

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHQD2SOD0001		PAGE OF 1 5	
2. CONTRACT NO. HSCEMD-13-D-00001		3. AWARD/ EFFECTIVE DATE 01/22/2016		4. ORDER NUMBER HSCEMD-16-J-00002		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE							
7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT	
9. ISSUED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE ICE/HSI/HQ-D2 ICE/HSI/HQ- Division2 Immigration and Customs Enforcement 500 12th Street SW, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Washington DC 20536		16. ADMINISTERED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) 214.905. (b)(6);(b)(7)(C) Dallas TX 75247		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/ OFFEROR CODE 0330955680000 FACILITY CODE CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07452		18a. PAYMENT WILL BE MADE BY CODE ICE-HSI-HQ-DIV 2 DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 2 Williston VT 05495-1620					
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a BELOW IS CHECKED <input checked="" type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
(b)(6);(b)(7)(C)	DUNS Number: 033095568 Program Office/Receiving Official Point-of-Contact (POC): (b)(6);(b)(7)(C) (202) 732- or (b)(6);(b)(7)(C) Alternate Office/Receiving Official POC: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (703) 488- or (b)(6);(b)(7)(C) Procurement Office Point-of-Contact POC: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (214) 905- or (b)(6);(b)(7)(C) Exempt Action: Y (Use Reverse and/or Attach Additional Sheets as Necessary)						
(b)(6);(b)(7)(C)							
(b)(6);(b)(7)(C)							
25. ACCOUNTING AND APPROPRIATION DATA See schedule				26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA				27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA			
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
2002D	<p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>(b)(4)</p> <p>Invoice Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none"> • Invoice.Consolidation@ice.dhs.gov • Program Office/Receiving Official <p>Point-of-Contact (POC): (b)(6);(b)(7)(C) (202) 732- or (b)(6);(b)(7)(C)</p> <p>Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT (Location)		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>• Alternate Office/Receiving Official POC: (b)(6);(b)(7)(C) (703) 488- or (b)(6);(b)(7)(C)</p> <p>• Contract Specialist/Contracting Officer: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C), (214) 905. or (b)(6);(b)(7)(C)</p> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI-HQ-DOV 2</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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</p> <p>Continued ...</p>				<p>(b)(6);(b)(7)(C)</p> <p>(b)(6);(b)(7)(C)</p>

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(v) Contract Line Item Number(s) HSCCMD-13-D-00001/HSCCMD-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;</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office (ICE-HSI-HQ-DIV 2) designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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</p> <p>The total amount of award: \$(b)(4) The obligation for this award is shown in box 26.</p>				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHQD2SOD0002		PAGE OF 1 8	
2. CONTRACT NO. HSCCMD-13-D-00001		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCCMD-16-J-00005		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE		7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) (214) 905 (b)(6);(b)(7)(C)	
8. OFFER DUE DATE/LOCAL TIME CT		9. ISSUED BY CODE (b)(4) Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) Dallas TX 75247		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		15. DELIVER TO CODE ICE/HSI/HQ-D2 ICE Hmlnd Sec Inv HQ Div. 2 Immigration and Customs Enforcement 500 12th Street SW, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Washington DC 20536		16. ADMINISTERED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247			
17a. CONTRACTOR/ OFFEROR CODE 0330955680000 CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452		18a. PAYMENT WILL BE MADE BY CODE ICE-HSI-HQ-DIV 2 DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 2 REF: HSCCMD-16-J-00005 Williston VT 05495-1620		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a IS CHECKED <input checked="" type="checkbox"/> SEE ADDENDUM	
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
23. UNIT PRICE		24. AMOUNT		25. ACCOUNTING AND APPROPRIATION DATA See schedule		26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)	
(b)(6);(b)(7)(C)		DUNS Number: 033095568 Program Office/Receiving Official Point-of-Contact (POC): (b)(6);(b)(7)(C) (202) 732- or (b)(6);(b)(7)(C) Alternate Office/Receiving Official POC: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (703) 488- or (b)(6);(b)(7)(C) Procurement Office Point-of-Contact POC: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (214) 905- or (b)(6);(b)(7)(C)					
(b)(6);(b)(7)(C)		(b)(6);(b)(7)(C)					
(b)(6);(b)(7)(C)		(b)(6);(b)(7)(C)					
		(Use Reverse and/or Attach Additional Sheets as Necessary)					
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA		27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA		28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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) (b)(6);(b)(7)(C)	
						31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>Exempt Action: N</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>Invoice Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none"> • Invoice.Consolidation@ice.dhs.gov <p>Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
		42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS	

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<ul style="list-style-type: none">Contracting Officer Representative (COR) or Government Point of Contact (GPOC)Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>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)</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firm Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):</p> <p>ALT 1- Time and Material Contracts</p> <p>Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).</p> <p>ALT 2 - Cost Contracts</p> <p>a. Cost Plus Award Fee:</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>• 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>b. Cost Reimbursable CLIN (Other Direct Costs)</p> <p>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 ...</p>				

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CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<ul style="list-style-type: none"> Item purchased Cost Date expensed Documentation of prior COR approval <p>All cost presentations provided by the Contractor shall also include applicable indirect cost.</p> <p>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:</p> <p>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:</p> <ul style="list-style-type: none"> Date Expensed Authorized Travel Event Number Days of Travel Documentation of COR approval prior to travel <p>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.</p> <p>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.</p> <p>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.</p> <p>4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	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 OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHQD2SOD0003		PAGE OF 1 7		
2. CONTRACT NO. HSCMD-13-D-00001			3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCMD-16-J-00021		5. SOLICITATION NUMBER	
							6. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)			b. TELEPHONE NUMBER (No collect calls) (214) 905 (b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS (b)(4) SIZE STANDARD: (b)(4)				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30			13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO ICE Hmlnd Sec Inv HQ Div. 2 Immigration and Customs Enforcement 14560 Avion Parkway Attn: (b)(6);(b)(7)(C) Chantilly VA 20151		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247			14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/ OFFEROR CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 2 REF: HSCMD-16-J-00021 Williston VT 05495-1620			13c. RATING			
TELEPHONE NO.		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY		22. UNIT	
(b)(6);(b)(7)(C)		DUNS Number: 033095568					23. UNIT PRICE	
(b)(6);(b)(7)(C)		Primary WebView POC: (b)(6);(b)(7)(C) (202)					24. AMOUNT	
		200- (b)(6);(b)(7)(C)						
		Alternate WebView POC: (b)(6);(b)(7)(C) (703)						
		488- (b)(6);(b)(7)(C)						
		Acquisition POC: (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C)						
		(b)(6);(b)(7)(C)						
		(b)(4)						
		(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)		
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA						27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA		
<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.		
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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						31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)		
30b. NAME AND TITLE OF SIGNER (Type or print)			30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>(b)(4)</p> <p>Exempt Action: N</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>Invoice Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <p>Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<ul style="list-style-type: none">• Invoice.Consolidation@ice.dhs.gov• Contracting Officer Representative (COR) or Government Point of Contact (GPOC) <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI-HQ-DIV 2</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>invoice.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(xii) Electronic Funds Transfer (EFT) banking</p> <p>Continued ...</p>				

CONTINUATION SHEET

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NAME OF OFFEROR OR CONTRACTOR

CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firm Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):</p> <p>ALT 1- Time and Material Contracts</p> <p>Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).</p> <p>ALT 2 - Cost Contracts</p> <p>a. Cost Plus Award Fee:</p> <p>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:</p> <ul style="list-style-type: none"> 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. <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>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.</p> <p>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.</p> <p>b. Cost Reimbursable CLIN (Other Direct Costs)</p> <p>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:</p> <ul style="list-style-type: none">• Item purchased• Cost• Date expensed• Documentation of prior COR approval <p>All cost presentations provided by the Contractor shall also include applicable indirect cost.</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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:</p> <p>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:</p> <ul style="list-style-type: none">• Date Expensed• Authorized Travel Event Number• Days of Travel• Documentation of COR approval prior to travel <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>(b)(7)(E)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>All pertinent terms and conditions from HSCCMD-13-D-00001 are hereby incorporated by reference.</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>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 (b)(4) (or) via e-mail to: (b)(6);(b)(7)(C)</p> <p>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.</p> <p>Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT (Location)		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

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REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Signature</p> <p>Title</p> <p>Date</p> <p>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.</p> <p>Invoicing Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none">• Invoice.Consolidation@ice.dhs.gov• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)• Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI- SAC San Antonio</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, if applicable,</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>the order number;</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHOREQ00012		PAGE OF 1 5	
2. CONTRACT NO. HSCEMD-13-D-00001		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCEMD-16-J-00034		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE		7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)	
8. OFFER DUE DATE/LOCAL TIME CT		9. ISSUED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		15. DELIVER TO CODE ICE/HSI/SAC HOUSTON Investigation - SAC Houston Immigration and Customs Enforcement 4141 N. Sam Houston Pkwy E. (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Houston TX 77032		16. ADMINISTERED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214 905 (b)(6);(b)(7)(C) Dallas TX 75247			
17a. CONTRACTOR/ OFFEROR CODE 0330955680000 CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452		18a. PAYMENT WILL BE MADE BY CODE ICE-HSI-SAC-HOUSTON DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-Houston Williston VT 05495-1620		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a BELOW IS CHECKED <input type="checkbox"/> 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); (b)(6);(b)(7)(C); 281-985-(b)(6);(b)(7)(C) Alt. Program POC: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); 281-985-(b)(6);(b)(7)(C) Contracting POC: (b)(6);(b)(7)(C); (b)(6);(b)(7)(C); 214-905-(b)(6);(b)(7)(C) Exempt Action: N Accounting Info: (b)(7)(E) Continued ... <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>					
25. ACCOUNTING AND APPROPRIATION DATA See schedule		26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)					
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA		27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA		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) (b)(6);(b)(7)(C)	
						31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(b)(7)(E)				
	Period of Performance: (b)(4)				
0001	(b)(4)	(b)(4)			
	(b)(4)				
	Period of Performance: (b)(4)				
0002	(b)(4)	(b)(4)			
	(b)(4)				
	Period of Performance: (b)(4)				
	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: _____

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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 (b)(6);(b)(7)(C) (or) via e-mail to: (b)(6);(b)(7)(C)</p> <p>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.</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> <p>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.</p> <p>Invoicing Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none"> • Invoice.Consolidation@ice.dhs.gov • Contracting Officer Representative (COR) or <p>Continued ...</p>			(b)(6);(b)(7)(C)	

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Government Point of Contact (GPOC)</p> <ul style="list-style-type: none">Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI- SAC Houston</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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.</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, if applicable, the order number;</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHQD2SOD0004		PAGE OF 1 7					
2. CONTRACT NO. HSCCMD-13-D-00001			3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCCMD-16-J-00036		5. SOLICITATION NUMBER				
7. FOR SOLICITATION INFORMATION CALL:			a. NAME (b)(6);(b)(7)(C)			b. TELEPHONE NUMBER (No collect calls) (214) 905 (b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT			
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) Dallas TX 75247			CODE ICE/IOSD		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)						
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE			12. DISCOUNT TERMS Net 30			13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>			13b. RATING		
15. DELIVER TO ICE Hmlnd Sec Inv HQ Div. 2 Immigration and Customs Enforcement 14560 Avion Parkway Attn: (b)(6);(b)(7)(C) Chantilly VA 20151			CODE ICE/HSI/HQ-D2			16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247			CODE ICE/IOSD		
17a. CONTRACTOR/OFFEROR CELLEBRITE USA CORP ATTN CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07452			CODE 0330955680000 FACILITY CODE			18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 2 REF: HSCCMD-16-J-00036 Williston VT 05495-1620			CODE ICE-HSI-HQ-DIV 2		
TELEPHONE NO.			17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM					
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY		22. UNIT		23. UNIT PRICE	
		DUNS Number: 033095568 (b)(6);(b)(7)(C) Primary WebView POC: (b)(6);(b)(7)(C) (202) 200-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Alternate WebView POC: (b)(6);(b)(7)(C) (703) 488-(b)(6);(b)(7)(C) Acquisition POC: (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(4) (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)					
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.						27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.					
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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						31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)					
30b. NAME AND TITLE OF SIGNER (Type or print)				30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)				31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>(b)(4)</p> <p>Exempt Action: N</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>Funded: (b)(4)</p> <p>Invoice Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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 Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT (Location)		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>facsimile as follows:</p> <p>a. Email:</p> <ul style="list-style-type: none">Invoice.Consolidation@ice.dhs.govContracting Officer Representative (COR) or Government Point of Contact (GPOC) <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI-HQ-DIV 2</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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</p> <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>"Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firm Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):</p> <p>ALT 1- Time and Material Contracts</p> <p>Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).</p> <p>ALT 2 - Cost Contracts</p> <p>a. Cost Plus Award Fee:</p> <p>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:</p> <ul style="list-style-type: none"> 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 <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>b. Cost Reimbursable CLIN (Other Direct Costs)</p> <p>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:</p> <ul style="list-style-type: none">• Item purchased• Cost• Date expensed <p>Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<ul style="list-style-type: none"> Documentation of prior COR approval <p>All cost presentations provided by the Contractor shall also include applicable indirect cost.</p> <p>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:</p> <p>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:</p> <ul style="list-style-type: none"> Date Expensed Authorized Travel Event Number Days of Travel Documentation of COR approval prior to travel <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHQ4CCC0078		PAGE OF 1 5	
2. CONTRACT NO. HSCMD-13-D-00001		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCMD-16-J-00037		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) (214) 905 (b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO ICE Hmlnd Sec Inv HQ Div. 4 Immigration and Customs Enforcement 11320 Random Hills Road (b)(6);(b)(7)(C) Fairfax VA 22030		CODE ICE/HSI/HQ-D4		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214) 905 (b)(6);(b)(7)(C) Dallas TX 75247		CODE ICE/IOSD	
17a. CONTRACTOR/OFFEROR CELLEBRITE USA CORP ATTN CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07452		CODE 0330955680000 FACILITY CODE		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4 Williston VT 05495-1620		CODE ICE-HSI-HQ-DIV 4	
TELEPHONE NO.				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER							
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 033095568 Exempt Action: Y Accounting Info: (b)(7)(E) FOB: Origin Parsippany, NJ Period of Performance: (b)(4) (b)(4) (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)	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. <input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED.	
<input type="checkbox"/> 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.						<input type="checkbox"/> 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				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
2003A	<p>INVOICE COR</p> <p>COR: (b)(6);(b)(7)(C)</p> <p>COR Email: (b)(6);(b)(7)(C)</p> <p>COR Phone Number: 703 293 (b)(6);(b)(7)(C)</p> <p>Alt COR: (b)(6);(b)(7)(C)</p> <p>Alt COR Email: (b)(6);(b)(7)(C)</p> <p>Alt COR Phone Number: 703 293 (b)(6);(b)(7)(C)</p> <p>TECHNICAL POC</p> <p>POC: (b)(6);(b)(7)(C)</p> <p>POC E:MAIL: (b)(6);(b)(7)(C)</p> <p>POC PHONE: 703 293 (b)(6);(b)(7)(C)</p> <p>(b)(4)</p> <p>LICENSE RENEWALS TO BE REQUIRED ONE YEAR FROM THE</p> <p>(b)(4)</p> <p>Invoice Instructions: ICE - NON-ERO Contracts Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT (Location)		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

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CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none">• Invoice.Consolidation@ice.dhs.gov• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)• Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE HSI HQ DIV 4</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number; HSCEMD-16-J-00037</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>3. N/A</p> <p>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.</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VHQ4CCC0075		PAGE OF 1 5		
2. CONTRACT NO. HSCEMD-13-D-00001			3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCEMD-16-J-00044		5. SOLICITATION NUMBER	
							6. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)			b. TELEPHONE NUMBER (No collect calls) (214) 905 (b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING		
15. DELIVER TO ICE/HSI/Div 4 - Cyber Crime Center Immigration and Customs Enforcement 11320 Random Hills Road, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Fairfax VA 22030		CODE ICE/HSI/HQ-D4		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214) 905 (b)(6);(b)(7)(C) Dallas TX 75247		CODE ICE/IOSD		
17a. CONTRACTOR/ OFFEROR CELLEBRITE USA CORP ATTN CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07452		CODE 0330955680000 FACILITY CODE		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4 Williston VT 05495-1620		CODE ICE-HSI-HQ-DIV 4		
TELEPHONE NO.				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER								
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT	
	DUNS Number: 033095568 INVOICE POC: PRIMARY POC: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 703-293-(b)(6);(b)(7)(C) ALTERNATE POC: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 703-293-(b)(6);(b)(7)(C) (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)		
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. <input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED.		
<input type="checkbox"/> 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.						<input type="checkbox"/> 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				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)				
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED		

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	ALTERNATE POC: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 703-293-(b)(6);(b)(7)(C) Technical POC for Delivery Information: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 703-293-(b)(6);(b)(7)(C) Contracting POC: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 214-905-(b)(6);(b)(7)(C) Exempt Action: Y Period of Performance: (b)(4)				
2006A	(b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4) Period of Performance: (b)(4)				(b)(4)
2006B	(b)(4) Continued ...				(b)(4)

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Period of Performance: (b)(4)				
2006C	(b)(4)	(b)(4)			
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Period of Performance: (b)(4)				
2006CA	(b)(4)	(b)(4)			
	Accounting Info: (b)(7)(E)				
	Funded: (b)(4)				
	Period of Performance: (b)(4)				
	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- (b)(4) (or) via e-mail to: Continued ...				

(b)(6);(b)(7)(C)

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NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(b)(6);(b)(7)(C)</p> <p>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 (b)(6);(b)(7)(C), upon receipt. Please contact the Contracting Officer if there are any questions or concerns.</p> <p>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.</p> <p>***** INVOICE INSTRUCTIONS</p> <p>1. Invoice Submission:</p> <p>*Primary method of submission is email. Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov Attn: ICE-HSI-HQ DIV 4 Invoice</p> <p>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.</p> <p>*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.</p> <p>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.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information: Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>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.</p> <p>3. 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</p> <p>Invoices without the above information may be returned for resubmission</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER 192116VEL00P00010		PAGE OF 1 7	
2. CONTRACT NO. HSCCMD-13-D-00001		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCCMD-16-J-00047		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE		7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)	
8. OFFER DUE DATE/LOCAL TIME CT		9. ISSUED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		15. DELIVER TO CODE ICE/HSI/SAC EL PASO ICE Hmlnd Sec Inv SAC El Paso Immigration and Customs Enforcement 11541 MONTANA AVE El Paso TX 79936		16. ADMINISTERED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214 905 (b)(6);(b)(7)(C) Dallas TX 75247			
17a. CONTRACTOR/ OFFEROR CODE 0330955680000 FACILITY CODE CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452		18a. PAYMENT WILL BE MADE BY CODE ICE-HSI-SAC-ELP DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-El Paso Williston VT 05495-1620		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a IS CHECKED <input type="checkbox"/> SEE ADDENDUM	
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
23. UNIT PRICE		24. AMOUNT		25. ACCOUNTING AND APPROPRIATION DATA See schedule		26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)	
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.		27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> 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		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)		30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED	
31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED		32. AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION IS NOT USABLE		STANDARD FORM 1449 (REV. 2/2012) Prescribed by GSA - FAR (48 CFR) 53.212 000048	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(b)(4) Exempt Action: N Accounting Info: (b)(7)(E) Period of Performance: (b)(4)				
0001	(b)(4)				(b)(4)
0002	(b)(4)				(b)(4)
0003	(b)(4)				(b)(4)
1001	(b)(4) Continued ...				(b)(4)

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 <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> 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			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEMD-13-D-00001/HSCEMD-16-J-00047

PAGE 3 OF 7

NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(4)				
2001	(b)(4)				(b)(4)
3001	(b)(4)				(b)(4)
4001	(b)(4)				(b)(4)
4002	(b)(4)				(b)(4)
	Continued ...				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEMD-13-D-00001/HSCEMD-16-J-00047

PAGE OF
4 7

NAME OF OFFEROR OR CONTRACTOR
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>09/01/2021</p> <p>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)</p> <p>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)</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>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- (b)(6);(b)(7)(C) (or) via e-mail to: (b)(6);(b)(7)(C)</p> <p>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</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCCMD-13-D-00001/HSCCMD-16-J-00047

PAGE OF

5

7

NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> <p>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.</p> <p>Invoicing Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none">• Invoice.Consolidation@ice.dhs.gov• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)• Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCCMD-13-D-00001/HSCCMD-16-J-00047

PAGE OF
6 7

NAME OF OFFEROR OR CONTRACTOR
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI-El Paso</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEMD-13-D-00001/HSCEMD-16-J-00047

PAGE OF

7

7

NAME OF OFFEROR OR CONTRACTOR

CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, if applicable, the order number;</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

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

1. DATE OF ORDER 08/22/2016		2. CONTRACT NO. (If any) HSCMD-13-D-00001		6. SHIP TO: a. NAME OF CONSIGNEE Investigation - SAC Atlanta	
3. ORDER NO. HSCMD-16-J-00049		4. REQUISITION/REFERENCE NO. 192116VAT0000013		b. STREET ADDRESS Immigration and Customs Enforcement 1100 Center Parkway Attn: (b)(6);(b)(7)(C)	
5. ISSUING OFFICE (Address correspondence to) Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C), 214 905 (b)(6);(b)(7)(C) Dallas TX 75247		c. CITY Atlanta		d. STATE GA	e. ZIP CODE 30344
7. TO: CELLEBRITE USA CORP		f. SHIP VIA		8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. 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.	
a. NAME OF CONTRACTOR CELLEBRITE USA CORP		b. COMPANY NAME		c. STREET ADDRESS 7 CAMPUS DRIVE SUITE 210	
d. CITY PARSIPPANY		e. STATE NJ	f. ZIP CODE 07452	10. REQUISITIONING OFFICE ICE Hmld Sec Inv SAC Atlanta	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB		12. F.O.B. POINT Destination	
13. PLACE OF a. INSPECTION Destination		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)	

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 033095568 Obl Processing POC: (b)(6);(b)(7)(C), Alt: (b)(6);(b)(7)(C) Exempt Action: Y Accounting Info: (b)(7)(E) Continued ...					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages) ▲
21. MAIL INVOICE TO:						
a. NAME DHS, ICE						
b. STREET ADDRESS (or P.O. Box) Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-Atlanta Ref # HSCMD-16-J-00049 for payment						
c. CITY Williston		d. STATE VT	e. ZIP CODE 05495-1620		17(i) GRAND TOTAL ▲	
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

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ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION

2

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

08/22/2016

HSCEMD-13-D-00001

HSCEMD-16-J-00049

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
2002c	(b)(7)(E)					
	(b)(4)		(b)(4)			
	(b)(4)					
	<p>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 HSCENV"), (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.</p> <p>NOT TO EXCEED</p> <p>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.</p> <p>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</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))						(b)(4)

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
3

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <p>FOR COMMUNICATION OF THIS ORDER.</p> <p>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 (b)(6);(b)(7)(C) at the issuing office at (214) 905 (b)(6);(b) or you can also send me an E-Mail to: (b)(6);(b)(7)(C)</p> <p>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.</p> <p>_____ Signature Title</p> <p>_____ Date</p> <p>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.</p> <p>INVOICE INSTRUCTIONS</p> <p>Service Providers/Contractors shall use these procedures when submitting an invoice.</p> <p>1. Invoice Submission: Invoices shall be submitted in a .pdf format in accordance</p> <p>Continued ...</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
4

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <ul style="list-style-type: none"> • Invoice.Consolidation@ice.dhs.gov • Government Point of Contact (GPOC): WILL BE LOCATED IN THE BODY OF THE ORDER <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award</p> <p>Continued ...</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
5

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>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.</p> <p>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
6

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov</p> <p>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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00

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Prescribed by GSA FAR (48 CFR) 53.213(f)

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER See Schedule		PAGE OF 1 20	
2. CONTRACT NO.		3. AWARD/ EFFECTIVE DATE 02/11/2016		4. ORDER NUMBER HSCMD-16-P-00017		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE							
7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		CODE ICE/IOSD		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: SIZE STANDARD:			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO ICE/HSI/Div 4 - Cyber Crimes Center Immigration and Customs Enforcement 11320 Random Hills Road, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Fairfax VA 22030		CODE ICE/HSI/HQ-D4		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		CODE ICE/IOSD	
17a. CONTRACTOR/OFFEROR GUIDANCE SOFTWARE INC 1055 E COLORADO BLVD STE 400 PASADENA CA 91106-2375		CODE 0138144260000 FACILITY CODE		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4 Williston VT 05495-1620		CODE ICE-HSI-HQ-DIV 4	
TELEPHONE NO.				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER							
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 013814426 Receiving Official Point-of-Contact (POC): (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C) Alternate Receiving Official POC: (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C) Procurement POC: (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) Exempt Action: Y Delivery: 30 Days After Award Period of Performance: (b)(4) Continued ... (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)	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> 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.						<input type="checkbox"/> 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				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<div>(b)(4);(b)(6);(b)(7)(C)</div> <div>Requisition No: 192116VHQ4CCC0004</div> <div>Accounting Info:</div> <div>(b)(7)(E)</div> <div>Funded: (b)(4)</div>				(b)(4)
0002	<div>(b)(4);(b)(6);(b)(7)(C)</div> <div>Requisition No: 192116VHQ4CCC0004</div> <div>Accounting Info:</div> <div>(b)(7)(E)</div> <div>Funded: (b)(4)</div> <div>(b)(4)</div> <div>Invoice Instructions:</div> <div>ICE - NON-ERO Contracts</div> <div>Continued ...</div>				(b)(4)

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> 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		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT (Location)		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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OF

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NAME OF OFFEROR OR CONTRACTOR

GUIDANCE SOFTWARE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Service Providers shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none">• Invoice.Consolidation@ice.dhs.gov• Receiving Official Point-of-Contact (POC)• Alternate Receiving Official Point-of-Contact (ALT. POC)• Procurement POC <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE/HSI/HQ/DIV4</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEMD-16-P-00017

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NAME OF OFFEROR OR CONTRACTOR

GUIDANCE SOFTWARE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>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 anotated on every invoice.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Contract number (HSCEMD-16-P-0017);</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

GUIDANCE SOFTWARE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>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.</p> <p>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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 1	
2. AMENDMENT/MODIFICATION NO. P00002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY CODE ICE/IOSD		7. ADMINISTERED BY (If other than Item 6) CODE	
Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247					
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		9A. AMENDMENT OF SOLICITATION NO.			
CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07054		9B. DATED (SEE ITEM 11)			
CODE 0330955680000 FACILITY CODE		10A. MODIFICATION OF CONTRACT/ORDER NO. HSCCMD-16-P-00033			
		10B. DATED (SEE ITEM 13) 04/25/2016			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by 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)					
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.				
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).				
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
X	D. OTHER (Specify type of modification and authority) Closeout IAW FAR 4.804 Closeout of Contract Files				
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					
DUNS Number: 033095568					
Points of Contact:					
Program POC: (b)(6);(b)(7)(C) 703-287-(b)(6);(b)(7)(C)					
Alternate POC: (b)(6);(b)(7)(C) 703-287-(b)(6);(b)(7)(C)					
Contract Specialist: (b)(6);(b)(7)(C) 214-905-(b)(6);(b)(7)(C)					
The purpose of this modification is to close out this order. All work has been complete and all invoices paid.					
~					
Exempt Action: Y Sensitive Award: (b)(7)(E)					
Period of Performance: (b)(4)					
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
		(b)(6);(b)(7)(C)			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(Signature of Contracting Officer)	

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1. DATE OF ORDER 08/12/2016		2. CONTRACT NO. (If any)		6. SHIP TO:		
3. ORDER NO. HSCMD-16-P-00092		4. REQUISITION/REFERENCE NO. 192116VPH00000311		a. NAME OF CONSIGNEE Investigation - SAC Phoenix		
5. ISSUING OFFICE (Address correspondence to) Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				b. STREET ADDRESS Immigration and Customs Enforcement 4041 N. Central Avenue, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C)		
				c. CITY Phoenix		e. ZIP CODE 85012
7. TO: CELLEBRITE USA CORP				f. SHIP VIA		
a. NAME OF CONTRACTOR CELLEBRITE USA CORP				8. TYPE OF ORDER		
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: Quote # (b)(4) Dated Aug 12, 2016 Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.		
c. STREET ADDRESS 7 CAMPUS DRIVE SUITE 210				<input type="checkbox"/> 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.		
d. CITY PARSIPPANY		e. STATE NJ		f. ZIP CODE 07054		
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE Hmlnd Sec Inv SAC Phoenix		
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				12. F.O.B. POINT		
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 90 Days After Receipt of Order
				16. DISCOUNT TERMS Net 30		
17. SCHEDULE (See reverse for Rejections)						
ITEM NO. (a)	SUPPLIES OR SERVICES (b)			QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)
	DUNS Number: 033095568 ~ Primary POC: (b)(6);(b)(7)(C), 602-200-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Alt. POC: (b)(6);(b)(7)(C), 602-200-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Continued ...					
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages) ▲
21. MAIL INVOICE TO:						
a. NAME Department of Homeland Security						
b. STREET ADDRESS (or P.O. Box) Burlington Finance Center P.O. Box 1620 ATTN: HQ/HSI SAC Phoenix						
c. CITY Williston		d. STATE VT		e. ZIP CODE 05495-1279		17(i) GRAND TOTAL ▲
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER
08/12/2016

CONTRACT NO.

ORDER NO.

HSCEMD-16-P-00092

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>POCs will schedule training and communication with Cellebrite if needed. POCs are not authorized to change the terms and conditions of this order.</p> <p>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).</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> <p>~</p> <p>Exempt Action: N</p> <p>Accounting Info: (b)(7)(E)</p> <p>(b)(4)</p> <p>~</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>All communications and invoices must reference order number HSCEMD-16-P-00092.</p> <p>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.</p> <p>Invoicing Instructions:</p> <p>Contractors shall use these procedures when Continued ...</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

(b)(4)

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>submitting an invoice.</p> <p>1. Invoice Submission:</p> <p>Primary method of submission is email. Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov</p> <p>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.</p> <p>Alternate method of submission is fax. Invoices shall be submitted to: 802-288-7658</p> <p>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</p> <p>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.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>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.</p> <p>3. 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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00

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ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1. DATE OF ORDER 04/28/2017		2. CONTRACT NO. (If any) HSCMD-13-D-00001		6. SHIP TO: a. NAME OF CONSIGNEE HSI SELLS	
3. ORDER NO. HSCMD-17-J-00025		4. REQUISITION/REFERENCE NO. 192117VSS00000002		b. STREET ADDRESS Attn: (b)(6);(b)(7)(C) State Hwy 88 Mile Post 112.5	
5. ISSUING OFFICE (Address correspondence to) Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) ATT: (b)(6);(b)(7)(C) Dallas TX 75247				c. CITY Sells	d. STATE AZ
7. TO: a. NAME OF CONTRACTOR CELLEBRITE INC				e. ZIP CODE 85634	
b. COMPANY NAME				f. SHIP VIA	
c. STREET ADDRESS 7 CAMPUS DRIVE SUITE 210				8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR: Quote (b)(4) 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, if any, including delivery as indicated.	
d. CITY PARSIPPANY		e. STATE NJ	f. ZIP CODE 07452	10. REQUISITIONING OFFICE ICE Hmlnd Sec Inv SAC Phoenix	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				12. F.O.B. POINT Destination	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input checked="" type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				16. DISCOUNT TERMS Net 30	
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 30 Days After Award	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 033095568 ~ Primary POC: (b)(6);(b)(7)(C) 520-383-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) ~ Secondary POC: (b)(6);(b)(7)(C) Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages) 17(i) GRAND TOTAL
21. MAIL INVOICE TO: a. NAME Department of Homeland Security b. STREET ADDRESS (or P.O. Box) Burlington Finance Center P.O. Box 1620 ATTN: HSI - SAC - Phoenix c. CITY Williston						
SEE BILLING INSTRUCTIONS ON REVERSE		d. STATE VT		e. ZIP CODE 05495-1279		
22. UNITED STATES OF AMERICA BY (Signature)		23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER				

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ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION

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

DATE OF ORDER	CONTRACT NO.	ORDER NO.
04/28/2017	HSCEMD-13-D-00001	HSCEMD-17-J-00025

ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
0001	<p>520-229-(b)(6);(b)(7)(C)</p> <p>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).</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> <p>All vendor warranties, explicit or implicit, pertaining to the items or services identified on this order are incorporated as part of this order.</p> <p>All terms and conditions of contract HSCEMD-13-D-00001 hereby apply to this delivery order.</p> <p>Exempt Action: N Sensitive Award: NONE</p> <p>Accounting Info:</p> <p>(b)(7)(E)</p> <p>(b)(4)</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>All communications and invoices must reference order number HSCEMD-17-J-00025.</p> <p>NOTE: The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or Continued ...</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

(b)(4)

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 04/28/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCEMD-17-J-00025
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>individual other than a Contracting Officer at the issuing office.</p> <p>Invoicing Instructions:</p> <p>Contractors shall use these procedures when submitting an invoice.</p> <p>1. Invoice Submission:</p> <p>Primary method of submission is email. Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov</p> <p>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.</p> <p>Alternate method of submission is fax. Invoices shall be submitted to: 802-288-7658</p> <p>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</p> <p>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.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>Continued ...</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00

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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO
4

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

DATE OF ORDER 04/28/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCEMD-17-J-00025
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>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.</p> <p>3. 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</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	