ X/RFQ
   - ☐ X/FBP

14. METHOD OF SOLICITATION:
   - ☐ X/RFQ
   - ☐ X/FBP

15. DELIVER TO CODE: ICE/HSI/HQ-D2

16. ADMINISTERED BY CODE: ICE/IOSD

17a. CONTRACTOR/ OFFEROR: Cellebrite USA Corp
    Code: 0330955680000
    Facility Code: 160

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN BLOCK BELOW IS CHECKED: X SEE ADDENDUM

18. PAYMENT WILL BE MADE BY CODE: ICE/HSI-HQ-DIV 2

19. ITEM NO.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>20. QUANTITY</th>
<th>21. UNIT PRICE</th>
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<td></td>
<td>Procurement Office Point-of-Contact POC:</td>
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</table>

20. TOTAL AWARD AMOUNT (For Govt. Use Only): ☐ X 16

21. ACCOUNTING AND APPROPRIATION DATA

22. TOTAL AWARD AMOUNT (For Govt. Use Only): ☐ X 16

23. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, 52.212-3, AND 52.212-5

24. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, 52.212-3, AND 52.212-5

25. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

26. AWARD OF CONTRACT:

30a. NAME AND TITLE OF SIGNER (/type or print):

30b. DATE SIGNED: 2018-08-03

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER):

Authorized for Local Reproduction
Previous Edition is not usable

epic.org

EPIC-17-06-13-ICE-FOIA-20180803-1stInterim-Production-pt1
2018-ICLD-000030 6
<table>
<thead>
<tr>
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<td>[D(4)]</td>
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<td></td>
</tr>
</tbody>
</table>

Invoice Instructions:

ICE - NON-BRO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a “.pdf” format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms”] via email, United States Postal Service (USPS) or facsimile as follows:

a. Email:

   · Invoice.Consolidation@ice.dhs.gov

Continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | 32c. DATE | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR

☐ COMPLETE ☐ PARTIAL ☐ FINAL

38. S/R ACCOUNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | 41c. DATE

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD) | 42d. TOTAL CONTAINERS
Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: (***THIS IS AN IMPORTANT FIELD*** The Contracting Officer or Contracting Specialist should delete all text between and including these parentheses and then type the correct attention line based on the program that will be receiving the invoice. This attention line will be the same as the attention line that was automatically populated during Invoice Address selection. Please contact the OAQPRISM Help Desk at OAQPRISMHELPDESK@DHS.GOV with any questions)

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Continued ...

<table>
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<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
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<tbody>
<tr>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
</tr>
</tbody>
</table>
| • Contracting Officer Representative (COR) or Government Point of Contact (GPOC)  
  • Contract Specialist/Contracting Officer |
|  | NSN 7540-01-152-8067  
  QUANTITY UNIT |
|  | 8  
  UNIT PRICE |
|  | 481  
  AMOUNT |
|  | 2018-ICI-00030  
  OPTIONAL FORM 335 (4-86)  
  Sponsored by GSA  
  FAR (48 CFR) 53.110 |
Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

   (i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

   (ii) Dunn and Bradstreet (D&B) DUNS number;

   (iii) Invoice date and unique invoice number;

   (iv) Agreement/Contract number, if applicable, the order number;

   (v) Contract Line Item Number(s) (CLIN);

   Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

   (vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

   (vii) Terms of any discount for prompt payment offered;

   (viii) Remit to Address;

   (ix) Name, title, and phone number of person to notify in event of an improper invoice;

   (x) ICE program office designated on Continued ...
order/contract/agreement and

(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):

ALT 1- Time and Material Contracts


ALT 2 - Cost Contracts

a. Cost Plus Award Fee:

The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:

- CLIN/Task Total Hours: This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.

Continued ...
* CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.

The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.

The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.

The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.

b. Cost Reimbursable CLIN (Other Direct Costs)

The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

Continued ...
- Item purchased
- Cost
- Date expensed
- Documentation of prior COR approval

All cost presentations provided by the Contractor shall also include applicable indirect cost.

c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:

- Date Expensed
- Authorized Travel Event Number
- Days of Travel
- Documentation of COR approval prior to travel

Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.

Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.

In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.

4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by Continued ...
NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>e-mail at <a href="mailto:OCFO.CustomerService@ice.dhs.gov">OCFO.CustomerService@ice.dhs.gov</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total amount of award: [D(4)]. The obligation for this award is shown in box 26.
## Solicitation/Contract/Order for Commercial Items

### 1. Solicitation/Contract/Order Data
- **Contract No.:** HSCEMD-16-J-00021
- **Award Effective Date:**
- **Order Number:**
- **Solicitation Number:** 192116VHQD2SO0003
- **Issue Date:**

### 7. For Solicitation Information Call:
- **Name:**
- **Telephone Number:** (214) 905-0000

### 9. Issued By
- **Code:** ICE/IOSD

### 11. Delivery for FOB Destination
- **Location:** Dallas, TX 75247
- **Method of Shipment:** Net 30

### 15. Delivery to
- **Code:** ICE/HSI/HQ-D2
- **Location:** Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, Dallas TX 75247

### 17. Contractor/Offeror
- **Code:** 0330955680000
- **Facility Code:**
- **Name:** CELLEBRITE USA CORP
- **Address:** 7 CAMPUS DRIVE
- **City:** PARSIPPANY
- **State:** NJ
- **Zip Code:** 07452
- **Telephone Number:** (214) 905-0000

### 18. Payment Will Be Made By
- **Code:** ICE-HSI-HQ-D2
- **Name:** DHS, ICE
- **Address:** Burlington Finance Center P.O. Box 1620
- **City:** Williston
- **State:** VT
- **Zip Code:** 05495

### 20. Schedule of Supplies/Services

<table>
<thead>
<tr>
<th>Item No.</th>
<th>DUNS Number</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>033095568</td>
<td></td>
</tr>
</tbody>
</table>

### 22. Accounting and Appropriation Data

#### 27a. Solicitation Incorporates By Reference FAR 52.212-1, 2, 212-4

#### 27b. Contract/Purchase Order Incorporates By Reference FAR 52.212-2, 212-3, 212-6

### 29. Award of Contract
- **Offerer:**
- **Date:**

### 33a. Signature of Offeror/Contractor
- **Name:**
- **Title:**
- **Date Signed:**

### 33b. Name and Title of Signer (Type or Print)
- **Name:**
- **Title:**

### 33c. Date Signed
- **Name:**
- **Title:**
- **Date Signed:**

---

#### ATTACHMENT

**Primary WebView POC:**
- **Name:**
- **Telephone Number:** (214) 905-0000

**Alternate WebView POC:**
- **Name:**
- **Telephone Number:**

**Acquisition POC:**
- **Name:**
- **Telephone Number:** (214) 905-0000

---

#### ASSET LIST

1. **Primary WebView POC:**
   - **Name:**
   - **Telephone Number:** (214) 905-0000

2. **Alternate WebView POC:**
   - **Name:**
   - **Telephone Number:**

3. **Acquisition POC:**
   - **Name:**
   - **Telephone Number:** (214) 905-0000

---

#### USE OF REVERSE AND ATTACH ADDITIONAL SHEETS AS NECESSARY
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>(b)(7)(E)</td>
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</table>

Exempt Action: N
Accounting Info:

Period of Performance: (b)(4)

0001

Invoice Instructions:
ICE - NON-ERO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a “.pdf” format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms”] via email, United States Postal Service (USPS) or facsimile as follows:
   a. Email:
   b. (Email)
   c. (Cont.)
Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI-HQ-DIV 2

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

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<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- <a href="mailto:Invoice.Consolidation@ice.dhs.gov">Invoice.Consolidation@ice.dhs.gov</a></td>
<td></td>
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<tr>
<td></td>
<td>- Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</td>
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2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, the order number;

(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office designated on order/contract/agreement and

(xi) Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking

Continued...
information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):

ALT 1 - Time and Material Contracts


ALT 2 - Cost Contracts

a. Cost Plus Award Fee:

The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:

- CLIN/Task Total Hours: This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.

- CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.

Continued ...
The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.

The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.

The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.

b. Cost Reimbursable CLIN (Other Direct Costs)

The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

- Item purchased
- Cost
- Date expensed
- Documentation of prior COR approval

All cost presentations provided by the Contractor shall also include applicable indirect cost.

Continued...
c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

- Date Expensed
- Authorized Travel Event Number
- Days of Travel
- Documentation of COR approval prior to travel

Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.

Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.

In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.

4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: [b(4)] The obligation for this award is shown in box 26.
SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUESTION NUMBER
192116VSN00001614
2. CONTRACT NO.
HSCEMD-13-D-00001
3. AWARD
4. ORDER NUMBER
HSCEMD-16-J-00026
5. SOLICITATION NUMBER
6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:

8. ISSUED BY
ICE/IOSD

9. ORIGINATION
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

10. THIS CONTRACT IS:
□ SMALL BUSINESS
□ HUBZone SMALL BUSINESS
□ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
□ WOMEN-OWNED SMALL BUSINESS
□ WOSB ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM
□ (19) SIZE STANDARD:
□ (4) NAIC:
□ RESTRICTED
□ UNRESTRICTED

11. DELIVERY FOR POB DESTINATION UNLESS BLOCK IS MARKED

12. DISCOUNT TERMS
Net 30

13. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)
□ RFP
□ IFB
□ X

14. METHOD OF SOLICITATION

15. DELIVER TO
CODE
ICE/HSI/SAC SAN ANTONIO

16. ADMINISTERED BY
CODE
ICE/IOSD

17. CONTRACTOR/OFFEROR

18. PAYMENT WILL BE MADE BY
CODE
ICE-HSI-SAC-SAN ANTONIO

19. TELEPHONE NO.

20. SCHEDULE OF SUPPLIES/SERVICES

21. QUANTITY

22. UNIT

23. UNIT PRICE

24. AMOUNT

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT (For Gov't Use Only)

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED.
ADDENDA ARE NOT ATTACHED.

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-3 AND 52.212-5 IS ATTACHED.
ADDENDA ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

29. AWARD OF CONTRACT.
OFFER DATED
YOUR OFFER ON SOLICITATION (BLOCK 9) INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE

30b. NAME AND TITLE OF SIGNER (Type or print)

30c. DATE SIGNED

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

31b. NAME OF CONTRACTING OFFICER (Type or print)

31c. DATE SIGNED

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE
epic.org
<table>
<thead>
<tr>
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<tr>
<td>0001</td>
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<td>(b)(4)</td>
</tr>
</tbody>
</table>

Period of Performance: (b)(4)

All pertinent terms and conditions from HSCEMD-13-D-00001 are hereby incorporated by reference.

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference the order number shown in Block #3 on page 1 of the Purchase Order. Payment inquiries are to be directed to the Dallas Finance Center at 214-915-6277. Direct other inquiries to (b)(6)(b)(7)(C) at the issuing office at 214-905-5568, (or) via e-mail to: (b)(6)(b)(7)(C)

The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.

Continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

[ ] RECEIVED  [ ] INSPECTED  [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED

36. PAYMENT

37. CHECK NUMBER

[ ] COMPLETE  [ ] PARTIAL  [ ] FINAL

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)

42d. TOTAL CONTAINERS
### Invoicing Instructions:

**ICE - NON-ERO Contracts**

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. **Invoice Submission**: Invoices shall be submitted in a `.pdf` format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms] via email, United States Postal Service (USPS) or facsimile as follows:

   a. **Email**:
      - Invoice.Consolidation@ice.dhs.gov
      - Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
      - Contract Specialist/Contracting Officer

   Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

   b. **USPS**:

   DHS, ICE
   Financial Operations – Burlington
   P.O. Box 1620

   Continued ...
ATTN: ICE-HSI- SAC San Antonio

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, Continued...
the order number;

(v) Contract Line Item Number(s) (CLIN);

Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office designated on order/contract/agreement and

(xi) Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: [b](4) [c]. The obligation for this award is shown in box 26.
SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER
192116VHOREQ000012

2. CONTRACT NO.
HSCEMD-13-D-00001

SOLICITATION NUMBER
HSCEMD-16-J-00034

3. AWARD EFFECTIVE DATE

4. ORDER NUMBER

5. OFFER DUE DATE/LOCAL TIME
214-905-5265

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:

NAME: (b)(6)(b)(7)(C)

8. ISSUED BY
CODE: ICE/IOSD

9. UNRESTRICTED OR X SET ASIDE 100.00% FOR:

SMALL BUSINESS

10. THIS CONTRACT IS
HUBZONE SMALL BUSINESS
WOMEN-OWNED SMALL BUSINESS
WOSB
VETERAN-OWNED SMALL BUSINESS

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED

DISCOUNT TERMS

12. DISCOUNT TERMS
Net 30

13. THIS CONTRACT IS A RATED ORDER UNDER DPAs (15 CFR 700)

14. METHOD OF SOLICITATION

15. DELIVER TO
CODE: ICE/HSI/SAC HOUSTON

Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

Investigations Ops Support Dallas
Immigration and Customs Enforcement
4141 N. Sam Houston Pkwy E.
Houston TX 77032

Attn: DUNS: 0330955680000

16. ADMINISTERED BY
CODE: ICE/IOSD

17a. CONTRACTOR/OFFEROR
CODE: 0330955680000

18b. PAYMENT WILL BE MADE BY
CODE: ICE/HSI-SAC-Houston

19. SCHEDULE OF SUPPLIES/SERVICES

ITEM NO.

UNIT PRICE

UNIT

QUANTITY

DUNS Number: 033095568
Program POC: (b)(6)(b)(7)(C)

Al. Program POC: (b)(6)(b)(7)(C)

Contracting POC: (b)(6)(b)(7)(C)

Exempt Action: N

Accounting Info: (b)(6)(b)(7)(C)

(Check All That Apply)

DUNS NUMBER: 033095568

192116VHOREQ000012

20. TOTAL AWARD AMOUNT (For Govt. Use Only)

21. ACCOUNTING AND APPROPRIATION DATA

22. TOTAL AWARD AMOUNT (For Govt. Use Only)

23. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN

24. TOTAL AWARD AMOUNT (For Govt. Use Only)

25. TOTAL AWARD AMOUNT (For Govt. Use Only)

26. TOTAL AWARD AMOUNT (For Govt. Use Only)

AUTHORIZED FOR LOCAL REPRODUCTION
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EPIC-17-06-13-ICE-FOIA-20180803-1stInterim-Production-pt1

STANDARD FORM 1449 (REV. 2/2012)
Prescribed by GSA - FAR (48 CFR) 53.212
000026

2018-ICLI-00030  26
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**FOR COMMUNICATION OF THIS ORDER**

All communications and invoices must reference the order number shown in Block #3 on page 1 of the Purchase Order. Payment inquiries are to be continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

- [ ] RECEIVED
- [ ] INSPECTED
- [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

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32c. DATE

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32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

- [ ] COMPLETE
- [ ] PARTIAL
- [ ] FINAL

36. PAYMENT

37. CHECK NUMBER

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

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41c. DATE

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42c. DATE RECD (YY/MM/DD)

42d. TOTAL CONTAINERS
directed to the Dallas Finance Center at 214-915 6277. Direct other inquiries to (b)(6),(b)(7)(C) at the issuing office at 214-905 (or) via e-mail to: (b)(6),(b)(7)(C)

The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.

Signature

Title

Date

NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

Invoicing Instructions:

ICE - NON-ERO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a "pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:

a. Email:

- Invoice.Consolidation@ice.dhs.gov
- Contracting Officer Representative (COR) or Continued ...

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b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI- SAC Houston

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Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);
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(vii) Terms of any discount for prompt payment offered;
(viii) Remit to Address;
(ix) Name, title, and phone number of person to notify in event of an improper invoice;
(x) ICE program office designated on order/contract/agreement and
(xi) Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)
(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer – System for Award Management or 52-232-34, Payment by Electronic Funds Transfer – Other than System for Award Management.

3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: $94,560. The obligation for this award is shown in box 26.
SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER
2. CONTRACT NO.
   HSCEMD-13-D-00001

3. AWARD EFFECTIVE DATE

4. ORDER NUMBER
   HSCEMD-16-J-00036

5. SOLICITATION NUMBER

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:
   PHONE NUMBER (214) 905-6000
   CODE ICE/IOSD

8. ISSUED BY

9. OFFER TO
   CONTRACTOR NUMBER
   (6) (b) (7) (C)

10. THIS CONTRACT IS
   UNRESTRICTED OR 
   X SET ASIDE: 100.00 % FOR
   WOMEN-OWNED SMALL BUSINESS
   (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED
   8(a) SMALL BUSINESS
   SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
   NAICS (4) SIZE STANDARD: (4)

11. DELIVERY FOR FOB DESTINATION
   UNLESS BLOCK IS
   MARKED
   SEE SCHEDULE

12. DISCOUNT TERMS
   Net 30

13a. THIS CONTRACT IS A
     RATED ORDER UNDER
     DPAS (15 CFR 700)

13b. RATING

14. METHOD OF SOLICITATION
   X RFQ
     IFB
     RFP

15. DELIVER TO
   CODE ICE/HSI/HQ-D2
   ADDRESS
   ICE HSI Sec Inv HQ Div. 2
   Investigations Ops Support Dallas
   Immigration and Customs Enforcement
   Office of Acquisition Management
   7701 N. Stemmons Freeway, Dallas TX 75247
   Attn: b)(6)(b)(7)(C)

16. ADMINISTERED BY
   CODE ICE/IOSD
   ADDRESS
   Investigations Ops Support Dallas
   Immigration and Customs Enforcement
   Office of Acquisition Management
   7701 N. Stemmons Freeway, Dallas TX 75247
   Attn: b)(6)(b)(7)(C)

17a. CONTRACTOR/ OFFEROR
   CODE 0330955680000
   FACILITY CODE

18. PAYMENT WILL BE MADE BY
   CODE ICE-HSI-HQ-DIV 2

17b. CHECK: IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 16u UNLESS BLOCK BELOW IS CHECKED

19. ITEM NO.
20. SCHEDULE OF SUPPLIES/SERVICES

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. QUANTITY
22. UNIT
23. UNIT PRICE
24. AMOUNT

25. ACCOUNTING AND APPROPRIATION DATA
   See schedule

26. TOTAL AWARD AMOUNT (For Govt. Use Only)
<table>
<thead>
<tr>
<th>TOTAL AWARD AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, 52.212-3 AND 52.212-5 ARE ATTACHED.
     ADDENDA
     ARE
     ARE NOT ATTACHED.

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, 52.212-5 IS ATTACHED.
     ADDENDA
     ARE
     ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN
   COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER
   ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL
   SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

29. AWARD OF CONTRACT.
   OFFER DATED
   YOUR OFFER ON SOLICITATION (BLOCK 5),
   INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH
   HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

30b. NAME AND TITLE OF SIGNER (Type or print)

30c. DATE SIGNED

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

31b. NAME OF CONTRACTING OFFICER (Type or print)

31c. DATE SIGNED

STANDARD FORM 1449 (REV. 2/2012)
Prepared by GSA - FAR (48 CFR) 53.212
000031
2018-ICLI-00030 31
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Invoice Instructions: ICE - NON-ERO Contracts Service Providers/Contractors shall follow these procedures when submitting invoices.</td>
</tr>
<tr>
<td>2.</td>
<td>Invoice Submission: Invoices shall be submitted in a &quot;pdf&quot; format in accordance with the contract terms and conditions (Contract Specialist and contracting officer to disclose if on a monthly basis or other agreed to terms) via email, United States Postal Service (USPS) or continued...</td>
</tr>
<tr>
<td>3.</td>
<td>Quantity in column 21 has been received, inspected, accepted, and conforms to the contract as noted.</td>
</tr>
<tr>
<td>5.</td>
<td>Accounting Information: Funded: [Amount]</td>
</tr>
<tr>
<td>6.</td>
<td>Amount Verified: [Amount]</td>
</tr>
<tr>
<td>7.</td>
<td>Payment: [Amount]</td>
</tr>
<tr>
<td>8.</td>
<td>Check Number: [Check Number]</td>
</tr>
<tr>
<td>9.</td>
<td>Certified this account is correct and proper for payment: [Signature]</td>
</tr>
<tr>
<td>10.</td>
<td>Date: [Date]</td>
</tr>
<tr>
<td>11.</td>
<td>Approved by: [Name and Title]</td>
</tr>
<tr>
<td>12.</td>
<td>Date Received: [Date]</td>
</tr>
<tr>
<td>13.</td>
<td>Total Containers: [Total Containers]</td>
</tr>
<tr>
<td>14.</td>
<td>Item Number: [Item Number]</td>
</tr>
<tr>
<td>15.</td>
<td>Unit: [Unit]</td>
</tr>
<tr>
<td>16.</td>
<td>Unit Price: [Unit Price]</td>
</tr>
<tr>
<td>17.</td>
<td>Amount: [Amount]</td>
</tr>
<tr>
<td>18.</td>
<td>Remarks: [Remarks]</td>
</tr>
<tr>
<td>19.</td>
<td>Additional information: [Additional Information]</td>
</tr>
<tr>
<td>20.</td>
<td>Schedule of Supplies/Services: [Schedule of Supplies/Services]</td>
</tr>
<tr>
<td>21.</td>
<td>001</td>
</tr>
</tbody>
</table>
facsimile as follows:

a. Email:
   - Invoice.Consolidation@ice.dhs.gov
   - Contracting Officer Representative (COR) or Government Point of Contact (GPOC)

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

ATTN: ICE-HSI-HQ-DIV 2

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and Continued ...
shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, the order number;

(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

(x) ICE program office designated on order/contract/agreement and

(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and Continued ...
“Final” (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer – System for Award Management or 52-232-34, Payment by Electronic Funds Transfer – Other than System for Award Management.

3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):

ALT 1- Time and Material Contracts


ALT 2 - Cost Contracts

a. Cost Plus Award Fee:

The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:

- CLIN/Task Total Hours: This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.

- CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor Continued
category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.

The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.

The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.

The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.

b. Cost Reimbursable CLIN (Other Direct Costs)

The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

- Item purchased
- Cost
- Date expensed

Continued...
All cost presentations provided by the Contractor shall also include applicable indirect cost.

c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:

d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:

- Date Expensed
- Authorized Travel Event Number
- Days of Travel
- Documentation of COR approval prior to travel

Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.

Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.

In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.

4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: $0(4) The obligation for this award is shown in box 26.
**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**

**FOR SOLICITATION INFORMATION CALL:**

- **a. NAME:** [ ]
- **b. TELEPHONE NUMBER:** [ ]
- **c. OFFER DUE DATE/Local TIME:** [ ]

**10. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700):**
- [ ]

**13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700):**
- [ ]

**16. ADMINISTERED BY:**
- **CODE:** ICE/IOSD
- **COE:** ICE/OSD
- **COE:** ICE-HSI/HQ-D4
- **ICE/OSD**
- **ICE/OSD**
- **ICE-HSI-HQ-DIV 4**

**17a. CONTRACTOR/OFFEROR:**
- **CODE:** 0330955680000
- **OFC CODE:**

**18b. PAYMENT WILL BE MADE BY:**
- **CODE:**

**25. ACCOUNTING AND APPROPRIATION DATA:**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
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</thead>
<tbody>
<tr>
<td>DUNS Number: 033095568</td>
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</tr>
<tr>
<td>Exempt Action: Y</td>
<td></td>
</tr>
<tr>
<td>Accounting Info: [ ]</td>
<td></td>
</tr>
<tr>
<td>FOE: Origin Parsippany, NJ</td>
<td></td>
</tr>
<tr>
<td>Period of Performance: [ ]</td>
<td></td>
</tr>
</tbody>
</table>

**26. TOTAL AWARD AMOUNT (For Govt. Use Only):**
- [ ]

**27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-2, 52.212-3, 52.212-4, 52.212-5 AND 52.212-6 ARE ATTACHED:**
- [ ]

**27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-2, 52.212-3, 52.212-4, 52.212-5 IS ATTACHED:**
- [ ]

**28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE:**
- [ ]

**29. AWARD OF CONTRACT:**
- [ ]

**30b. NAME AND TITLE OF SIGNER (Type or print):**
- [ ]

**30c. DATE SIGNED:**
- [ ]

**31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER):**
- [ ]
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>2003A</td>
<td>b)(4)</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**TECHNICAL POC**

POC: b)(6)(b)(7)(C)
POC Email: b)(6)(b)(7)(C)
POC Phone: 703 293 b)(6)(b)(7)(C)

---

**LICENSE RENEWALS TO BE REQUIRED ONE YEAR FROM THE**

b)(4)

---

**Invoice Instructions:**

ICE - NON-ERO Contracts

Continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

- [ ] RECEIVED
- [ ] INSPECTED
- [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED.

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

---

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED

36. PAYMENT

37. CHECK NUMBER

- [ ] COMPLETE
- [ ] PARTIAL
- [ ] FINAL

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

---

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE RECED (YY/MM/DO)
Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a “.pdf” format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms] via email, United States Postal Service (USPS) or facsimile as follows:

   a. Email:
      - Invoice.Consolidation@ice.dhs.gov
      - Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
      - Contract Specialist/Contracting Officer

   Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

   b. USPS:

      DHS, ICE
      Financial Operations - Burlington
      P.O. Box 1620
      Williston, VT 05495-1620

      ATTN: ICE HSI HQ DIV 4

      The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

   c. Facsimile:

      Alternative Invoices shall be submitted to: (802)-288-7658

Continued ...
Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Agreement/Contract number, if applicable, the order number; HSCEMD-16-J-00037

(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

Continued ...
### Item No. (A) | Supplies/Services (B) | Quantity (C) | Unit (D) | Unit Price (E) | Amount (F)
--- | --- | --- | --- | --- | ---
(viii) Remit to Address;
(ix) Name, title, and phone number of person to notify in event of an improper invoice;
(x) ICE program office designated on order/contract/agreement and
(x) Mark invoice as “Interim” (ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)
(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

3. N/A

4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer.

The total amount of award: [Redacted]. The obligation for this award is shown in box 26.
## SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS

### 1. REQUIREMENT NUMBER
192116VHQ4CC0075

### 2. CONTRACT NO.
HSCEMD-13-D-00001

### 3. AWARD

### 4. ORDER NUMBER
HSCEMD-16-J-00044

### 5. SOLICITATION NUMBER

### 6. SOLICITATION ISSUE DATE

### 7. FOR SOLICITATION INFORMATION CALL:

**a.** NAME: [Redacted]

**b.** TELEPHONE NUMBER: (214) 905-6731

### 8. ISSUED BY
CODE: ICE/IOSD

### 9. ATTENTION

**CELEBRITE USA CORP**

**ATTN CELEBRITE USA CORP**

**7 CAMPUS DRIVE**

**SUITE 210**

**PARSIPPANY NJ 07452**

### 10. THIS AWARD IS

**X SMALL BUSINESS**

**X HUBZONE SMALL BUSINESS**

**X SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS**

**X NOSB**

**X SDVOSB**

**X WOSB**

**X WOSB-4**

**SIZE STANDARD:** 4

### 11. DELIVERY FOR FOB DESTINATION MARKED

**X SEE SCHEDULE**

### 12. DISCOUNT TERMS

**Net 30**

### 13a. THIS CONTRACT IS A

**RATED ORDER UNDER DPAS (15 CFR 700)**

### 13b. CONTRACTOR'S SIGNATURE

**NAME:** [Redacted]

**TELEPHONE NUMBER:** (214) 905-6731

### 14. METHOD OF SOLICITATION

**X RFQ**

**X RFP**

### 15. ADMINISTERED BY
CODE: ICE/IOSD

### 16. CODE: ICE/HSI/HQ-D4

### 17a. CONTRACTOR/OFFEROR

**CODE:** 0330955680000

**FACILITY CODE:** [Redacted]

### 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

**X SEE ADDENDUM**

### 18. PAYMENT WILL BE MADE BY
CODE: ICE/HSI-HQ-DIV 4

### 19. SCHEDULE OF SUPPLIES/SERVICES

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| DUNS Number: 033095568 |

| PRIMARY POC: | [Redacted] |
| Email:       | [Redacted] |
| Phone:       | 703-233-6731 |

| ALTERNATE POC: | [Redacted] |
| Email:         | [Redacted] |
| Phone:         | 703-233-6731 |

(Use Reverse and/or Attach Additional Sheets as Necessary)

### 20. TOTAL AWARD AMOUNT (For Gov't Use Only)

**X 4**

### 21. ACCOUNTING AND APPROPRIATION DATA

**25.** See schedule

**26.** [Redacted] (For Gov't Use Only)

### 27. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, 52.212-3 and 52.212-5 ARE ATTACHED. ADDENDA 3 ARE NOT ATTACHED.

### 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

### 29. AWARD OF CONTRACT:

**X OFFER DATED**

**YOUR OFFER ON SOLICITATION (BLOCK 9), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

### 30. NAME AND TITLE OF SIGNER (Type or print)

**a.** [Redacted]

**b.** DATE SIGNED

**c.** [Redacted]

### 31. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

**a.** [Redacted]

**b.** DATE SIGNED

**c.** [Redacted]

### 32. SIGNATURE OF OFFICER/CONTRACTOR

**STANDARD FORM 1449 (REV. 2/2012)**

**Prescribed by GSA - FAR (41 CFR) 53.212 000043**

**2018-ICLI-00030 43**
<table>
<thead>
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</thead>
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<td>(b)(6),(b)(7)(C)</td>
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<tr>
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<td>Technical POC for Delivery Information:</td>
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<td></td>
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</tbody>
</table>

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED

INSPECTED

ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

36. PAYMENT

37. CHECK NUMBER

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE RECD (YY/MM/DD)

42d. TOTAL CONTAINERS
<table>
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<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
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<td>Period of Performance: (b)(4)</td>
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</table>

FOR COMMUNICATION OF THIS ORDER:

All communications and invoices must reference the order number shown in Block #4 on page 1 of the Delivery Order. Payment inquiries are to be directed to the Burlington Finance Center at 866-233-1915, Option # 3. Direct other inquiries to (b)(6)(b)(7)(C) at the issuing office at (214) 905—or via e-mail to:

Continued...
The Contractor is requested to acknowledge acceptance of this delivery order by signing in blocks 30a-c on the front page of the delivery order (SF 1449) and returning a copy of this page with signature to the Contracting Officer via facsimile to (214) 905-5568 or via email to contact the Contracting Officer if there are any questions or concerns.

NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

### INVOICE INSTRUCTIONS

1. Invoice Submission:
   - *Primary method of submission is email. Invoices shall be submitted to:*
     - Invoice.Consolidation@ice.dhs.gov
     - Attn: ICE-HSI-HQ DIV 4 Invoice
     - Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.
   - *Alternate method of submission is fax. Invoices shall be to:*
     - 802-288-7658
     - Attn: ICE-HSI-HQ DIV 4 Invoice
     - Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.

   Note: The Contractor’s Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.

2. Content of Invoices: Each invoice submission shall contain the following information: Continued...
(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;
(ii) Dunn and Bradstreet (D&B) DUNS number;
(iii) Invoice date and invoice number;
(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;
(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;
(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;
(vii) Terms of any discount for prompt payment offered;
(viii) Remit to Address;
(ix) Name, title, and phone number of person to notify in event of defective invoice;
(x) Whether the invoice is “Interim” or “Final” and
(xi) ICE program office designated on order/contract/agreement.

In accordance with Contract Clause, FAR 52.212-4(g)(1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25(a)(3), Prompt Payment, as applicable, the information identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCEO.CustomerService@ice.dhs.gov

Invoices without the above information may be returned for resubmission

The total amount of award: $4,700,000

The obligation for this award is shown in box 26.
SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER:
192116VELO00001

2. CONTRACT NO:
HSCEMD-13-D-00001

3. AWARD NUMBER:

4. ORDER NUMBER:
HSCEMD-16-J-00047

5. SOLICITATION NUMBER:

6. SOLICITATION ISSUE DATE:

7. REQUESTED INFORMATION CALL:

a. NAME:

b. TELEPHONE NUMBER:
(214)905-214

8. OFFER DUE DATETIME LOCAL TIME CT:

9. ISSUED BY:

CODE: ICE/IOSD

10. THIS PROCUREMENT IS:

X SMALL BUSINESS

□ HUBZONE SMALL BUSINESS

□ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS

□ WOMEN-OWNED SMALL BUSINESS

□ (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM

□ EDWOSB

□ (A)

□ OTHER

□ SIZE STANDARD:

(%)

11. DELIVERY FOR POB DESTINATION UNLESS BLOCK IS MARKED:

□ SEE SCHEDULE

12. DISCOUNT TERMS:

Net 30

13a. THIS CONTRACT IS A

X RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING:

14. METHOD OF SOLICITATION:

□ X RFQ

□ IFB

□ RFP

15. ADMINISTERED BY:

CODE: ICE/HSI/SAC-ELP

ICE Hmld Sec Inv SAC El Paso
Immigration and Customs Enforcement
11541 MONTANA AVE
El Paso TX 79936

16a. PAYMENT WILL BE MADE BY:

CODE: ICE/IOSD

DHS, ICE
Burlington Finance Center
P.O. Box 1620
Attn: ICE-HSI-SAC-El Paso
Williston VT 05495-1620

17a. CONTRACTOR/OFFER:

CODE: 0330955680000

FACILITY CODE:

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER:

18a. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 16U UNLESS BLOCK BELOW IS CHECKED:

18b. SEE ADDENDUM

19. ITEM NO.

20. SCHEDULE OF SUPPLIES/SERVICES

21. QUANTITY

22. UNIT

23. UNIT PRICE

24. AMOUNT

DUNS Number:

033095568

Program POC: (b)(6)(b)(7)(C)

915-856- (b)(6)(b)(7)(C)

Alt Program POC: (b)(6)(b)(7)(C)

915-856- (b)(6)(b)(7)(C)

Contracting POC: (b)(6)(b)(7)(C)

214-905-214

*All applicable clauses from HSCEMD-13-D-00001 are hereby incorporated by reference*

(Use Reverse and/or Attach Additional Sheets as Necessary)

25. ACCOUNTING AND APPROPRIATION DATA

See schedule

26. TOTAL AWARD AMOUNT (For Govt. Use Only)

b)(4)

27. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED.

ADDENDA

ARE

ARE NOT ATTACHED.

ARE

ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE: CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

29. OFFER:

DATE DATED YOUR OFFER ON SOLICITATION (BLOCK 9), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HERETO, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFERER/CONTRACTOR

30b. NAME AND TITLE OF SIGNER (Type or print)

30c. DATE SIGNED

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

31b. NAME OF CONTRACTING OFFICER (Type or print)

31c. DATE SIGNED

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

epic.org

STD 1449 (REV. 2/2012)

Prescribed by OSA - FAR (48 CFR) 53.212

EPIC-17-06-13-ICE-FOIA-20180803-1stInterim-Production-pt1

2018-ICLI-00030 48
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**Exempt Action:** N

**Accounting Info:** (b)(7)(E)

**Period of Performance:** (b)(4)

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32a. QUANTITY IN COLUMN 21 HAS BEEN

- [ ] RECEIVED
- [ ] INSPECTED
- [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

---

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)

42d. TOTAL CONTAINERS
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<th>QUANTITY \n(C)</th>
<th>UNIT \n(D)</th>
<th>UNIT PRICE \n(E)</th>
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Continued ...
52.217-8  Option to Extend Services (Nov 1999)
The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 calendar days. (End of clause)

52.217-9  Option to Extend the Term of the Contract (Mar 2000)
(a) The Government may extend the term of this contract by written notice to the Contractor within 15 calendar days; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 calendar days before the contract expires. The preliminary notice does not commit the Government to an extension.
(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.
(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 5 years, 6 months. (End of clause)

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference the order number shown in Block #3 on page 1 of the Purchase Order. Payment inquiries are to be directed to the Dallas Finance Center at 214-915 6277. Direct other inquiries to the issuing office at 214-905 (or) via e-mail to: [email address]

The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via Continued ...
NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
</table>
| facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.

Signature

Title

Date

NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

Invoicing Instructions:

ICE - NON-ERO Contracts

Service Providers/Contractors shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a "pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms] via email, United States Postal Service (USPS) or facsimile as follows:

   a. Email:

      • Invoice.Consolidation@ice.dhs.gov
      • Contracting Officer Representative (COR) or Government Point of Contact (GPOC)
      • Contract Specialist/Contracting Officer

   Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

   Continued ...
### Item No. (A) | Supplies/Services (B) | Quantity (C) | Unit (D) | Unit Price (E) | Amount (F)
---|---|---|---|---|---
DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620
ATTN: ICE-HSI-El Paso

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to: (802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM; Continued...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
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<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
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<tr>
<td>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</td>
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<td>(iii) Invoice date and unique invoice number;</td>
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<td>(iv) Agreement/Contract number, if applicable, the order number;</td>
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<tr>
<td>(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);</td>
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<td>(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</td>
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<td>(vii) Terms of any discount for prompt payment offered;</td>
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<td>(viii) Remit to Address;</td>
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<td>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</td>
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<td>(x) ICE program office designated on order/contract/agreement and</td>
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<td>(xi) Mark invoice as &quot;Interim&quot; (Ongoing performance and additional billing expected) and &quot;Final&quot; (performance complete and no additional billing)</td>
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<tr>
<td>(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</td>
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3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: [0](4). The obligation for this award is shown in box 26.
ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 08/22/2016

2. CONTRACT NO. (If any): HSCEMD-13-D-00001

3. ORDER NO.: HSCEMD-16-J-00049

4. REQUISITION/REFERENCE NO.: 192116VAT0000013

5. ISSUING OFFICE (Address correspondence to):
   Investigations Ops Support Dallas
   Immigration and Customs Enforcement
   Office of Acquisition Management
   7701 N. Stemmons Freeway, Dallas, TX 75247
   Attn: [Box]

6. SHIP TO:
   a. NAME OF CONSIGNEE: Investigation - SAC Atlanta
   b. STREET ADDRESS: Immigration and Customs Enforcement
      1100 Center Parkway
      Attn: [Box] ( Continued)
   c. CITY: Atlanta
   d. STATE: GA
   e. ZIP CODE: 30344

7. TO: CELLEBRITE USA CORP
   a. NAME OF CONTRACTOR: CELLEBRITE USA CORP

8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY
      Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA
   a. STATE: NJ
   b. ZIP CODE: 07452

10. REQUISITIONING OFFICE
    ICE Hmld Sec Inv SAC Atlanta

11. BUSINESS CLASSIFICATION (Check appropriate box(as))
    a. SMALL
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. SERVICE-DISABLED
    g. WOMEN-OWNED SMALL BUSINESS (WOSB)
    h. EDWOSB

12. F.O.B. POINT
    Destination

13. PLACE OF
    a. INSPECTION
       Destination
    b. ACCEPTANCE
       Destination

14. GOVERNMENT B/L NO.: 08/22/2016

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date): 30 Days After Award

16. DISCOUNT TERMS: Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 033095568 Obl Processing POC: [Box]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exempt Action: [Box]</td>
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<tr>
<td></td>
<td>Accounting Info: [Box]</td>
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<tr>
<td></td>
<td>Continued ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

21. MAIL INVOICE TO:
    a. NAME: DHS, ICE
    b. STREET ADDRESS
       Burlington Finance Center
       P.O. Box 1620
       Attn: ICE-HSI-SAC-Atlanta
       Ref #: HSCEMD-16-J-00049 for payment
    c. CITY: Williston
    d. STATE: VT
    e. ZIP CODE: 05495-1620

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed): [Box]

TITLE CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 2/2013)
Presented by GA/AR 46 CFR 53.2130
### ORDER FOR SUPPLIES OR SERVICES

**DATE OF ORDER:** 08/22/2016  
**CONTRACT NO.:** HSCEMD-13-D-00001  
**ORDER NO.:** HSCEMD-16-J-00049

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(7)(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2002c**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(b)(4)</td>
</tr>
<tr>
<td>(b)(4)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Payment will be made based on receipt of a proper invoice and satisfactory contractor performance. The elements of a proper invoice are described at Federal Acquisition Regulation 32.905. In addition to these items, the invoice must include:

1. the award document number (it is the identifier that begins with "HSCEMD or HSCEMD"),
2. the requisition/purchase request number (generally the number in block 4) and
3. the name of the contracting officer's technical representative or other receiving official.

**NOT TO EXCEED**

The quantity shown and/or the resulting price is an estimated amount. The contractor shall invoice the government only for the items/services actually delivered, performed/provided at the unit prices shown; not to exceed the ceiling price specified above. In the event that the ceiling amount is insufficient to complete performance, the contractor is to notify the contracting officer as such, prior to reaching the ceiling, and must obtain written authorization from the contracting officer prior to exceeding the ceiling.

Failure to obtain the required authorization may result in the contractor assuming responsibility for any costs of performance above the ceiling amount. Upon completion of performance, the contracting officer may issue a final modification.
which shall reconcile the order with the quantities/rates/amounts shown on the invoice, for performance mutually agreed upon. FAR Clause 52.213-3, “Notice to Supplier” is incorporated into this order by reference.

FOR COMMUNICATION OF THIS ORDER.

All Communications and Invoices must reference the order number shown in Block #3 on page 1. Payment inquiries are to be Directed to the Finance Center at 1-877-491-6521. Direct other inquiries to (214) 905-5568 or you can also send me an E-Mail to: 

The contractor is requested to acknowledge acceptance of this DELIVERY order by signing in the space below and returning a copy of this page with signature to the contracting officer via facsimile, # 214-905-5568, upon receipt. Please contact the contracting officer if there are any questions or concerns.

Signature   Title

Date

The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office’s contracting officer.

INVOICE INSTRUCTIONS

Service Providers/Contractors shall use these procedures when submitting an invoice.

1. Invoice Submission: Invoices shall be submitted in a .pdf format in accordance with...
with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:

Invoice.Consolidation@ice.dhs.gov

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

- Invoice.Consolidation@ice.dhs.gov

Government Point of Contact (GPOC): WILL BE LOCATED IN THE BODY OF THE ORDER

Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.

b. USPS:

DHS, ICE
Financial Operations - Burlington
P.O. Box 1620
Williston, VT 05495-1620

The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.

c. Facsimile:

Alternative Invoices shall be submitted to:
(802)-288-7658

Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Continued ...

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(h)) $0.00
Management (SAM) at https://www.sam.gov prior to award and shall be noted on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be noted on every invoice.  

2. Content of Invoices: Each invoice submission shall contain the following information:
   (i) Name and address of the Contractor.
   The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;
   (ii) Dunn and Bradstreet (D&B) DUNS number;
   (iii) Invoice date and invoice number;
   (iv) Agreement/Contract number, contract line item number and, if applicable, the order number;
   (v) Description, quantity, unit of measure, unit price and extended price of the items delivered;
   (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;
   (vii) Terms of any discount for prompt payment offered;
   (viii) Remit to Address;
   (ix) Name, title, and phone number of person to notify in event of defective invoice;
   (x) Whether the invoice is "Interim" or "Final" and
   (xi) ICE program office designated on order/contract/agreement.

In accordance with Contract Clause, FAR 52.212-4(g)(1), Contract Terms and Conditions Commercial Items, or FAR 52.232-25(a)(3), Prompt Payment, as applicable, the information identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at
Continued ...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-877-491-6521 or by e-mail at <a href="mailto:OCFO.CustomerService@ice.dhs.gov">OCFO.CustomerService@ice.dhs.gov</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Contracting Officers Representative (COR) before sending the invoice to Financial Operations Burlington.

Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: $0.00. The obligation for this award is shown in box 17(i).
**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**

**OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

<table>
<thead>
<tr>
<th>1. REQUISITION NUMBER</th>
<th>5. SOLICITATION NUMBER</th>
<th>6. SOLICITATION ISSUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Schedule</td>
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<td></td>
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</tbody>
</table>

**OFFER DUE DATE/LOCAL TIME**

<table>
<thead>
<tr>
<th>2. CONTRACT NO.</th>
<th>3. AWARD</th>
<th>4. ORDER NUMBER</th>
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<tbody>
<tr>
<td></td>
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</table>

**FACILITY CODE**

<table>
<thead>
<tr>
<th>7. FOR SOLICITATION INFORMATION CALL:</th>
<th>9. ISSUED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICE/IOSD</td>
</tr>
</tbody>
</table>

**DELIVERY TO**

<table>
<thead>
<tr>
<th>10. THIS PROCUREMENT IS</th>
<th>11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMALL BUSINESS</td>
<td>SEE SCHEDULE</td>
</tr>
<tr>
<td>HUBZONE SMALL BUSINESS</td>
<td></td>
</tr>
<tr>
<td>VETERAN-OWNED SMALL BUSINESS</td>
<td></td>
</tr>
<tr>
<td>WOMEN-OWNED SMALL BUSINESS</td>
<td></td>
</tr>
<tr>
<td>R&amp;L ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM</td>
<td></td>
</tr>
<tr>
<td>EDWOS</td>
<td></td>
</tr>
<tr>
<td>8(a)</td>
<td></td>
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</tbody>
</table>

**TÉLÉPHONE NO.**

<table>
<thead>
<tr>
<th>12. DISCOUNT TERMS</th>
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</thead>
<tbody>
<tr>
<td>Net 30</td>
</tr>
</tbody>
</table>

**CONTRACT/ORDER DATE**

<table>
<thead>
<tr>
<th>13a. THIS CONTRACT IS A RATED ORDER UNDER FAR 52.212-5(16 CFR 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**METHOD OF SOUCITATION**

<table>
<thead>
<tr>
<th>14. METHOD OF SOUCITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFQ</td>
</tr>
<tr>
<td>IBR</td>
</tr>
<tr>
<td>RFP</td>
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</table>

**ADMINISTERED BY**

<table>
<thead>
<tr>
<th>15. DELIVER TO</th>
<th>16. ADMINISTERED BY</th>
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</thead>
<tbody>
<tr>
<td>ICE/HSI/HQ-D4</td>
<td>ICE/IOSD</td>
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</tbody>
</table>

**CONTRACT/ORDER NUMBER**

<table>
<thead>
<tr>
<th>17a. CONTRACTOR/ OFFEROR</th>
<th>18a. PAYMENT WILL BE MADE BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>GUIDANCE SOFTWARE INC</td>
<td>DHS, ICE</td>
</tr>
</tbody>
</table>

**LOCATION OF OFFICE**

<table>
<thead>
<tr>
<th>18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCKS 5a UNLESS BLOCK BELOW IS CHECKED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**SCHEDULE OF SUPPLIES/SERVICES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 013814426</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Receiving Official Point-of-Contact (POC): b(d)(b)(7)(C)</td>
<td>(703) 293- b(d)(b)(7)(C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alternate Receiving Official POC: b(d)(b)(7)(C)</td>
<td>(703) 293- b(d)(b)(7)(C)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procurement POC: b(d)(b)(7)(C)</td>
<td>(214)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Exemption Action: Y</td>
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<tr>
<td></td>
<td>Delivery: 30 Days After Award</td>
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<tr>
<td></td>
<td>Period of Performance: b(d)(4)</td>
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</tbody>
</table>

**ACCOUNTING AND APPROPRIATION DATA**

<table>
<thead>
<tr>
<th>25. ACCOUNTING AND APPROPRIATION DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE OF OFFEROR/CONTRACTOR**

<table>
<thead>
<tr>
<th>33a. SIGNATURE OF OFFEROR/CONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**AUTHORIZED FOR LOCAL REPRODUCTION**

<table>
<thead>
<tr>
<th>33b. NAME AND TITLE OF SIGNER (Type or Print)</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**STANDARD FORM 1449 (REV. 2/2012)**

<table>
<thead>
<tr>
<th>33c. DATE SIGNED</th>
<th>33b. NAME OF CONTRACTING OFFICER (Type or Print)</th>
<th>33d. DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**PREVIOUS EDITION IS NOT USABLE**

<table>
<thead>
<tr>
<th>34. TELEPHONE NUMBER (Type or Print)</th>
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<tbody>
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</table>

**PRESERVED BY GSA - FAR (48 CFR) 53.212**

<table>
<thead>
<tr>
<th>35. DELIVER TO</th>
<th>35a. CONTRACT OR ORDER NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STAFF PROMO**

<table>
<thead>
<tr>
<th>36. STAFF PROMO</th>
<th>36a. STAFF PROMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**STAFF PROMO**

<table>
<thead>
<tr>
<th>37. STAFF PROMO</th>
<th>37a. STAFF PROMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ITEM NO.</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>0001</td>
<td></td>
</tr>
<tr>
<td>0002</td>
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</table>

Requisition No: 192116VHQ4CC0004

Accounting Info:

Funded: (b)(4)

Invoice Instructions:

ICE - NON-ERO Contracts

Continued ...

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED  INSPECTED  ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

36. PAYMENT

37. CHECK NUMBER

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)

42d. TOTAL CONTAINERS
Service Providers shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a “.pdf” format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:
   a. Email:
      - Invoice.Consolidation@ice.dhs.gov
      - Receiving Official Point-of-Contact (POC)
      - Alternate Receiving Official Point-of-Contact (ALT. POC)
      - Procurement POC
      Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.
   b. USPS:
      DHS, ICE
      Financial Operations - Burlington
      P.O. Box 1620
      Williston, VT 05495-1620

      ATTN: ICE/HSI/HQ/DIV4

      The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.
   c. Facsimile:
      Alternative Invoices shall be submitted to: (802)-288-7658

      Continued...
Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNs number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Contract number (HSCEMD-16-P-0017);

(v) Contract Line Item Number(s) (CLIN: 0001 or 0002); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

Continued ...
(x) ICE program office designated on order/contract/agreement and

(xi) Mark invoice as “Interim” (Ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing)

(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer – System for Award Management or 52-232-34, Payment by Electronic Funds Transfer – Other than System for Award Management.

3. In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POCOR before sending the invoice to Financial Operations Burlington.

4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov

The total amount of award: [b](4) [b](4). The obligation for this award is shown in box 26.
## AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REG. NO.</th>
<th>5. PROJECT NO. (If applicable)</th>
<th>PAGE</th>
<th>PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>P00002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

### 6. ISSUED BY

- CODE: ICE/IOSD
- OFFICE: Investigations Ops Support Dallas
- IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT
- ADDRESS: 7701 N. Stemmons Freeway, Dallas TX 75247

### 8. NAME AND ADDRESS OF CONTRACTOR

- NAME: CELLEBRITE USA CORP
- ADDRESS: 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07054

### 10. MODIFICATION OF CONTRACT/ORDER NO.

- MODIFICATION: HSCEMD-16-P-00033
- DATE: 04/25/2016

### 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 REFLECT 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)

- AMENDMENT OR MODIFICATION AMOUNT: [ ] $0

### 13. This item only applies to modification of contracts/orders. It modifies the contract/order no. as described in Item 14.

- 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 16A.
- 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 43.100(b).
- C. This supplemental agreement is entered into pursuant to authority of.
- D. OTHER (Specify type of modification and authority)

- X Closeout IAW FAR 4.804 Closeout of Contract Files

### E. IMPORTANT

- Contract [ ] is not. [ ] is required to sign this document and return to the issuing office.

### 14. DESCRIPTION OF AMENDMENT/MODIFICATION

- (Organized by UCF section headings; including solicitations/contract subject matter where feasible.)
- DUNS Number: 033095568
- Points of Contact:
  - Program POC: [ ] 703-287-[ ]
  - Alternate POC: [ ] 703-287-[ ]
  - Contract Specialist: [ ] 214-905-[ ]

The purpose of this modification is to close out this order. All work has been complete and all invoices paid.

Exempt Action: [ ] Sensitive Award: [ ]
Period of Performance: [ ]

Except as provided herein, all terms and conditions of the document referenced in Item 8 A or 16A, as heretofore changed, remains unchanged and in full force and effect.

### 15. NAME AND TITLE OF SIGNING OFFICER (Type or print)

- 15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

- 15B. CONTRACTOR/OFFEROR

- 15C. DATE SIGNED

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

- 16B. UNITED STATES OF AMERICA

- 16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

---

NSN 7540-01-152-8070
Previous edition unusable

epic.org EPIC-17-06-13-ICE-FOIA-20180803-1stInterim-Production-pt1 000066

2018-ICLI-00030 66
# ORDER FOR SUPPLIES OR SERVICES

**Page Dimensions:** 612.0x792.0

**Page:** 1

---

### 1. DATE OF ORDER
08/12/2016

### 2. CONTRACT NO. (If any)

### 3. ORDER NO.
HSCEMD-16-P-00092

### 4. REQUISITION/REFERENCE NO.
192116VPH00000311

### 5. ISSUING OFFICE (Address correspondence to)
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

### 6. SHIP TO:

#### a. NAME OF CONSIGNEE
Investigation - SAC Phoenix

#### b. STREET ADDRESS
4041 N. Central Avenue, PHOENIX, AZ 85012

#### c. CITY
Phoenix

#### d. STATE
AZ

#### e. ZIP CODE
85012

### 7. TO:

**NAME OF CONTRACTOR**

**COMPANY NAME**

**STREET ADDRESS**
7 CAMPUSS DRIVE
SUITE 210

**CITY**
Parsippany

**STATE**
NJ

**ZIP CODE**
07054

---

### 8. TYPE OF ORDER

**x** a. PURCHASE

**REFERENCE YOUR:**

**Quote #**

**Dated Aug 12, 2016**

**Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.**

---

### 9. ACCOUNTING AND APPROPRIATION DATA

See Schedule

### 10. REQUISITIONING OFFICE
ICE Hmld Sec Inv SAC Phoenix

### 11. BUSINESS CLASSIFICATION (Check appropriate box(es))

- [x] a. SMALL
- [ ] b. OTHER THAN SMALL
- [ ] c. DISADVANTAGED
- [ ] d. WOMEN-OWNED
- [ ] e. HUBZone
- [ ] f. SERVICE-DISABLED VETERAN-OWNED
- [ ] g. WOMEN-OWNED SMALL BUSINESS (WOSB)
- [ ] h. EDWOSB

---

### 12. F.O.B. POINT

**12, F.O.B.**

**POIN T**

**16: DISCOUNT TERMS**

**15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)**

**90 Days After Receipt of Order**

**17. SCHEDULE (See reverse for Rejections)**

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES OR SERVICES (b)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUNS Number: 033095568</td>
<td>Primary POC: <a href="4">b</a>, <a href="7">b</a>(C), 602-200- <a href="6">b</a>, <a href="7">b</a>(C)</td>
<td>Continued ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alt. POC: <a href="6">b</a>, <a href="7">b</a>(C), 602-200- <a href="6">b</a>, <a href="7">b</a>(C)</td>
<td>Continued ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### 18. SHIPPING POINT

**19. GROSS SHIPPING WEIGHT**

**20. INVOICE NO.**

**21. MAIL INVOICE TO:**

**a. NAME**
Department of Homeland Security

**b. STREET ADDRESS**
Burlington Finance Center
P.O. Box 1620
ATTN: HQ/HSI SAC Phoenix

**c. CITY**
Williston

**d. STATE**
VT

**e. ZIP CODE**
05495-1279

---

### 22. UNITED STATES OF AMERICA [Typed]

**AMERICA BY (Signature)**

---

### 23. NAME (Typed)

**TITLE CONTRACTING/ORDERING OFFICER**

---

**AUTHORIZED FOR LOCAL REPRODUCTION**

**PREVIOUS EDITION NOT USABLE**

---

**EPIC-17-06-13-ICE-FOIA-20180803-1stInterim-Production-pt1**

**2018-ICLI-00030 67**

---

**000067**
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

---

**DATE OF ORDER:** 08/12/2016  
**CONTRACT NO.:** HSCEMD-16-P-00092  
**ORDER NO.:** 00092

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>(b)(4)</td>
<td>(b)(4)</td>
<td></td>
<td></td>
<td>(b)(4)</td>
</tr>
</tbody>
</table>

POCs will schedule training and communication with Cellebrite if needed. POCs are not authorized to change the terms and conditions of this order.

The contractor is requested to acknowledge acceptance of this order by signing in the space below and returning a copy of this page with signature to the contracting officer via fax- 214-905-5568 or email-

Signature ___________________

Title ___________________

Date ___________________

--

Exempt Action: N  
Accounting Info: (b)(7)(E)

---

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference order number HSCEMD-16-P-00092.

**NOTE:** The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

Invoicing Instructions:

Contractors shall use these procedures when Continued ...
submitting an invoice.

1. Invoice Submission:

Primary method of submission is email. Invoices shall be submitted to:
Invoice.Consolidation@ice.dhs.gov

Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.

Alternate method of submission is fax. Invoices shall be submitted to:
802-288-7658

Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.

Note: The Contractor’s Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.

2. Content of Invoices: Each invoice submission shall contain the following information:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;
(ii) Dunn and Bradstreet (D&B) DUNS number;
(iii) Invoice date and invoice number;
(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;
(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;
(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government Continued...
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 08/12/2016

**CONTRACT NO.**: HSCEDM-16-P-0092

**ORDER NO.**: 080092

**ITEM NO.** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED**
--- | --- | --- | --- | --- | --- | ---

bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of defective invoice;

(x) Whether the invoice is "Interim" or "Final" and

(xi) ICE program office designated on order/contract/agreement.

In accordance with Contract Clause, FAR 52.212-4(g)(1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25(a)(3), Prompt Payment, as applicable, the information identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCF0.CustomerService@ice.dhs.gov

The total amount of award: $0.00. The obligation for this award is shown in box 17(i).
**ORDER FOR SUPPLIES OR SERVICES**

**1. DATE OF ORDER**
04/28/2017

**2. CONTRACT NO.**
HSCEMD-13-D-00001

**3. ORDER NO.**
HSCEMD-17-J-00025

**4. REQUISITION/REFERENCE NO.**
192117VSS00000002

**5. ISSUING OFFICE**
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, Dallas TX 75247

**6. SHIP TO**
HSI SELLS

**7. TO**

<table>
<thead>
<tr>
<th>a. NAME OF CONTRACTOR</th>
<th>b. COMPANY NAME</th>
<th>c. STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELLEBRITE INC</td>
<td></td>
<td>7 CAMPUS DRIVE</td>
</tr>
</tbody>
</table>

**8. TYPE OF ORDER**

<table>
<thead>
<tr>
<th>a. PURCHASE</th>
<th>b. DELIVERY</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**9. ACCOUNTING AND APPROPRIATION DATA**

<table>
<thead>
<tr>
<th>a. CITY</th>
<th>b. STATE</th>
<th>c. ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARSISSIPANY</td>
<td>NJ</td>
<td>07452</td>
</tr>
</tbody>
</table>

**10. REQUISITIONING OFFICE**
ICE Hmnd Sec Inv SAC Phoenix

**11. BUSINESS CLASSIFICATION**

<table>
<thead>
<tr>
<th>a. SMALL</th>
<th>b. OTHER THAN SMALL</th>
<th>c. DISADVANTAGED</th>
<th>d. WOMEN-OWNED</th>
<th>e. HUBZone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**12. F.O.B. POINT**
Destination

**13. PLACE OF**

<table>
<thead>
<tr>
<th>a. INSPECTION</th>
<th>b. ACCEPTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destination</td>
<td>Destination</td>
</tr>
</tbody>
</table>

**14. GOVERNMENT B/L NO.**

**15. DELIVER TO F.O.B. POINT**
ON OR BEFORE (Date)
30 Days After Award

**16. DISCOUNT TERMS**
Net 30

**17. SCHEDULE (See reverse for Rejections)**

<table>
<thead>
<tr>
<th>a. ITEM NO.</th>
<th>b. SUPPLIES OR SERVICES</th>
<th>c. QUANTITY ORDERED</th>
<th>d. UNIT</th>
<th>e. UNIT PRICE</th>
<th>f. AMOUNT</th>
<th>g. QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 033095568</td>
<td>520-383 DUNS</td>
<td>000071</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Primary POC: (0)(6)(0)(7)(C)</td>
<td>(0)(6)(0)(7)(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secondary POC: (0)(0)(7)(C)</td>
<td>(0)(0)(7)(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**18. SHIPPING POINT**

**19. GROSS SHIPPING WEIGHT**

**20. INVOICE NO.**

**21. MAIL INVOICE TO:**

<table>
<thead>
<tr>
<th>a. NAME</th>
<th>b. STREET ADDRESS (or P.O. Box)</th>
<th>c. CITY</th>
<th>d. STATE</th>
<th>e. ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Department of Homeland Security</td>
<td></td>
<td></td>
<td>VT 05495-1279</td>
</tr>
<tr>
<td></td>
<td>Burlington Finance Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>P.O. Box 1620</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ATTN: HSI - SAC - Phoenix</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**22. UNITED STATES OF AMERICA**

**23. NAME**

<table>
<thead>
<tr>
<th>a. (Typed)</th>
<th>b. TITLE: CONTRACTING/ORDERING OFFICER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMPORTANT:** Mark all packages and papers with contract and/or order numbers.

**Dated March 19, 2017**

Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet.

**SUbject to instructions contained on this side only of this form and is subject to the terms and conditions of the above-numbered contract.**

**NET 30**
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>520-229</td>
<td>(b)(6),(b)(7)(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The contractor is requested to acknowledge acceptance of this order by signing in the space below and returning a copy of this page with signature to the contracting officer via fax- 214-905-5568 or email:

(b)(6),(b)(7)(C)

Signature________________________

Title ____________________________

Date ____________________________

All vendor warranties, explicit or implicit, pertaining to the items or services identified on this order are incorporated as part of this order.

All terms and conditions of contract HSCEMD-13-D-00001 hereby apply to this delivery order.

Exempt Action: N Sensitive Award: NONE

Accounting Info: (b)(7)(E)

0001 (b)(4)

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference order number HSCEMD-17-J-00025.

NOTE: The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or Continued ...
### Invoicing Instructions:

Contractors shall use these procedures when submitting an invoice.

1. **Invoice Submission:**

   Primary method of submission is email.

   Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov

   Each email shall be in a .pdf format; contain only one invoice and the subject line of the email will annotate the invoice number.

   Alternate method of submission is fax.

   Invoices shall be submitted to: 802-288-7658

   Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.

   Note: The Contractor’s Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.

2. **Content of Invoices:** Each invoice submission shall contain the following information:

   (i) Name and address of the Contractor. The name, address and DUNS number on the invoice **MUST** match the information in both the Contract/Agreement and the information in the SAM;

   (ii) Dunn and Bradstreet (D&B) DUNS number;

   (iii) Invoice date and invoice number;

   (iv) Agreement/Contract number, contract line item number and, if applicable, the order number;

   Continued ...
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 04/28/2017

**CONTRACT NO.**: HSCMD-13-D-00001

**ORDER NO.**: HSCMD-17-J-00025

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT PRICE (d)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
</table>

(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;
(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;
(vii) Terms of any discount for prompt payment offered;
(viii) Remit to Address;
(ix) Name, title, and phone number of person to notify in event of defective invoice;
(x) Whether the invoice is “Interim” or “Final” and
(xi) ICE program office designated on order/contract/agreement.

In accordance with Contract Clause, FAR 52.212-4(g)(1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25(a)(3), Prompt Payment, as applicable, the information identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCF0.CustomerService@ice.dhs.gov

The total amount of award: $0.00. The obligation for this award is shown in box 17(i).