**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 03/03/2016  
**CONTRACT NO.:**  
**ORDER NO.:** HSCETE-16-P-00006

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/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>0001</td>
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</tr>
</tbody>
</table>

**Period of Performance:**

**INVOICING AND PAYMENT PROCEDURE:**

Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ. This procedure takes effect 03/01/08 and pertains to all invoices submitted on that date and thereafter.

1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:
   a. By mail: (See Block 21)
   b. By facsimile (fax) at: 802-288-7658
      (include a cover sheet with point of contact & # of pages)
   c. By e-mail at:

2. Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the System for Award Management (https://www.sam.gov/portal/public/SAM/) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or after 03/01/08 to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice. Please send an additional copy of the invoice to...

3. In accordance with Section I, Contract Clauses, 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 required with each invoice submission is as follows:
   An invoice must include:
   (i) Name and address of the Contractor;
   Continued ...
ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

DATE OF ORDER 03/03/2016

ITEM NO. (a) SUPPLIES/SERVICES (b) QUANTITY ORDERED (c) UNIT (d) UNIT PRICE (e) AMOUNT (f) QUANTITY ACCEPTED (g)

(ii) Invoice date and number;
(iii) Contract number, contract line item number and, if applicable, the order number;
(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;
(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;
(vi) Terms of any discount for prompt payment offered;
(vii) Name and address of official to whom payment is to be sent;
(viii) Name, title, and phone number of person to notify in event of defective invoice; and
(ix) Taxpayer Identification Number (TIN).

The Contractor shall include its TIN on the invoice only if required elsewhere in this contract. (See paragraph 1 above.)

(x) Electronic funds transfer (EFT) banking information.
(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.
(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer; Other Than Central Contractor Registration), or applicable agency procedures.
(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.

4. Invoices without the above information and/or not submitted by one of the approved methods (mail, fax, or email) may be returned for resubmission.

5. Each Program Office is responsible for Continued ...
The total amount of award: $0.00. The obligation for this award is shown in box 17(i).
## ORDER FOR SUPPLIES OR SERVICES

**DATE OF ORDER:** 08/26/2016  
**CONTRACT NO. (if any):**  
**ORDER NO.:** HSCETE-16-P-00035  
**REQUISITION/REFERENCE NO.:** 192116VHQ4CCC0055  
**ISSUING OFFICE:** ICE/Information Technology Division  
**Address correspondence to:** Immigration and Customs Enforcement  
**Office of Acquisition Management**  
**Address:** 801 I Street NW, Suite 1500  
**City:** Fairfax  
**State:** VA  
**ZIP CODE:** 22030

**NAME OF CONTRACTOR:** SUSTEEN INC  
**COMPANY NAME:**  
**STREET ADDRESS:** 8001 Irvine Center Dr Suite 1500  
**CITY:** Irvine  
**STATE:** CA  
**ZIP CODE:** 926182938

**NAME OF CONSIGNEE:** DHS ICE HS1 HQ DIV  
**STREET ADDRESS:** 11320 Random Hills  
**CITY:** Fairfax  
**STATE:** VA  
**ZIP CODE:** 22030

### 9. ACCOUNTING AND APPROPRIATION DATA

**ACCOUNTING CHART:**  
**ACCOUNT:**  
**FUNDING:**

### 11. BUSINESS CLASSIFICATION

- **CLASSIFICATION:**
  - a. SMALL
  - b. OTHER THAN SMALL
  - c. DISADVANTAGED
  - d. WOMEN-OWNED
  - e. HUBZone
  - f. SERVICE-DISABLED
  - g. WOMEN-OWNED SMALL BUSINESS (WOSB)
  - h. EDWOSB
  - i. ELIGIBLE UNDER THE WOSB PROGRAM

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

- **Point of Origin:** Destination
- **Delivery Point:** Destination

### 13. PLACED OF

- **Place of Inspection:** Destination
- **Place of Acceptance:** Destination

### 14. GOVERNMENT B/L NO.

- **Government B/L No.:**

### 15. DELIVER TO F.O.B. POINT

- **Deliver On or Before (Date):** 30 Days After Award

### 16. DISCOUNT TERMS

- **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: 797052701</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>This is a Firm Fixed Price Purchase Order issued to Susteen, Inc. This order incorporates Quote Numbers ICE-SV4R-32 and ICE-SVBB dated 8/05/16. Continued...</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

### 18. SHIPPING POINT

- **Shipping Point:**

### 19. GROSS SHIPPING WEIGHT

- **Gross Shipping Weight:**

### 20. INVOICE NO.

- **Invoice No.:**

### 21. MAIL INVOICE TO:

- **Name:** DHS, ICE  
- **Address:** Burlington Finance Center  
  - Street Address: P.O. Box 1620  
  - Attention: ICE-HSI-HQ-DIV 4

### 22. UNITED STATES OF AMERICA

- **Address:** Williston  
- **State:** VT  
- **ZIP CODE:** 05495-1620

**AUTHORIZED FOR LOCAL REPRODUCTION**  
**PREVIOUS EDITION NOT USABLE**

**OPTIONAL FORM 347 (Rev. 2/2012)**

**Presented by GSA/FMA 46 CFR 21.3(p)**

**epic.org**  
**EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production**  
**001035**
### ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 08/26/2016  
**CONTRACT NO.:**  
**ORDER NO.:** HSCETE-16-P-00035

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (e)</th>
<th>UNIT PRICE (f)</th>
<th>AMOUNT (l)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(b)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
</tr>
</tbody>
</table>

**POC for program:** 
- Email: (6)(6)(6)(7)(C) 202-732-6(6)(6)(7)(C)  

**POC for contracts office:** (6)(6)(7)(C)  
- Email: (6)(6)(6)(7)(C)  
- Email: (6)(6)(6)(7)(C)  

**POC for contractor:** (6)(6)(6)(7)(C)  
- Email: (6)(6)(6)(7)(C)  
- Email: (6)(6)(6)(7)(C)  

- **FSC:** (4)  
- **NAICS:** (4)  
- **Exempt Action:** N  
- **Accounting Info:** (7)(E)  
- **Period of Performance:** (4) (4)  

**0001**  
- DHS/ICE/HSI CYBER CRIMES CENTER, 11320 RANDOM HILLS RD., FAIRFAX, VA 22030

**0002**  
- CYBER CRIMES CENTER, 11320 RANDOM HILLS RD., FAIRFAX, VA 22030.

**0003**  
- Continued ...

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17/H)**  
- (4)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

---

**DATE OF ORDER**

08/26/2016

**CONTRACT NO.**

HSCTE-16-P-00035

**ORDER NO.**

---

<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>
</table>

**Invoice Instructions:**

ICE - NON-ERO Contract

Boston (b)(6); (7)(C)
(703) 293 (b)(6); (7)(C)

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)(6); (7)(C)
   - 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-HIS-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.

Continued ...
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;

(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); Continued ...
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 08/26/2016  
**ORDER NO:** HSCETE-16-P-00035

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>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);</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td>(vii) TERMS OF ANY DISCOUNT FOR PROMPT PAYMENT OFFERED;</td>
</tr>
<tr>
<td></td>
<td>(viii) REMIT TO ADDRESS;</td>
</tr>
<tr>
<td></td>
<td>(ix) NAME, TITLE, AND PHONE NUMBER OF PERSON TO NOTIFY IN EVENT OF AN IMPROPER INVOICE;</td>
</tr>
<tr>
<td></td>
<td>(x) ICE PROGRAM OFFICE DESIGNATED ON ORDER/CONTRACT/AGREEMENT AND</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<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>
</tr>
</tbody>
</table>

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

Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Continued ...
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 08/26/2016

**CONTRACT NO.**: HSCETE-16-P-00035

**ORDER NO.**: 00035

**ITEM NO.** | **SUPPLIES/SERVICES** | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED**
--- | --- | --- | --- | --- | --- | ---
(a) | (b) | (c) | (d) | (e) | (f) | (g)

<table>
<thead>
<tr>
<th><strong>ITEM NO.</strong></th>
<th><strong>SUPPLIES/SERVICES</strong></th>
<th><strong>QUANTITY ORDERED</strong></th>
<th><strong>UNIT</strong></th>
<th><strong>UNIT PRICE</strong></th>
<th><strong>AMOUNT</strong></th>
<th><strong>QUANTITY ACCEPTED</strong></th>
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<tbody>
<tr>
<td>ALT 2 - Cost Contracts</td>
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</tr>
<tr>
<td>a. Cost Plus Award Fee:</td>
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</tr>
<tr>
<td>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:</td>
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<tr>
<td>• 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.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• 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.</td>
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</table>

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. Continued ...
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.

c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis Continued ...
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 or by e-mail at

The total amount of award: The obligation for this award is shown in box Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $0.00
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
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<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tbody>
<tr>
<td>17(i)</td>
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</tr>
</tbody>
</table>

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(i)) $0.00
ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER
   03/03/2017

2. CONTRACT NO. (if any)
   GS-35F-312CA

3. ORDER NO.
   HSCETE-17-F-00004

4. REQUISITION/REFERENCE NO.
   192117VH4CC0025

5. ISSUING OFFICE (Address correspondence to)
   ICE INFORMATION TECHNOLOGY DIVISION
   IMMIGRATION AND CUSTOMS ENFORCEMENT
   OFFICE OF ACQUISITION MANAGEMENT
   801 F STREET NW (I)(6),(I)(7)(C)
   WASHINGTON DC 20536

6. SHIP TO:
   a. NAME OF CONSIGNEE
      ICE HMLND SEC INV HQ DIV 4
   b. STREET ADDRESS
      IMMIGRATION AND CUSTOMS ENFORCEMENT
      11320 RANDOM HILLS ROAD
      (I)(6),(I)(7)(C)
   c. CITY
      FAIRFAX
   d. STATE
      VA
   e. ZIP CODE
      22030

7. TO: (I)(6),(I)(7)(C)
   a. NAME OF CONTRACTOR
      OXYGEN FORENSICS INC
   b. COMPANY NAME
      OXYGEN FORENSICS INC
   c. STREET ADDRESS
      901 N PITT ST STE 170
   d. CITY
      ALEXANDRIA
   e. STATE
      VA
   f. ZIP CODE
      22314

8. TYPE OF ORDER
   a. PURCHASE
      REFERENCE YOUR:
   b. DELIVERY
      Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side or the order and on the attached sheet. If any, including delivery as indicated.

9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule

10. REQUISITIONING OFFICE
    ICE HMLND SEC INV HQ DIV 4

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

13. PLACE OF
    a. INSPECTION
    b. ACCEPTANCE
    Destination

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>ITEM NO.</th>
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<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 078884550</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>THIS CONTRACT REPLACES ORDER</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>HSCETE-16-J-00344 WHICH WAS MISTAKENLY AWARDED TO THE WRONG VENDOR.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>THIS AWARD IS FOR THE PURCHASE OF OXYGEN</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Continued ...</td>
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<td></td>
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</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
    PO BOX 1620
    ATTN ICE-HSI-HQ-DIV 4
    c. CITY
    WILLISTON
    d. STATE
    VA
    e. ZIP CODE
    05495-1620

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)
    (I)(6),(I)(7)(C)
    TITLE: CONTRACTING/ORDERING OFFICER

TOTAL

GRAND TOTAL

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIMAL FORM 347 (Rev. 2/2015)
Presented by GSA/FAR 46 CFR 21.23(b)
**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 03/03/2017  
**CONTRACT NO.**: GS-35F-312CA  
**ORDER NO.**: HSCETE-17-F-00004

### ITEM NO. 0001

**SUPPLIES/SERVICES**: OXYGEN FORENSICS SUITE SOFTWARE  
**QUANTITY ORDERED**: [ ]  
**UNIT**: [ ]  
**UNIT PRICE**: [ ]  
**AMOUNT**: [ ]  
**QUANTITY ACCEPTED**: [ ]

**FORENSICS PROPRIETARY SOFTWARE IN SUPPORT OF DHS/ICE OPERATIONAL ACTIVITIES AT THE HOMELAND SECURITY INVESTIGATIONS, DIVISION FOUR. CONTACT THE CONTRACTING OFFICER WITH ANY QUESTIONS REGARDING THIS ORDER.**

**CONTRACTING OFFICER**: [b](6) ;[b](7)(C)  
**EMAIL**: [b](6) ;[b](7)(C)

**PSC**: [0](4)  
**NAICS**: [0](4)

**Exempt Action**: N  
**Sensitive Award**: NONE  
**Accounting Info**: [d](7)(E)

**Period of Performance**: [d](4)

THIS IS A REPLACEMENT CONTRACT 
#HSCETE-17-F-00004, WHICH SUPERSEDES ORDER 
#HSCETE-16-F-00344, WHICH WAS AWARDED 
DURING FISCAL YEAR 2016. THE CORRECT VENDOR NAME (OXYGEN FORENSICS) ON CONTRACT.

A NEGOTIATED ADDITIONAL COST IN THE AMOUNT OF [b](4) WILL BE ADDED TO THIS ORDER VIA A MODIFICATION. THIS AMOUNT REPRESENTS CONSIDERATION TO OXYGEN FORENSICS FOR THE FACT THAT THEY DELIVERED ON THE ORIGINAL ORDER IN SEPTEMBER OF 2016 (ALBEIT UNDER THE WRONG AWARD) AND HAVE BEEN WAITING TO BE PAID FOR APPROXIMATELY FIVE (5) MONTHS.

The obligated amount of award: [d](4)  
The total for this award is shown in box 17(1).
**ORDER FOR SUPPLIES OR SERVICES**

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

**1. DATE OF ORDER**: 05/25/2017

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

**3. ORDER NO.**: HSCTE-17-J-00166

**4. REQUISITION/REFERENCE NO.**: 1921170PRQ160011

**5. ISSUING OFFICE** (Address correspondence to):

- **ICE INFORMATION TECHNOLOGY DIVISION**
- **IMMIGRATION AND CUSTOMS ENFORCEMENT**
- **OFFICE OF ACQUISITION MANAGEMENT**
- **801 I STREET NW**
- **WASHINGTON DC 20536**

**6. SHIP TO:**

- **NAME OF CONSIGNEE**: IMMIGRATION AND CUSTOMS ENFORCEMENT

- **STREET ADDRESS**:
  - **ATTN**: D[9][6](b)(7)(C)
  - **5150 EISENHOWER AVENUE**

- **CITY**: ALEXANDRIA
- **STATE**: VA
- **ZIP CODE**: 22304

**7. TO:**

- **NAME OF CONTRACTOR**: CELLEBRITE INC

- **COMPANY NAME**: CELLEBRITE INC

- **STREET ADDRESS**:
  - **7 CAMPUS DRIVE**
  - **SUITE 210**

**8. TYPE OF ORDER**

- **PURCHASE**
- **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.

**Please furnish the following on the reverse 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. REQUIRING OFFICE**

ICE OFC OF PROFESSIONAL RESPONSIBILITY

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

- [ ] SMALL
- [ ] OTHER THAN SMALL
- [ ] DISADVANTAGED
- [ ] WOMEN-OWNED
- [ ] HUBZone
- [ ] SERVICE-DISABLED
- [ ] VETERAN-OWNED
- [ ] WOMEN-OWNED SMALL BUSINESS (WOSB)
- [ ] EDWOSB
- [ ] ELIGIBLE UNDER THE WOSB PROGRAM

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

- **Destination**

**13. PLACE OF**

- **INSPECTION**: Destination
- **ACCEPTANCE**: Destination

**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>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUN'S Number: 033095568</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Program Office (PO) Point of Contact (POC) / Receiving Official (RO) : [D][6][6][7][C]</td>
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<tr>
<td></td>
<td>703-557-5022 [D][6][7][C]</td>
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<tr>
<td></td>
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<tr>
<td></td>
<td>202-732-5022 [D][6][6][7][C]</td>
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<td>Continued ...</td>
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</tr>
</tbody>
</table>

**18. SHIPPING POINT**

- **NAME**: DHS ICE

- **STREET ADDRESS**
  - **BURLEINGTON FINANCE CENTER**
  - **PO BOX 1620**
  - **ATTN ICE-OPR**

- **CITY**: WILLISTON
- **STATE**: VT
- **ZIP CODE**: 05495-1620

**19. GROSS SHIPPING WEIGHT**

**20. INVOICE NO.**

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>[D][6][4]</td>
</tr>
</tbody>
</table>

**21. MAIL INVOICE TO**

- **NAME**: DHS ICE
- **STREET ADDRESS**
  - **BURLEINGTON FINANCE CENTER**
  - **PO BOX 1620**
  - **ATTN ICE-OPR**

- **CITY**: WILLISTON
- **STATE**: VT
- **ZIP CODE**: 05495-1620

**22. UNITED STATES OF AMERICA BY** (Signature)

**23. NAME (Typed)**

<table>
<thead>
<tr>
<th>TITLE CONTRACTING/ORDERING OFFICER</th>
</tr>
</thead>
<tbody>
<tr>
<td>[D][6][6][7][C]</td>
</tr>
</tbody>
</table>

**AUTHORIZED FOR LOCAL REPRODUCTION**

**PREVIOUS EDITION NOT USABLE**

**EPIC.org**

**EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production**

**001046**
### ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
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<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
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<td>(c)</td>
<td>(d)</td>
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<td></td>
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<td>202-732</td>
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<td></td>
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<td>(b)(6)(g)(7)(C)</td>
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</tr>
</tbody>
</table>

The purpose of this Firm-Fixed Price (FFP) Delivery Order (DO) against Indefinite Delivery Indefinite Quantity (IDIQ) HSCEMD-13-D-00001 is to purchase Cellebrate, Inc. Universal Forensic Extraction Devices (UFEDs) for the U.S. Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE) ICE Agents.

Delivery shall be made within 30 days after receipt of order. All ICE HSCEMD-13-D-00001 terms and conditions apply.

**Accounting Info:**

<table>
<thead>
<tr>
<th>(b)(7)(E)</th>
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</table>

**Period of Performance:**

<table>
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<tr>
<th>(b)(4)</th>
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<table>
<thead>
<tr>
<th>(b)(4)</th>
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</thead>
</table>

**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:

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

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 05/25/2017  
**CONTRACT NO.**: HSCEMD-13-D-00001  
**ORDER NO.**: HSCTE-17-J-00166

<table>
<thead>
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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>a. Email:</td>
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<td>◦ D/E/D/E/D/C</td>
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<td></td>
<td>Contracting Officer Representative (COR) or Government Point of Contact (GPOC) or Contract Specialist/Contracting Officer</td>
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<tr>
<td>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</td>
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<tr>
<td>b. USPS:</td>
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</tr>
<tr>
<td>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</td>
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<tr>
<td>ATTN: ICE-QPR</td>
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<tr>
<td>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</td>
<td></td>
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<tr>
<td>c. Facsimile:</td>
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<tr>
<td>Alternative Invoices shall be submitted to:</td>
<td>(802)-288-7658</td>
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<tr>
<td>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</td>
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</tr>
<tr>
<td>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</td>
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</tr>
<tr>
<td>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on Continued ...</td>
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TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(I)) $0.00
### ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 05/25/2017  
**CONTRACT NO.**: HSCEMD-13-D-00001  
**ORDER NO.**: HSCTE-17-J-00166

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

1. 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;

Continued ...
### ORDER FOR SUPPLIES OR SERVICES

**DATE OF ORDER**
05/25/2017

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

**ORDER NO.**
HSCETE-17-J-00166

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(x)</td>
<td>ICE program office designated on order/contract/agreement and</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(xi)</td>
<td>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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<td></td>
</tr>
<tr>
<td>(xii)</td>
<td>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>
<td></td>
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</tr>
</tbody>
</table>

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

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 05/25/2017  
**CONTRACT NO.**: HSCEMD-13-D-00001  
**ORDER NO.**: HSCETE-17-J-00166

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<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
</table>

- **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.

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 Continued ...
**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

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

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

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:

- 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

Continued ...
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- or by e-mail at

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

1. REQUISITION NUMBER
192116VSN00001610

2. CONTRACT NO.

3. AWARD

4. ORDER NUMBER

5. SOLICITATION NUMBER

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:

8. ISSUED BY CODE

9. UNAUTHORIZED FOR LOCAL REPRODUCTION

10. THIS ACQUISITION IS UNRESTRICTED OR SET ASIDE: % FOR:

11. DELIVERY FOR POB DESTINATION UNLESS BLOCK IS MARKED

12. DISCOUNT TERMS

13. RATING

14. METHOD OF SOLICITATION

15. DELIVER TO CODE

16. ADMINISTERED BY CODE

17A. CONTRACTOR/OFFEROR CODE

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

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

19. SCHEDULE OF SUPPLIES/SERVICES

20. SEE ADDENDUM

21. QUANTITY

22. UNIT

23. UNIT PRICE

24. AMOUNT

25. ACCOUNTING AND APPROPRIATION DATA

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

---

**For Solicitation Information Call:**

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

**Issued By Code:**

ICE/IOSD

**Deliver To Code:**

ICE/HSI/SAC SAN ANTONIO

**Contractor/Offeror Code:**

0330955680000

**Telephone No.:**

201848855

---

<table>
<thead>
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<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
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<tbody>
<tr>
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<td>DUNS Number: 033095568</td>
</tr>
<tr>
<td></td>
<td>Program POC: [D][6][D][7][C]</td>
</tr>
<tr>
<td></td>
<td>Alt Program POC: [B][D][6][D][7][C]</td>
</tr>
<tr>
<td></td>
<td>Contracting POC: [B][D][6][D][7][C]</td>
</tr>
<tr>
<td></td>
<td>Exempt Action: N</td>
</tr>
<tr>
<td></td>
<td>Delivery: 90 Days After Award</td>
</tr>
</tbody>
</table>

---

**Accounting Info:**

**Signature of Offeror/Contractor:**

**Date Signed:**

---

**Authorized for Local Reproduction:**

epic.org

**Prescribed by GSA - FAR (48 CFR) 53.212**

---

**Additional Information:**

OFFER DATE: 5-16-18

SIGNATURE OF OFFICER/CONTRACTOR:

DATE SIGNED: 11-2-18

**Veteran-Owned Small Business (VOSB) Eligible:**

SIZE STANDARD: [B][D][4]

**Veteran-Owned Small Business (VOSB) Eligible Under the Women-Owned Small Business (WOSB) Program:**

SIZE STANDARD: [B][D][4]

**Women-Owned Small Business (WOSB) Eligible Under 31 CFR 263.701:**

SIZE STANDARD: [B][D][4]

**Indian Women-Owned Small Business (IWOSB) Eligible Under 31 CFR 263.701:**

SIZE STANDARD: [B][D][4]

**Veteran-Owned Small Business (VOSB) Eligible Under the Service-Disabled Veteran-Owned Small Business (SDVOSB) Program:**

SIZE STANDARD: [B][D][4]

**Small Business (SB) Eligible Under the Shuttered Redevelopment Authority (SRA) Program:**

SIZE STANDARD: [B][D][4]

**HUBZone Small Business Eligible:**

SIZE STANDARD: [B][D][4]

**Wounded Veterans Employment Program (WVEP) Eligible:**

SIZE STANDARD: [B][D][4]

**EZWOSB Eligible:**

SIZE STANDARD: [B][D][4]

**SMA Small Business Eligible:**

SIZE STANDARD: [B][D][4]

**Women-Owned Small Business (WOSB) Eligible Under the Women-Owned Small Business (WOSB) Program:**

SIZE STANDARD: [B][D][4]

**Service-Disabled Veteran-Owned Small Business (SDVOSB) Eligible Under the Service-Disabled Veteran-Owned Small Business (SDVOSB) Program:**

SIZE STANDARD: [B][D][4]

**8(a) Eligible:**

SIZE STANDARD: [B][D][4]

**Disadvantaged Business Enterprise (DBE) Eligible:**

SIZE STANDARD: [B][D][4]

---

**Additional Information:**

**Authorized for Local Reproduction:**

epic.org

**Prescribed by GSA - FAR (48 CFR) 53.212**

---

**Additional Information:**

OFFER DATE: 5-16-18

SIGNATURE OF OFFICER/CONTRACTOR:

DATE SIGNED: 11-2-18

**Veteran-Owned Small Business (VOSB) Eligible:**

SIZE STANDARD: [B][D][4]

**Veteran-Owned Small Business (VOSB) Eligible Under the Women-Owned Small Business (WOSB) Program:**

SIZE STANDARD: [B][D][4]

**Women-Owned Small Business (WOSB) Eligible Under the Service-Disabled Veteran-Owned Small Business (SDVOSB) Program:**

SIZE STANDARD: [B][D][4]

**Small Business (SB) Eligible Under the Shuttered Redevelopment Authority (SRA) Program:**

SIZE STANDARD: [B][D][4]

**HUBZone Small Business Eligible:**

SIZE STANDARD: [B][D][4]

**Wounded Veterans Employment Program (WVEP) Eligible:**

SIZE STANDARD: [B][D][4]

**EZWOSB Eligible:**

SIZE STANDARD: [B][D][4]

**SMA Small Business Eligible:**

SIZE STANDARD: [B][D][4]

**Women-Owned Small Business (WOSB) Eligible Under the Women-Owned Small Business (WOSB) Program:**

SIZE STANDARD: [B][D][4]

**Service-Disabled Veteran-Owned Small Business (SDVOSB) Eligible Under the Service-Disabled Veteran-Owned Small Business (SDVOSB) Program:**

SIZE STANDARD: [B][D][4]

**8(a) Eligible:**

SIZE STANDARD: [B][D][4]

**Disadvantaged Business Enterprise (DBE) Eligible:**

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

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
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<tbody>
<tr>
<td>0001</td>
<td>(b)(4)</td>
<td>(b)(4)</td>
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</table>
**ORDER FOR SUPPLIES OR SERVICES**

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

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<tbody>
<tr>
<td>1. DATE OF ORDER</td>
<td>2. CONTRACT NO. (If any)</td>
<td>3. ORDER NO.</td>
</tr>
<tr>
<td>07/27/2016</td>
<td>GS-07F-355AA</td>
<td>HSCETE-16-F-00037</td>
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7. TO:

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<tbody>
<tr>
<td>7. TO:</td>
<td>b) (b) (7) (C)</td>
<td>a) NAME OF CONSIGNEE</td>
<td>ICE HMLND SEC INV HQ DIV 4</td>
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8. COMPANY NAME

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<td>b) (b) (7) (C)</td>
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9. STREET ADDRESS

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<tbody>
<tr>
<td>2001 JEFFERSON DAVIS HWY</td>
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<td>SUITE 801</td>
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10. ISSUING OFFICE

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<tr>
<td>ICE HMLND SEC INV HQ DIV 4</td>
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11. ACCOUNTING AND APPROPRIATION DATA

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12. BUSINESS CLASSIFICATION

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<tbody>
<tr>
<td>a) SMALL</td>
<td>b) OTHER THAN SMALL</td>
<td>c) DISADVANTAGED</td>
<td>d) WOMEN-OWNED</td>
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13. PLACE OF

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<tbody>
<tr>
<td>a) INSPECTION</td>
<td>b) ACCEPTANCE</td>
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14. DISCOUNT TERMS

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15. DELIVER TO

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16. DISCOUNT TERMS

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17. SCHEDULE (See reverse for Rejections)

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<tbody>
<tr>
<td>ITEM NO. (a)</td>
<td>SUPPLIES OR SERVICES (b)</td>
<td>QUANTITY ORDERED (c)</td>
<td>UNIT PRICE (d)</td>
<td>AMOUNT (e)</td>
<td>QUANTITY ACCEPTED (f)</td>
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18. SHIPPING POINT

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19. GROSS SHIPPING WEIGHT

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20. INVOICE NO

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21. MAIL INVOICE TO

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22. UNITED STATES OF AMERICA (b) (b) (7) (C)

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23. NAME (Typed) (b) (b) (7) (C)

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**OPTIONAL FORM 347 (Rev. 2/2011)**

**AUTHORIZED FOR LOCAL REPRODUCTION**

**PREVIOUS EDITION NOT USABLE**
SUPPLEMENTAL INVOICING INFORMATION

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of $ ______________. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided:

contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed $10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been:

- □ inspected
- □ accepted
- □ received by me

and conforms to contract. Items listed below have been rejected for the reasons indicated:

<table>
<thead>
<tr>
<th>SHIPMENT NUMBER</th>
<th>PARTIAL</th>
<th>DATE RECEIVED</th>
<th>SIGNATURE OF AUTHORIZED U.S. GOVT REP</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINAL</td>
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</table>

TOTAL CONTAINERS | GROSS WEIGHT | RECEIVED AT | TITLE |

REPORT OF REJECTIONS

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>UNIT</th>
<th>QUANTITY REJECTED</th>
<th>REASON FOR REJECTION</th>
</tr>
</thead>
</table>

OPTIONAL FORM 347 (Rev. 2/2012) (BACK)
ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

DATE OF ORDER: 07/27/2016
CONTRACT NO: GS-07F-355AA
ORDER NO: HSCETE-16-F-00037

ITEM NO. | SUPPLIES/SERVICES | QUANTITY ORDERED | UNIT | UNIT PRICE | AMOUNT | QUANTITY ACCEPTED
(a) | (b) | (c) | (d) | (e) | (f) | (g)

CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER.

NAICS: (b)(4)
PSC: (b)(4)

THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/MAINTENANCE AGREEMENT.

THE GOVERNMENT WILL NOT BE OBLIGATED TO PAY THE CONTRACTOR ANY AMOUNT IN EXCESS OF THE FIXED-PRICE AMOUNT COVERING THE EFFECTIVE PERIOD OF PERFORMANCE IN THE ORDER, AND THE CONTRACTOR SHALL NOT CONTINUE PERFORMANCE UNLESS AND UNTIL THE CONTRACTING OFFICER NOTIFIES THE CONTRACTOR VERBALLY OR BY WRITTEN MODIFICATION THAT A NEW PERIOD OF PERFORMANCE HAS BEEN ESTABLISHED AND APPROVED.

LIMITATION OF AUTHORITY

No person in the Government, other than a Contracting Officer, has the authority to provide direction to the Contractor, which alters the Contractor's obligations or changes this contract in any way. If any person representing the Government, other than a Contracting Officer, attempts to alter contract obligations, change the contract specifications/statement of work or tells the contractor to perform some effort which the Contractor believes to be outside the scope of this contract, the Contractor shall immediately notify the Procuring Contracting Officer (PCO). Contractor personnel shall not comply with any order or direction which they believe to be outside the scope of this contract unless the order or direction is issued by a Contracting Officer.

Continued ...

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $0.00
## ORDER FOR SUPPLIES OR SERVICES

### SCHEDULE - CONTINUATION

**DATE OF ORDER:** 07/27/2016  
**CONTRACT NO.:** GS-07F-355AA  
**ORDER NO.:** HSCETE-16-F-00037

### Item No. 0001

- **SUPPLIES/SERVICES:**
  - If the Contractor makes any changes without the authorization of the Contracting Officer, by modifying this order to include increasing devices or services, the Contractor is performing at its own risk. A funded G-514 is required before any goods or services are provided by the Contractor and no one is authorized to make any changes to this order that will increase the obligated amount, other than the Contracting Officer. Any Government individual other than Contracting Officer who directs the Contractor to change this order by increasing of quantities is committing an unauthorized commitment and shall complete the ratification process to resolve that matter.

- **ACCOUNTING INFO:**
  - (b)(7)(E)

- **PERIOD OF PERFORMANCE:**
  - (b)(4)

- **SHIP TO:**
  - DHS/ICE/HSI CYBER CRIMES CENTER  
  - 11320 RANDOM HILLS RD., FAIRFAX, VA 22030

### SECTION 508 COMPLIANCE

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

**DATE OF ORDER**: 07/27/2016

**CONTRACT NO.**: GS-07F-355AA

**ORDER NO.**: HSCETE-16-F-00037

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
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</table>
| 105-220), AUGUST 7, 1998, REQUIRES THAT WHEN FEDERAL AGENCIES DEVELOP, PRO CURE, MAINTAIN, OR USE ELECTRONIC AND INFORMATION TECHNOLOGY (EIT), THEY MUST ENSURE THAT IT IS ACCESSIBLE TO PEOPLE WITH DISABILITIES. FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC WHO HAVE DISABILITIES MUST HAVE ACCESS TO AND USE OF INFORMATION AND SERVICES THAT IS COMPARABLE TO THE ACCESS AND USE AVAILABLE TO NON-DISABLED FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC. ALL EIT WILL COMPLY WITH THE APPLICABLE TECHNICAL AND FUNCTIONAL PERFORMANCE CRITERIA OF SECTION 508, UNLESS EXEMPT. FAR 52.223-16 IEEE 1680 STANDARD FOR THE ENVIRONMENTAL ASSESSMENT OF PERSONAL COMPUTER PRODUCTS IS HEREBY INCORPORATED BY REFERENCE. Included by reference IAW FAR 52.222-50, Combating Trafficking in Persons (FEB 2009); FAR 52.232-39 Unenforceability of Unauthorized Obligations (JUN 2013) ADVANCE PAYMENTS ARE NOT AUTHORIZED. CONTRACTOR SHALL SUBMIT INVOICE MONTHLY OR QUARTERLY IN ARREARS. INVOICE PAYMENT INSTRUCTIONS

Please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.

1. Invoices shall now be submitted via one of the following three methods:

a. By mail: See Block 21.

b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)

Continued ...
ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

DATE OF ORDER: 07/27/2016
CONTRACT NO.: GS-07F-355AA
ORDER NO.: HSCETE-16-F-00037

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<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tr>
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<td>(d)</td>
<td>(e)</td>
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</table>

Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to and shall be notated on every invoice submitted to ICE/OAQ on or after 01 March 2008 to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice. Please send an additional copy of the invoice to

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

2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g)(1), Contract Terms and Conditions, Commercial Items, the information required with each invoice submission is as follows:

An invoice must include:
(i) Name and address of the Contractor;
(ii) Invoice date and number;
(iii) Contract number, contract line item number and, if applicable, the order number;
(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;
(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;
(vi) Terms of any discount for prompt payment offered;
(vii) Name and address of official to whom payment is to be sent;
(viii) Name, title, and phone number of person to notify in event of defective invoice; and
(ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this

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

**SCHEDULE - CONTINUATION**

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

1. Contract. (See paragraph 1 above.)
   (x) Electronic funds transfer (EFT) banking information.
   (A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.
   (B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with 52.232-33, Payment by Electronic Funds Transfer, Central Contractor Registration.
   (C) EFT banking information is not required if the Government waived the requirement to pay by EFT. DHS / ICE Financial Operations - Burlington Customer Service Inquiry Center

1-877-491-7785 Monday through Friday 8:00 AM - 5:30 PM EST or at e-mail address

Invoices without the above information may be returned for resubmission.

3. All other terms and conditions remain the same.

Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment.

For questions regarding this order:
Contract Officer: [Redacted]
Receiving Officer: [Redacted]
Technical POC: [Redacted]
Vendor POC: [Redacted]

Continued ...