5	SOLICITATION/CON				1 0	2116VHQ	D2501	00001			5	
2. CONTRACT N	0FFEROR 10 13-D-00001	O COMPLETE BLOC	3. AWARD/	4. ORDER NUMBER	500	21104110	D2301	5. SOLICITATION	NUMBER	1	)	6. SOLICITATION
HSCEMD-	13-D-00001		01/22/201	L6HSCEMD-16	-J-00002			Manager Transit of the Control of th				ISSUE DATE
	R SOLICITATION DRMATION CALL:	a. NAME (b)(6);(b)(7)(	C)			b. TELEPHONE 214-905			t calls) 8	8. OFFER DI CT	JE DATE	LOCAL TIME
9. ISSUED BY			CODE	CE/IOSD	10. THIS ACQ	UISITION IS	□ u	NRESTRICTED OR	X	SET ASIDE:	100	.00 % FOR:
Immigra Office o 7701 N.	gations Ops S tion and Cust of Acquisitio Stemmons Fre TX 75247	oms Enforc	ement ent		VETERAL	E SMALL	(WC		ER THE WO	MEN-OWNE		0(4)
11. DELIVERY	FOR FOB DESTINA- 12.	DISCOUNT TERMS						13b. RATING				
TION UNLE MARKED SEE SC	SS BLOCK IS	Ne	et 30		RAT	S CONTRACT IS ED ORDER UN S (15 CFR 700)	DER	14. METHOD C	OF SOLICITA		RFP	
15. DELIVER TO		CODE	ICE/HSI/F	IQ-D2	16. ADMINIST	ERED BY		72.13.4	123 (0.50)	CODE IC	5.35.150	OSD
Immigrat 500 12tl Attn: (b)	/HQ- Division tion and Cust h Street SW, (6),(b)(7)(C) ton DC 20536	oms Enforc	ement		Immigr Office 7701 N Attn:	ation a of Acq	nd Cuuisit	s Support ustoms En tion Mana Freeway, (1) , 214	forcen gement b)(6);(b)(7	nent	7)(C)	]
17a. CONTRACT OFFEROR		33095568000	() FACILITY CODE			T WILL BE MAD				CODE IC	CE-HS	SI-HQ-DIV
7 CAMPUS	5 DRIVE				Burlin			e Center				
SUITE 21 PARSIPPA	ANY NJ 07452	INT AND PUT SUCH AC	DDRESS IN OFFER		Willis	ICE-HSI ton VT	-HQ-1		18a UNLESS	S BLOCK BE	ELOW	
SUITE 21 PARSIPPA  TELEPHONE NO	ANY NJ 07452 o.	ENT AND PUT SUCH AC			Attn: Willis	ICE-HSI ton VT	-HQ-1 0549	5-1620 SHOWN IN BLOCK	118a UNLESS	S BLOCK BE		
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SUITE 21 PARSIPPA  TELEPHONE NO 17b. CHECK I 19.	DUNS Number Program Off: Point-of-Con 732- or Alternate Or (b)(6)(b)(7)(C) Procurement	schedule: 03309556 ice/Receivintact (POC) r (b)(6);(b)(7)(C) ffice/Receivintact (PO3) 486 Office Poi (214) 905.	20. E OF SUPPLIES/SEF 68 ing Offic: (b)(6),(b)(7) iving Off: 3 or	ial (C) icial POC:	Attn: Willis  18b. SUBMIT IS CHEC  (202)	ICE-HSI ton VT INVOICES TO A CKED X 21. QUANTITY	DDRESS SEE ADD	SHOWN IN BLOCK DENDUM	18a UNLESS	B BLOCK BE	24	
SUITE 21 PARSIPPA  TELEPHONE NO.  17b. CHECK1  19. ITEM NO.  6);(b)(7)(	DUNS Number Program Off: Point-of-Cor 732- or Alternate O: (b)(6);(b)(7)(C) Procurement (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Exempt Actic	schedule: 03309556 ice/Receivintact (POC) r (b)(6)(b)(7)(C) ffice/Receivintact (POC) ffice/Recei	20. E OF SUPPLIES/SEF  58 ing Offic: (b)(6),(b)(7)  iving Off: 3 or  int-of-Con	ial (C) icial POC:	Attn: Willis  18b. SUBMIT IS CHEC  (202)	ICE-HSI ton VT INVOICES TO A CKED X 21. QUANTITY	DDRESS SEE ADD 22. UNIT	SHOWN IN BLOCK ENDUM 23. UNIT PRICE			24 AMOI	JNT
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TELEPHONE NO.  17b. CHECK I  19. ITEM NO.  6),(b)(7)(  3);(b)(7)(  25. ACCOUNT See sche	DUNS Number Program Off: Point-of-Con 732- on Alternate On (b)(6),(b)(7)(C) Procurement (b)(6),(b)(7)(C) Exempt Action (Use Rever	schedule: 03309556 ice/Receivintact (POC) r (b)(6);(b)(7)(C) ffice/Receivintact (POC) ffice/Rece	20. E OF SUPPLIES/SEF 68 ing Offic: (b)(6),(b)(7) iving Off: 3 or int-of-Con or Additional Sheet	ial (C) icial POC: thact POC: s as Necessary)	Attn: Willis  18b. SUBMIT IS CHEC  (202) (b)(6);(b)(7)(C)  (b)(6);(b)(7)(C)	ICE-HSI ton VT  INVOICES TO A CKED X 21. QUANTITY	DDRESS SEE ADD 22. UNIT	SHOWN IN BLOCK DENDUM  23.  UNIT PRICE  26. TOTAL AWAR  (b)(4)	D AMOUN	T (For Govi	24 AMOU	only)  NOT ATTACHE
TELEPHONE NO.  17b. CHECK I  19. ITEM NO.  6);(b)(7)(  3);(b)(7)(  25. ACCOUNT See sche 27a. SOLIC 27b. CONTR COPIES TO ALL ITEMS SHEETS SI	DUNS Number Program Off: Point-of-Con 732- or Alternate Or (b)(6);(b)(7)(C) Procurement (b)(6);(b)(7)(C) Exempt Actio (Use Rever	schedule: 03309556 ice/Receivintact (POC) r (b)(6)(b)(7)(C) ffice/Receivintact (POC) ffice/Receivintact (POC) ffice/Receivintact (POC) ffice/Receivintact (703) 486 Office Poi (214) 905. On: Y rese and/or Attach A ON DATA ES BY REFERENCE ER INCORPORATES O SIGN THIS DOCU NTRACTOR AGREE RWISE IDENTIFIED A S AND CONDITIONS	20. E OF SUPPLIES/SEF 68 ing Offic: (b)(6);(b)(7) iving Off: 3 or int-of-Con or Additional Sheet EAR 52.212-1, 52 B Y REFERENCE MENT AND RETU S TO FURNISH AL ABOVE AND ON A	ial (CC) icial POC: (t) s as Necessary)  212-4. FAR 52.212-3 E FAR 52.212-4. FAR 9	Attn: Willis  18b. SUBMIT IS CHEC  (202)  (b)(6);(b)(7)(C)  b)(6);(b)(7)(C)	ICE-HSI ton VT  INVOICES TO A CKED X  21. QUANTITY  ARE ATTACHACHED.  29. AWARD DATED INCLUDING HEREIN, IS A	DDRESS SEE ADD 22. UNIT  DED. A ADDEN OF CONTACCEPTION	SHOWN IN BLOCK SHOWN IN BLOCK SENDUM  23. UNIT PRICE  26. TOTAL AWAR (b)(4)  DDENDA DA IRACT:	D AMOUN	ARE ARE ON SOLIC	24 AMOU	Only)  NOT ATTACHE NOT ATTACHE OFF

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES		21. QUANTITY	22. UNIT	23. UNIT P		24. AMOUNT	
11136011136	Accounting	Constant in the Constant in th				9.7.1	5,411		, and an	
	(b)(7)(E)									
	Period of 1	Performance: (b)(4)								
	(b)(4)									
002D	(b)(4)				(b)	(4)	P			
		structions: ERO Contracts								
		s shall follow the	ese procedures wh	nen						
	submitting  1. Invoice	Submission: Invo	pices shall be							
	submitted :	in a ".pdf" format	in accordance w	with						
	the contrac	ct terms and condi	tions via email,							
	United Stat	tes Postal Service	e (USPS) or facsi	imile						
	as follows	:								
	a. Email:									
);(b)(7)(		Consolidation@ice.								
		Office/Receiving (		20737812						
	Point-of-Co	ontact (POC): (b)(6);(	b)(7)(C) (2	202)						
	732-	(b)(6);(b)(7)(C)								
OLIANTIT	Continued TY IN COLUMN 21 HAS	STATE TO A STATE								
RECEI		Company To a series of the ser	D, AND CONFORMS TO THE C	CONTRACT, EXC	CEPT AS I	NOTE	):			
. SIGNATU	JRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	/E 32c. DATE	32d. PRINTE	ED NAME	AND T	ITLE OF AUTH	IORIZED GO	OVERNMENT REPRESENTATIVE	
. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE	32f. TELEPH	TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
				32g. E-MAIL	OF AUTH	ORIZE	D GOVERNM	ENT REPRE	SENTATIVE	
SHIP NUM	MBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMEN	NT				37. CHECK NUMBER	
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	OUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY						.t	
. I CERTIF	Y THIS ACCOUNT IS O	CORRECT AND PROPER FOR PA	/MENT	42a. REC	EIVED BY	(Print	)			
s. SIGNATU	JRE AND TITLE OF CE	RTIFYING OFFICER	41c. DATE	7,000 - 20,000	EIVED AT		S 500			
					E REC'D (	200		42d TOTAL	L CONTAINERS	
				720. DAIL	- 1.200 (		.55/	+zu. IUIAI	LOUNTAINERS	

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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)		AMOUNT (F)
	• Alternate Office/Receiving Official POC: (b)(6);(b)(7)(C) (703) 488- or (b)(6);(b)(7)(C)		<u> </u>		(b)(6);(b)(7)( C)
	• Contract Specialist/Contracting Officer: (b)(6);(b)(6);(b)(7)(C) , (214) 905.	o)(7)(C)	32-80 147-0	(b)(6);(b)(7)(C)	
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
	ATTN: ICE-HSI-HQ-DOV 2				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658				
	Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and Continued				

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0.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:				
	(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;				
	(ii) Dunn and Bradstreet (D&B) DUNS number;				
	(iii) Invoice date and unique invoice number;				
	<pre>(iv) Agreement/Contract number, , if applicable, the order number;</pre>				
	<pre>(v) Contract Line Item Number(s) HSCEMD-13-D-00001/HSCEMD-16-J-00002 (CLIN) 2002D; Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance: 30 days after receipt of order;</pre>				
	(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;				
	<pre>(vii) Terms of any discount for prompt payment offered;</pre>				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to notify in event of an improper invoice;				
	(x) ICE program office (ICE-HSI-HQ-DIV 2) designated on order/contract/agreement and				
	<pre>(xi) Mark invoice as "Interim" (Ongoing Continued</pre>				

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м no. (Д)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	performance and additional billing expected) and "Final" (performance complete and no additional				
	billing)				
	(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.				
	3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov				
	The total amount of award: 3(b)(4) The obligation for this award is shown in box 26.				

SOLICITA	TION/CONTRACT/ORD			-01.233	EQUISITION NU		0002	PAGE O	1 80	
2. CONTRACT NO. HSCEMD-13-D-0	0001	3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER HSCEMD-16-	100000	2116VHQ	DV0-State Co.	5. SOLICITATION NU	MBER	8	6. SOLICITATION ISSUE DATE
7. FOR SOLICITA	CONTROL DE LA CO	7)(C)			b. TELEPHONE		(No collect ca. 6);(b)(7)(C)	8. OFFER	DUE DATI	E/LOCAL TIME
9. ISSUED BY		CODE (b	)(4)	10. THIS ACQ	UISITION IS	UN	RESTRICTED OR	X SET ASIDE	100	0.00 % FOR:
Immigration a Office of Acq	s Ops Support D nd Customs Enfo uisition Manage ons Freeway, (b)( (214) 905-(t)	rcement ment 6);(b)(7)(C)			E SMALL S -DISABLED N-OWNED	(WOS	EN-OWNED SMALL B BB) ELIGIBLE UNDER I RUSINFSS PROGR OSB	THE WOMEN-OWN	NED NAICS:	DESCAS.
11. DELIVERY FOR FOB DE TION UNLESS BLOCK IS MARKED		Net 30		RAT	CONTRACT IS ED ORDER UNI S (15 CFR 700)		13b. RATING 14. METHOD OF S			
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Immigration a	NASSA A STATE OF THE STATE OF T			Immigr Office 7701 N	ation a of Acq	nd Cu uisit ons F	Support E stoms Enfo ion Manage reeway, (b)	rcement ement		
17a. CONTRACTOR/ OFFEROR	CODE 0330955680	000 FACILITY CODE		18a. PAYMEN	T WILL BE MAD	E BY		CODE	CE-H	SI-HQ-DIV
7 CAMPUS DRIVI PARSIPPANY NJ  TELEPHONE NO.		H ADDRESS IN OFFER		P.O. B Attn: REF: Willis	ox 1620 ICE-HSI HSCEMD- ton VT	-HQ-D 16-J- 05495	00005	UNLESS BLOCK I	BELOW	
19.		20.		IS CHEC	CKED X	SEE ADDE	NDUM 23.	9	24	8
ITEM NO.	SCHEE	DULE OF SUPPLIES/SERV	/ICES			UNIT	UNIT PRICE		AMO	
Progr 732-	0)(7)(C) Frement Office F 0)(7)(C) (214) 905	ving Offici OC): (b)(6);(b)(7)(0 C): eeiving Offi	cial POC: (b)	_	]					
(N)	/Use Boyerse and/or Attac	h Additional Shoots	as Massassaul							
25. ACCOUNTING AND A See schedule	(Use Reverse and/or Attac PPROPRIATION DATA	m Additional Sneets	as Necessary)		1	2	6. TOTAL AWARD A	AMOUNT (For Go	ovt. Use (	Only)
	CORPORATES BY REFEREN						DENDA	☐ ARE	ARE	NOT ATTACHED.
X 28. CONTRACTOR IS F COPIES TO ISSUING O ALL ITEMS SET FORT	CHASE ORDER INCORPORA REQUIRED TO SIGN THIS DO DEFICE. CONTRACTOR AGE H OR OTHERWISE IDENTIFIE THE TERMS AND CONDITIC OR/CONTRACTOR	CUMENT AND RETUR EES TO FURNISH AN ED ABOVE AND ON AI	RN 1		29. AWARD ( DATED INCLUDING A HEREIN, IS A	ANY ADDI	RACT:		ICITATIO SET FC	5.0
30b. NAME AND TITLE OF	F SIGNER (Type or print)	30c.	DATE SIGNED	31b. NAME (b)(6);(b)(		CTING O	FFICER (Type or pr	rint)	31c. D	ATE SIGNED

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19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT P		24. AMOUNT
	Exempt Act:	ion: N								
	Accounting	Info:								
	(b)(7)(E)									
	Period of	Performance: (b)(4)								
0001	(b)(4)					(b	)(4)	l.		
	1					1.0				3
	Invoice In:	structions:								
	ICE - NON-I	ERO Contracts								
	Service Pro	oviders/Contractor	s shal	l follow th	nese					
	WWW. CONCLUSION CONCLU	when submitting i								
	1. Invoice	Submission: Invo	ices s	shall be						
	submitted :	in a ".pdf" format	in ac	cordance wi	ith					
	PLANE CONTROL PROCESSION AND ADDRESS OF THE PARTY OF THE	ct terms and condi			A.D. (100 A.D.)					
	Specialist	and Contracting C	fficer	to disclos	se if					
	2.50	ly basis or other								
		ted States Postal			Ma					
		as follows:								
	a. Email:									
	• Invoice.	Consolidation@ice.	dhs.gc	υV						
	Continued									
32a. QUANTIT	TY IN COLUMN 21 HAS	BEEN						***	-	
RECEI	VED INS	PECTED ACCEPTE	D, AND CON	NFORMS TO THE CO	NTRACT, E	XCEPT AS	NOTE	D: _		
32b. SIGNATU	IRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E	32c. DATE	32d. PRIN	ITED NAME	AND 1	TITLE OF AUTH	IORIZED GO	OVERNMENT REPRESENTATIVE
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESEI	NTATIVE		32f. TELE	PHONE NU	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE
					32g. E-MA	NIL OF AUTH	IORIZI	ED GOVERNMI	ENT REPRE	SENTATIVE
33. SHIP NUM	IBER	34. VOUCHER NUMBER		NT VERIFIED	36, PAYM	ENT				37. CHECK NUMBER
PARTIAL	FINAL		CORRECT	FOR	CON	MPLETE		PARTIAL	FINAL	
Haracan Santan	UNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID B	Υ						
41a. I CERTIF	Y THIS ACCOUNT IS C	CORRECT AND PROPER FOR PAY	MENT		42a. RE	ECEIVED BY	(Print	1)		
41b. SIGNATU	IRE AND TITLE OF CE	RTIFYING OFFICER	410	c. DATE	42h DI	ECEIVED 43	T (1	ntion		
					420. KI	ECEIVED AT	LLOCA	wonj		
					42c. DA	TE REC'D (	YY/MN	M/DD)	42d. TOTA	L CONTAINERS

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la:	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Contracting Officer Representative (COR) or				
	Government Point of Contact (GPOC)				
	Contract Specialist/Contracting Officer				
	Each email shall contain only (1) invoice and the				
	invoice number shall be indicated on the subject				
	line of the email.				
	b. USPS:				
	DHS, ICE				
	Financial Operations - Burlington				
	P.O. Box 1620				
	Williston, VT 05495-1620				
	ATTN: (***THIS IS AN IMPORTANT FIELD*** The Contracting Officer or Contracting Specialist				
	should delete all text between and including				
	these parentheses and then type the correct				
	attention line based on the program that will be				
	receiving the invoice. This attention line will				
	be the same as the attention line that was				
	automatically populated during Invoice Address				
	selection. Please contact the OAQPRISM Help Desk				
	at OAQPRISMHELPDESK@DHS.GOV with any questions)				
	The Contractors Data Universal Numbering System				
	(DUNS) Number must be registered and active in				
	the System for Award Management (SAM) at				
	https://www.sam.gov prior to award and shall be				
	notated on every invoice submitted to ensure prompt payment provisions are met. The ICE				
	program office identified in the task				
	order/contract shall also be notated on every				
	invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted				
	to: (802)-288-7658				
	Submissions by facsimile shall include a cover				
	sheet, point of contact and the number of total pages.				
	Submissions by facsimile shall include a cover				
	sheet, point of contact and the number of total				
	pages.				
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0.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:				
	(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;				
	(ii) Dunn and Bradstreet (D&B) DUNS number;				
	(iii) Invoice date and unique invoice number;				
	<pre>(iv) Agreement/Contract number, , if applicable, the order number;</pre>				
	<pre>(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);</pre>				
	(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;				
	<pre>(vii) Terms of any discount for prompt payment offered;</pre>				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to notify in event of an improper invoice;				
	(x) ICE program office designated on Continued				

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no. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	order/contract/agreement and				
	<pre>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</pre>				
	(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.				
	3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):				
	ALT 1- Time and Material Contracts				
	Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).				
	ALT 2 - Cost Contracts				
	a. Cost Plus Award Fee:				
	The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:				
	<ul> <li>CLIN/Task Total Hours: This will identify al 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.</li> </ul>	1			
	Continued				

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и NO. А)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	• CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.  The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.	1			
	The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.				
	The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.  b. Cost Reimbursable CLIN (Other Direct Costs)				
	The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:  Continued				

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NO. А)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<ul> <li>Item purchased</li> <li>Cost</li> <li>Date expensed</li> <li>Documentation of prior COR approval</li> </ul> All cost presentations provided by the Contractor shall also include applicable indirect cost. c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form: d. Project Total Travel: This will identify all				
	current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:  Date Expensed Authorized Travel Event Number Days of Travel Documentation of COR approval prior to travel				
	Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.  Profit shall not be applied to travel costs.				
	Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.				
	In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.				
	4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by Continued				

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 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEMD-13-D-00001/HSCEMD-16-J-00005
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EM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	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.				

s	OLICITATION/CONT	RACT/ORDE			100 at 10	QUISITION NU		00003	PAGE OF	7
2. CONTRACT NO HSCEMD-1	3-D-00001	<u> </u>	3. AWARD/ EFFECTIVE DAT	4. ORDER NUMBER	-J-00021	-		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE
	R SOLICITATION RMATION CALL:	a. NAME (b)(6);(b)(7)	(C)			. TELEPHONE (214) 9		R (No collect calls) (6);(b)(7)(C)	8. OFFER DI	JE DATE/LOCAL TIME
9. ISSUED BY	<u></u>		CODE	ICE/IOSD	10. THIS ACQU	IISITION IS	□ u	NRESTRICTED OR	SET ASIDE:	100.00 % FOR:
Immigrat Office o	the state of the s	ms Enfor Managem	cement ent ;(b)(7)(C)		X SMALL BU HUBZONE BUSINESS SERVICE- VETERAN SMALL BU	SMALL S DISABLED -OWNED	(WO		WOMEN-OWNE	D AICS((b)(4) ZE STANDARD: (b)(4)
	SS BLOCK IS	SCOUNT TERMS N	et 30		RATE	CONTRACT IS ED ORDER UND (15 CFR 700)		13b. RATING  14. METHOD OF SOLI	□IFB □	RFP
15. DELIVER TO		CODE	ICE/HSI,	/HQ-D2	16. ADMINISTE	RED BY			CODE	CE/IOSD
Immigrat 14560 Av Attn: (b)	nd Sec Inv HQ tion and Custo vion Parkway (6),(b)(7)(C) y VA 20151		cement		Immigra Office	of Acq Stemm	nd Cu uisit ons E	S Support Dalustoms Enforce ion Manageme Freeway, (b)(6)	cement	
17a. CONTRACTO	OR/ CODE 033	309556800	0 0 FACILITY		18a. PAYMENT	WILL BE MAD	E BY		CODE IC	CE-HSI-HQ-DIV 2
7 CAMPUS PARSIPPA	NY NJ 07452				DHS, IC Burling P.O. Bo Attn: I REF: HS Willist	gton Fi ox 1620 CCE-HSI SCEMD-1	-HQ-I 6-J-(	00021		
TELEPHONE NO.	REMITTANCE IS DIFFEREN	T AND PUT SUCH A	ADDRESS IN OFFE	R	18b. SUBMIT II	NVOICES TO A	DDRESS S	SHOWN IN BLOCK 18a UNI	ESS BLOCK BE	LOW
19.			20.		IS CHEC		SEE ADD			24.
ITEM NO.		80 F0400 000 00 0000	E OF SUPPLIES/S	ERVICES		QUANTITY	UNIT	UNIT PRICE		AMOUNT
(6);(b)(7)( (6);(b)(7)(	Alternate We 488- (b)(Acquisition (b)(6);(b)(7)(C)	8);(b)(7)(C) DView POC 6);(b)(7)(C) POC: (b)(6)	(b)(6);(b)(7)( : (b)(6);(b)( ;(b)(7)(C)	7)(C)	(703) 905– <mark>(b)(6);(b</mark>	))(7)(C)				
	NG AND APPROPRIATIO					•		26. TOTAL AWARD AMO	OUNT (For Gov	t. Use Only)
See sche	dule TATION INCORPORATES	BY REEPENCE	FAR 52 212-1	52 212-4 FAR 52 212 2	AND 52 212.F	ARE ATTACH	FD A	(b)(4)	☐ ARE	ARE NOT ATTACHED.
	ACT/PURCHASE ORDER						ADDEN		ARE	ARE NOT ATTACHED.
COPIES TO ALL ITEMS S SHEETS SU	CTOR IS REQUIRED TO ISSUING OFFICE. CONT SET FORTH OR OTHERV BJECT TO THE TERMS A OF OFFEROR/CONTRACTO	RACTOR AGREI /ISE IDENTIFIED IND CONDITION:	ES TO FURNISH ABOVE AND ON	AND DELIVER		HEREIN, IS A	ANY ADD		WHICH ARE S	OFFER ITATION (BLOCK 5), SET FORTH
30b. NAME AN	D TITLE OF SIGNER (Typ	e or print)		80c. DATE SIGNED	31b. NAME (b)(6);(b)(		CTING (	DFFICER (Type or print)		31c. DATE SIGNED

19.		20.			21.	22.	23.		24.
ITEM NO.		SCHEDULE OF SUPPLIE	S/SERVICES		QUANTITY		UNIT PE	RICE	AMOUNT
	(b)(4)								
	350								
	Exempt Act	ion: N							
	Accounting	Info:							
	(b)(7)(E)								
	Period of	Performance: (b)(4)							
0001	(b)(4)				(b)(d	4)			
0001									
	Investor In	structions:							
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		¥ 2		,					
	DODGE SEE SEE SEE SEE SEE SEE SEE	oviders/Contractor		hese					
	procedures	when submitting i	nvoices.						
	50 500 50								
		Submission: Invo		****					
	and the second s	in a ".pdf" format		ith					
	the contra	ct terms and condi	tions [Contract						
	Specialist	and Contracting C	officer to disclo	se if					
	on a month	ly basis or other	agreed to terms"	] via					
	email, Uni	ted States Postal	Service (USPS) o	r					
	facsimile a	as follows:							
	a. Email:								
	Continued								
32a. QUANTIT	Y IN COLUMN 21 HAS	BEEN				_			
RECEIV	VED INS	PECTED ACCEPTE	D, AND CONFORMS TO THE CO	NTRACT, E	XCEPT AS	NOTE	O:		
32b. SIGNATU	IRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV						ORIZED GO	VERNMENT REPRESENTATIVE
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE	32f. TELEI	PHONE NU	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE
				32g. E-MA	IL OF AUTH	HORIZE	ED GOVERNME	NT REPRE	SENTATIVE
			·						
33. SHIP NUM	BER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED	36. PAYMI	ENT				37. CHECK NUMBER
			CORRECT FOR	COM	DI ETE		PARTIAL	FINAL	
PARTIAL	FINAL			CON	PLETE		FARTIAL	FINAL	
38. S/R ACCO	UNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY						(L)
41a. I CERTIF	Y THIS ACCOUNT IS O	CORRECT AND PROPER FOR PAY	There are some	42a. RE	CEIVED BY	(Print	)		
41b. SIGNATU	IRE AND TITLE OF CE	RTIFYING OFFICER	41c. DATE	40L DE	CEIVED 43	Γ // ~-·	tion)		
				420. RE	CEIVED AT	Loca	uori)		
				42c. DA	TE REC'D (	YY/MN	1/DD)	42d. TOTAL	CONTAINERS

REFERENCE NO. OF DOCUMENT BEING CONTINUED **CONTINUATION SHEET** 

HSCEMD-13-D-00001/HSCEMD-16-J-00021

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(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
40 Fi	<ul> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> </ul>	100 340		3.50	
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
	ATTN: ICE-HSI-HQ-DIV 2				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658				
	Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every Continued				

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

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O.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.				
	3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):				
	ALT 1- Time and Material Contracts				
	Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).				
	ALT 2 - Cost Contracts				
	a. Cost Plus Award Fee:				
	The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:  • CLIN/Task Total Hours: This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.	1,5			
	• 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.	1			
	Continued				

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The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.  The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.  The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.  b. Cost Reimbursable CLIN (Other Direct Costs)  The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:  Item purchased Cost Date expensed Documentation of prior COR approval  All cost presentations provided by the Contractor shall also include applicable indirect cost. Continued	) )	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
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 carned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.  The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.  b. Cost Reimbursable CLIN (Other Direct Costs)  The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:  Item purchased Cost Date expensed Documentation of prior COR approval All cost presentations provided by the Contractor shall also include applicable indirect cost.		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				
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:  1 Item purchased  Cost  Date expensed  Documentation of prior COR approval  All cost presentations provided by the Contractor shall also include applicable indirect cost.		any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.  The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in				
• Cost • Date expensed • Documentation of prior COR approval  All cost presentations provided by the Contractor shall also include applicable indirect cost.		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				
		<ul> <li>Cost</li> <li>Date expensed</li> <li>Documentation of prior COR approval</li> <li>All cost presentations provided by the Contractor shall also include applicable indirect cost.</li> </ul>				

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NO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:				
	d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:				
	<ul> <li>Date Expensed</li> <li>Authorized Travel Event Number</li> <li>Days of Travel</li> <li>Documentation of COR approval prior to travel</li> </ul>				
	Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.				
	Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.				
	In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.				
	4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov				
	The total amount of award: (b)(4). The obligation for this award is shown in box 26.				

so		ONTRACT/ORDER		:	100 200	uisition nu 116VSN		)1614	PAGE O	F 5	
2. CONTRACT NO HSCEMD-1	ADOCCIACIONES COMO	R TO COMPLETE BLOC	3. AWARD/ EFFECTIVE DAT	4. ORDER NUMBER		1107011		5. SOLICITATION N			6. SOLICITATION ISSUE DATE
	SOLICITATION MATION CALL:	a. NAME (b)(6);(b)(7)(	C)	,		TELEPHONE 14-905		ER (No collect of 6);(b)(7)(C)	8. OFFER	DUE DAT	E/LOCAL TIME
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11. DELIVERY FO TION UNLESS MARKED  SEE SCH	S BLOCK IS	12. DISCOUNT TERMS	et 30			CONTRACT IS O ORDER UNI (15 CFR 700)		13b. RATING  14. METHOD OF		RFP	
15. DELIVER TO		CODE	TCF/HST	/SAC SAN ANTO	16. ADMINISTER	RED BY		ARFO	The Market Company of the Company of	CE/I	OSD
Immigrat. 40 NE Lo	ion and Cu op 410	C San Antoni stoms Enforc			Immigra Office	tion a of Acq Stemm )(6);(b)(7)(	nd ( uisi ons C)	os Support Customs Enf tion Manag Freeway, (t	orcement ement	·)	
17a. CONTRACTO OFFEROR	R/ CODE	033095568000	) O FACILITY		18a. PAYMENT	WILL BE MAD	BY		CODE	CE-H	SI-SAC-SANA
ATTN CELI 7 CAMPUS SUITE 21( PARSIPPAN TELEPHONE NO.	0 NY NJ 0745:	A CORP	DDRESS IN OFFE	R	P.O. Bo Attn: I Willist	ton Fi x 1620 CE-HSI on VT	-SAC	ce Center C-San Anton 95-1620		BELOW	
	KENIT TANCE IS DIFF	ERENT AND FOT SOCHAL	DUNESS IN OFFE	IN .	IS CHECK			DENDUM	a UNLESS BLOCK I	BELOW	
19. ITEM NO.		SCHEDUIL	20. E OF SUPPLIES/S	EPVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE		AMO	
	(b)(6);(b)(7)(C) Alt Progra (b)(6);(b)(7)(C) Contractin (b)(6);(b)(7)(C) Exempt Act Delivery: Accounting Continued	DC: (b)(6);(b)(7)(C)  am POC: (b)(6);(b)  ag POC:(b)(6);(b)  cion: N  30 Days After	210- )(7)(C) (7)(C) er Award	321-(b)(6);(b)(7)(C) 210-321-(b)(6);(b) 214-905-(b)(6);(b)							
25. ACCOUNTIN	NG AND APPROPRI		taaniona one	oto do recocodary)				26. TOTAL AWARD	AMOUNT (For Go	vt. Use	Only)
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				52.212-4. FAR 52.212-3 A CE FAR 52.212-4. FAR 52.			ED. ADDE	ADDENDA NDA	☐ ARE		NOT ATTACHED.
28. CONTRAC COPIES TO I ALL ITEMS S SHEETS SUE	CTOR IS REQUIRED SSUING OFFICE. ( SET FORTH OR OTH	D TO SIGN THIS DOCU CONTRACTOR AGREE HERWISE IDENTIFIED A RMS AND CONDITIONS	MENT AND RE S TO FURNISH ABOVE AND OI	TURN I AND DELIVER	2 D II	9. AWARD ( ATED NCLUDING A EREIN, IS A	NY AE		OFFER ON SOLI GES WHICH ARE	CITATIO SET FC	OFFER N (BLOCK 5),
2	OR LOCAL REPRO	1.70% O 18	,	30c. DATE SIGNED	31b. NAME (b)(6);(b)(7		CTING	GOFFICER (Type or p	orint)		ATE SIGNED

60	150							No.		
19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICE	ES		21. QUANTITY	22. UNIT	23. UNIT PR		24. AMOUNT
	(b)(7)(E)									
	30.10.00.00.00.00.00									
	Period of B	Performance: (b)(4)								
2222	(ICA)					(h	\(4)			3
0001	(b)(4)					(D	)(4)			
	All pertine	ent terms and cond	lition	ns from						
	Production and the second second	D-00001 are hereby								
	reference.									
	FOR COMMUNI	ICATION OF THIS OF	RDER							
	All communi	ications and invoi	ces r	must reference	ce					
	the order n	number shown in Bl	ock	#3 on page 1	of					
(b)(6);(b)(7)( C)	the Purchas	se Order. Payment	inqu	uiries are to	be be					
9/		o the Dallas Finar	Charles and		-915					
	6277. Dire	ect other inquirie	es to	(b)(6);(b)(7)(C)	at					
	The state of the s	g office at 214-90	5	(or) via						
	e-mail to:	(b)(6);(b)(7)(C)								
		ctor is requested								
	- 5	of this delivery								
	5777		rning a copy of this page							
		ture to the Contra								
			214-905-5568, upon receipt. Pleas Contracting Officer if there are an							
	8.0		if there are	any						
	Continued .	or concerns.								
32a. QUANTIT	Y IN COLUMN 21 HAS	PUSE/AL								
RECEIV			D AND C	ONFORMS TO THE CO	NTRACT F	XCEPT AS	NOTE	D:		
32b. SIGNATU	RE OF AUTHORIZED	GOVERNMENT REPRESENTATIV		32c. DATE					ORIZED GO	DVERNMENT REPRESENTATIVE
32e. MAILING A	ADDRESS OF AUTHOR	RIZED GOVERNMENT REPRESE	NTATIVE		32f. TELE	PHONE NUI	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE
					22m E MA	UL OF AUTL	IODIZE	ED GOVERNME	NT DEDDE	CENTATIVE
					32g. E-IVIA	NIL OF AUTE	IORIZI	ED GOVERNING	INI KEPKE	SENIATIVE
33. SHIP NUME	BER	34. VOUCHER NUMBER	35. AMO	OUNT VERIFIED	36. PAYM	ENT				37, CHECK NUMBER
			CORRE	CT FOR	5312-01/10/07/07/07					
PARTIAL	FINAL	1			COM	MPLETE		PARTIAL	FINAL	
38. S/R ACCOL	UNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID	BY						
×		CORRECT AND PROPER FOR PAY	110	4-54-	42a. RE	ECEIVED BY	(Print	"		
41b. SIGNATUI	RE AND TITLE OF CE	RTIFYING OFFICER		41c. DATE	42b. RI	ECEIVED AT	(Loca	ntion)		
							7%	0.6		and the same of th
<u></u>					42c. DA	TE REC'D (	Y Y/IMN	(טטייי	42d. TOTAI	L CONTAINERS

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ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	AMOUNT (F)
	Signature			
	Title			
	Date			
	NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity			
	or individual other than a Contracting Officer at the issuing office.			
	Invoicing Instructions:			
	ICE - NON-ERO Contracts			
	Service Providers/Contractors shall follow these procedures when submitting invoices.			
	1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:			
	a. Email:			
	<ul> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>Contract Specialist/Contracting Officer</li> </ul>			
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.			
	b. USPS:			
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Continued			

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 OF

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ΝΟ. Α)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Williston, VT 05495-1620				
	ATTN: ICE-HSI- SAC San Antonio				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658				
	Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:				
	<ul> <li>(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;</li> <li>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</li> <li>(iii) Invoice date and unique invoice number;</li> <li>(iv) Agreement/Contract number, if applicable,</li> <li>Continued</li> </ul>				

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IO. )	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	the order number;				
	(v) Contract Line Item Number(s) (CLIN);				
	Description; quantity; unit of measure; unit				
	price and extended price of the items delivered,				
	period of performance (each CLIN shall be				
	identified separately on the invoice);				
	(vi) If applicable, shipping number and date of				
	shipment, including the bill of lading number and				
	weight of shipment if shipped on Government bill				
	of lading;				
	(vii) Terms of any discount for prompt payment				
	offered;				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to				
	notify in event of an improper invoice;				
	(x) ICE program office designated on				
	order/contract/agreement and				
	(xi) Mark invoice as "Interim" (Ongoing				
	performance and additional billing expected) and				
	"Final" (performance complete and no additional				
	billing)				
	(xii) Electronic Funds Transfer (EFT) banking				
	information in accordance with 52.232-33 Payment				
	by Electronic Funds Transfer - System for Award				
	Management or 52-232-34, Payment by Electronic				
	Funds Transfer - Other than System for Award				
	Management.				
	2 Invoice Institute Ougstions recording				
	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				
	e-mail at ocro.customerserviceerce.dns.gov				
	The total amount of award: (b)(4) . The				
	obligation for this award is shown in box 26.				
	obligation for ends andre to brown in bon ac-				

		ONTRACT/ORDER		경상급원대체 회사기 회사 표현원주다	01,0300	201SITION NU		0012	PAGE (	) F   5	
2. CONTRACT N	NO.	R TO COMPLETE BLO	3. AWARD/	4. ORDER NUMBER	132	1100110.	KEQU	5. SOLICITATION	NUMBER 1	)	6. SOLICITATION
HSCEMD-	13-D-00001		EFFECTIVE DA						Part Section No.		ISSUE DATE
	OR SOLICITATION DRMATION CALL:	a. NAME (b)(6);(b)(7)(	(C)			14-905			t calls) 8. OFFER	DUE DATE	E/LOCAL TIME
9. ISSUED BY		10.	CODE	ICE/IOSD	10. THIS ACQU	ISITION IS		JNRESTRICTED OR	X SET ASIDE	E: 100	0.00 % FOR:
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11. DELIVERY	FOR FOB DESTINA-	12. DISCOUNT TERMS						13b. RATING			
TION UNLE MARKED SEE SC	ESS BLOCK IS	Ne	et 30		10.000000000000000000000000000000000000	CONTRACT IS D ORDER UNI (15 CFR 700)		14. METHOD C	DF SOLICITATION	RFP	
15. DELIVER TO	)	CODE	ICE/HSI	/SAC HOUSTON	16. ADMINISTE	RED BY		1		ICE/I	OSD
Immigra 4141 N. Atttn:	Sam Housto (b)(6);(b)(7)(C) TX 77032	stoms Enforc n Pkwy E. (b)	)(6);(b)(7)(C)		Immigra Office	tion a of Acq Stemm )(6);(b)(7)( TX 752	nd C uisi ons C)	s Support ustoms En tion Manad Freeway, ( (214 90)	forcement gement b)(6);(b)(7)(C) 5 (b)(6);(b)(7)(6		
OFFEROR	Separate separate se	033095568000	CODE		18a. PAYMENT	WILL BE MAD	E BY		CODE	ICE-H	SI-SAC-HOUS
7 CAMPUS	ITE USA COR S DRIVE ANY NJ 0745				P.O. Bo	ton Fi x 1620 CE-HSI	-SAC	e Center -Houston 5-1620			
TELEPHONE NO	0										
		ERENT AND PUT SUCH A	DDRESS IN OFFI	ER	18b. SUBMIT IN			SHOWN IN BLOCK	18a UNLESS BLOCK	BELOW	
19. ITEM NO.		a acception	20. E OF SUPPLIES/			21. QUANTITY	22. UNIT	23. UNIT PRICE		24 AMO	
	(b)(6);(b)(7)(C) Alt. Progr (b)(6);(b)(7)(C) Contractir (b)(6);(b)(7)(C) Exempt Act Accounting (b)(7)(E) Continued (Use Re	er: 0330955 oc: (b)(6),(b)(7)(C) cam POC: (b)(6) ag POC: (b)(6),( cion: N g Info: verse and/or Attach /	68 ; 2 );(b)(7)(C) b)(7)(C) ; 21	81-985-(b)(6);(b)( 281-985-(b)(6); 4-905-(b)(6);(b)(7)	(b)(7)(C)				D AMOUNT (For G		
27a. SOLIC	ITATION INCORPORA	ATES BY REFERENCE	FAR 52.212-1,	52.212-4. FAR 52.212-3	AND 52.212-5 A	RE ATTACH	ED. A	ADDENDA	☐ ARE	ARE	NOT ATTACHED.
27b. CONTI	RACT/PURCHASE OF	RDER INCORPORATES	S BY REFEREN	NCE FAR 52.212-4. FAR 52	2.212-5 IS ATTA	CHED.	ADDEN	NDA	ARE	ARE	NOT ATTACHED.
COPIES TO ALL ITEMS SHEETS SI	SET FORTH OR OTH	D TO SIGN THIS DOCU CONTRACTOR AGREE HERWISE IDENTIFIED MMS AND CONDITIONS ACTOR	S TO FURNISH ABOVE AND O	HAND DELIVER	C 	HEREIN, IS A	NY AD	. YOU DITIONS OR CHA ED AS TO ITEMS:	UR OFFER ON SOL INGES WHICH ARI	E SET FO	1.70
30b. NAME AN	ND TITLE OF SIGNER	(Type or print)		30c. DATE SIGNED	31b. NAME (b)(6);(b)(7		CTING	OFFICER (Type or	r print)	31c. D	ATE SIGNED
ALITHORIZED	FOR LOCAL REPRO	DUCTION						er	ANDARD FORM 14	40 /DEV	2/2042)

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PI		24. AMOUNT
<u></u>	(b)(7)(E)									
	posted of	D			4					
	Period of	Performance: (b)(4)								
0001	(b)(4)					(b)(4	1)			
					1144					
	(b)(4)									
		(b)(4)								
	Period of	Performance: (b)(4)								
0002	(b)(4)				3.07	(b)	(4)		-	
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	(b)(4)									
	LATERATION OF SERVICE	E COLON								
	Period of	Performance: (b)(4)								
	FOR COMMUN	ICATION OF THIS OF	RDER							
		V V								
		ications and invoi number shown in Bl								
		se Order. Payment								
	Continued	STATE TO STATE								
32a. QUANTI	TY IN COLUMN 21 HAS		D. AND CON	FORMS TO THE CO	NTRACT. E	EXCEPT AS	NOTE	D:		
32b. SIGNATU	URE OF AUTHORIZED	GOVERNMENT REPRESENTATIV		32c. DATE					ORIZED G	OVERNMENT REPRESENTATIVE
220 MAII ING	ADDRESS OF ALITHO	RIZED GOVERNMENT REPRESEI	NITATIN/E		32f TELE	DHONE NI I	MRED	OF ALITHOPIZ	ED GOVEE	RNMENT REPRESENTATIVE
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REFRESEI	VIATIVE		321. TEEL	FIIONE NO	WIDEK	OI AUTHORIZ	LD GOVE	MINIETTREFICEENTATIVES
					32g. E-M/	AIL OF AUTH	IORIZI	ED GOVERNM	ENT REPRI	ESENTATIVE
33. SHIP NUM	MBER	34. VOUCHER NUMBER	35. AMOUN	T VERIFIED	36. PAYM	IENT				37. CHECK NUMBER
¥.			CORRECT	FOR	CON	MPLETE		PARTIAL	FINAL	
PARTIAL	DUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID B	v						
30. 3/N ACCC	JOINT NOMBER	39. S/R VOOCHER NUMBER	40. FAID B							
<u> </u>		CORRECT AND PROPER FOR PAY	Y They is	o. DATE	42a. R	ECEIVED BY	(Prin	t)		
410. SIGNATU	JRE AND TITLE OF CE	MIFTING OFFICER	410	. DAIL	42b. R	ECEIVED AT	「(Loca	ation)		
					42c. D/	ATE REC'D (	YY/MN	M/DD)	42d. TOTA	AL CONTAINERS

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	directed to the Dallas Finance Center at 214-915 6277. Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at 214-905 (or) via e-mail to: (b)(6);(b)(7)(C)				
	The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.			(b)(6),(b)(7)(C)	
	Signature				
	Title				
	Date				
	NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.				
	Invoicing Instructions:				
	ICE - NON-ERO Contracts				
	Service Providers/Contractors shall follow these procedures when submitting invoices.				
	1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:				
	<ul> <li>a. Email:</li> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Contracting Officer Representative (COR) or Continued</li> </ul>				

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 OF

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o. )	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Government Point of Contact (GPOC)  Contract Specialist/Contracting Officer				
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
	ATTN: ICE-HSI- SAC Houston				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658				
	Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	Continued				

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PAGE OF
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).	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	2. Content of Invoices: Each invoice shall				
	contain the following information in accordance				
	with 52.212-4 (g), as applicable:				
	(i) Name and address of the Contractor. The				
	name, address and DUNS number on the invoice MUST				
	match the information in both the				
	Contract/Agreement and the information in the				
	SAM;				
	(ii) Dunn and Bradstreet (D&B) DUNS number;				
	(iii) Invoice date and unique invoice number;				
	(iv) Agreement/Contract number, if applicable,				
	the order number;				
	<pre>(v) Contract Line Item Number(s) (CLIN);</pre>				
	Description; quantity; unit of measure; unit				
	price and extended price of the items delivered,				
	period of performance (each CLIN shall be				
	identified separately on the invoice);				
	(vi) If applicable, shipping number and date of				
	shipment, including the bill of lading number and				
	weight of shipment if shipped on Government bill				
	of lading;				
	(vii) Terms of any discount for prompt payment				
	offered;				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to				
	notify in event of an improper invoice;				
	(x) ICE program office designated on				
	order/contract/agreement and				
	(xi) Mark invoice as "Interim" (Ongoing				
	performance and additional billing expected) and				
	"Final" (performance complete and no additional				
	billing)				
	(xii) Electronic Funds Transfer (EFT) banking				
	information in accordance with 52.232-33 Payment				
	by Electronic Funds Transfer - System for Award				
	Management or 52-232-34, Payment by Electronic				
	Funds Transfer - Other than System for Award				
	Management.				
	3. Invoice Inquiries: Questions regarding				
	invoice submission or payment, please contact ICE				
	Financial Operations at 1-877-491-6521 or by				
	e-mail at OCFO.CustomerService@ice.dhs.gov				
	The total areas to a first to the second sec				
	The total amount of award: (b)(4) . The				
	obligation for this award is shown in box 26.				

	ONTRACT/ORDER FOR COM		(C) _ (S) (C)	uisition nu 116VHQ		00004	PAGE OF	1 7	_
2. CONTRACT NO. HSCEMD-13-D-00001	R TO COMPLETE BLOCKS 12, 17, 23  3. AWARD/ EFFECTIVE DA	4. ORDER NUMBER		IIOVNQ	D250L	5. SOLICITATION NUM	IBER	6. SOLICITATION ISSUE DATE	1
7. FOR SOLICITATION INFORMATION CALL:	a. NAME (b)(6);(b)(7)(C)		(7.6)	TELEPHONE 214) 9		(No collect call (6);(b)(7)(C)	8. OFFER D	UE DATE/LOCAL TIME	
9. ISSUED BY	CODE	ICE/IOSD	10. THIS ACQUI	SITION IS	ur ur	NRESTRICTED OR	X SET ASIDE:	100.00 % FOR:	
Investigations Ops Immigration and Cu Office of Acquisit 7701 N. Stemmons F (b)(6)(b)(7)(C) (Dallas TX 75247	stoms Enforcement ion Management	]	X SMALL BUS HUBZONE: BUSINESS SERVICE-D VETERAN-C SMALL BUS	SMALL ISABLED DWNED	(WO		HE WOMEN-OWN	ED NAICS: (b)(4)  IZE STANDARD: (b)(4)	
11. DELIVERY FOR FOB DESTINA-	12. DISCOUNT TERMS		There was			13b. RATING			
TION UNLESS BLOCK IS MARKED  SEE SCHEDULE	Net 30			ONTRACT IS ORDER UNI (15 CFR 700)		14. METHOD OF SO		RFP	
15. DELIVER TO	CODE ICE/HSI	/HQ-D2	16. ADMINISTER	RED BY		9503 (A.Maris, 1).	CODE I	CE/IOSD	
ICE Hmlnd Sec Inv Immigration and Cu 14560 Avion Parkwa Attn: (b)(6);(b)(7)(C) Chantilly VA 20151	stoms Enforcement		Immigra Office	tion a of Acq Stemm	nd Cu uisit ons E	S Support Danstoms Enfo. Lion Manager Preeway, (b)(6	rcement ment		
17a. CONTRACTOR/ CODE OFFEROR	0330955680000 FACILIT		18a. PAYMENT V	VILL BE MAD	E BY		CODE	CE-HSI-HQ-DI	V 2
CELLEBRITE USA COR ATTN CELLEBRITE US. 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 0745	A CORP	ED.	DHS, IC Burling P.O. Bo Attn: IC REF: HS Willist	ton Fi x 1620 CE-HSI CEMD-1 on VT	-HQ-E 6-J-0 05495	DIV 2 00036	INI ESS BLOCK B	El OW	
170. CHECK IF REMIT TANCE IS DIFF	ERENT AND FUT SUCH ADDRESS IN OFF	EN	IS CHECK		SEE ADD		JNLESS BLOCK B	ELOW	
19. ITEM NO.	20. SCHEDULE OF SUPPLIES	SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT	
(b)(6);(b)(7)(C) Alternate 488- Acquisitic (b)(6);(b)(7)(C)	er: 033095568  ebView POC: (b)(6);(b)(7)(C)  WebView POC: (b)(6);(b) (b)(6);(b)(7)(C)  on POC: (b)(6);(b)(7)(C)	(7)(C) (7) (214) 905	0 0 <b>– (b)(6);(b</b> ) 0 3 ) – <b>(b)(6);(b)(7)</b>						
25. ACCOUNTING AND APPROPRI		eets as Necessary)				26. TOTAL AWARD A	MOUNT (For Go	rt. Use Only)	_
See schedule	resource and defect that a visit and					(b)(4)		unione de compositor de la 2018 de 1980 de	
	ATES BY REFERENCE FAR 52.212-1					DDENDA	☐ ARE	ARE NOT ATTACHE	D.
X 28. CONTRACTOR IS REQUIRE COPIES TO ISSUING OFFICE. ALL ITEMS SET FORTH OR OTI	RDER INCORPORATES BY REFEREI D TO SIGN THIS DOCUMENT AND RI CONTRACTOR AGREES TO FURNIS HERWISE IDENTIFIED ABOVE AND C RMS AND CONDITIONS SPECIFIED.	ETURN 1 H AND DELIVER	2 D IN	9. AWARD ( ATED ICLUDING A EREIN, IS A	NY ADD	RACT:	ES WHICH ARE	0.40, E. P. 1990 2004 4.17 (1991)	_
30b. NAME AND TITLE OF SIGNER	1075 V 18	30c. DATE SIGNED	31b. NAME ( (b)(6);(b)(7		CTING C	DFFICER (Type or pri	nt)	31c. DATE SIGNED	

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19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(b)(4)							
	35							
	Exempt Act:	ion: N						
	Period of 1	Performance: (b)(4)						
0001	(b)(4)				(b)(4	1)		
			-		1/2			1728
	Accounting	Info:						
	(b)(7)(E)							
	Funded: (b)(4	4)	•					
	Accounting	Info:						
	(b)(7)(E)							
	Funded: (b)(4	)	-					
	Invoice In:	structions:						
	ICE - NON-	ERO Contracts						
	Service Pro	oviders/Contractor	s shall follow t	hese				
	procedures	when submitting i	nvoices.					
	1. Invoice	Submission: Invo	ices shall be					
	submitted :	in a ".pdf" format	in accordance w	ith				
	the contrac	ct terms and condi	tions [Contract					
	Specialist	and Contracting C	fficer to disclo	se if				
	on a month:	ly basis or other	agreed to terms"	] via				
	email, Uni	ted States Postal	Service (USPS) o	r				
	Continued							
32a. QUANTIT	TY IN COLUMN 21 HAS	BEEN					1	
RECEI	VED INS	PECTED ACCEPTE	D, AND CONFORMS TO THE CO	ONTRACT, E	XCEPT AS	NOTE	D:	
32b. SIGNATU	JRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E 32c. DATE	32d. PRIN	ITED NAME	AND 1	TITLE OF AUTHORIZED G	OVERNMENT REPRESENTATIVE
Via								
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE	32f. TELE	PHONE NU	MBER	OF AUTHORIZED GOVER	NMENT REPRESENTATIVE
				20- 514	U OF AUT	10017	- OOVEDUNENT DEOD	-OCNITATIVE
				32g. E-MA	AIL OF AUTE	IORIZI	ED GOVERNMENT REPRE	ESENTATIVE
33. SHIP NUM	MDED	24 VOLICHED NUMBER	25 AMOUNT VERIEIED	26 DAVA	ENT			27 CHECK NUMBER
33. SHIP NOW	MBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYM	ENI			37. CHECK NUMBER
		_		COM	MPLETE		PARTIAL FINAL	
PARTIAL	DUNT NUMBER	20 C/D VOLICHED NUMBER	40. PAID BY					
30. 3/K ACCO	JOINT NOWBER	39. S/R VOUCHER NUMBER	140. PAID B1					
41a. I CERTIF	TY THIS ACCOUNT IS O	L CORRECT AND PROPER FOR PAY	MENT	42a. RE	ECEIVED BY	(Print	)	
<u> </u>	JRE AND TITLE OF CE		41c. DATE				50	
				42b. RI	ECEIVED AT	(Loca	tion)	
				42c. DA	TE REC'D (	YY/MN	1/DD) 42d. TOTA	L CONTAINERS
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м no. (Д)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	facsimile as follows:				
	a. Email:				
	<ul> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> </ul>				
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
	ATTN: ICE-HSI-HQ-DIV 2				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and Continued				

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NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:				
	(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;				
	(ii) Dunn and Bradstreet (D&B) DUNS number;				
	(iii) Invoice date and unique invoice number;				
	<pre>(iv) Agreement/Contract number, , if applicable, the order number;</pre>				
	<pre>(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);</pre>				
	(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;				
	<pre>(vii) Terms of any discount for prompt payment offered;</pre>				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to notify in event of an improper invoice;				
	(x) ICE program office designated on order/contract/agreement and				
	<pre>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and Continued</pre>				

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TEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	"Final" (performance complete and no additional billing)				
	(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.				
	3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firmed Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):				
	ALT 1- Time and Material Contracts				
	Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).				
	ALT 2 - Cost Contracts				
	a. Cost Plus Award Fee:				
	The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:				
	<ul> <li>CLIN/Task Total Hours: This will identify al 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.</li> </ul>	1			
	<ul> <li>CLIN/Task Total Costs: This will identify al current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor Continued</li> </ul>	1			

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category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.				(F)
The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.				
The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.				
The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.				
b. Cost Reimbursable CLIN (Other Direct Costs)				
The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:				
<ul><li>Item purchased</li><li>Cost</li><li>Date expensed</li></ul>				
	the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.  The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.  The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.  b. Cost Reimbursable CLIN (Other Direct Costs)  The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:	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.  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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:	the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.  The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.  The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.  b. Cost Reimbursable CLIN (Other Direct Costs)  The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:  • Item purchased	the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.  The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.  The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.  b. Cost Reimbursable CLIN (Other Direct Costs)  The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:  • Item purchased

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MNO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Documentation of prior COR approval				
	All cost presentations provided by the Contractor shall also include applicable indirect cost.				
	c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:				
	d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:				
	<ul> <li>Date Expensed</li> <li>Authorized Travel Event Number</li> <li>Days of Travel</li> <li>Documentation of COR approval prior to travel</li> </ul>				
	Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.				
	Profit shall not be applied to travel costs.  Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.				
	In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.				
	4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov				
	The total amount of award: $(b)(4)$ . The obligation for this award is shown in box 26.				

	N/CONTRACT/ORDE			100116141040000000									
F100 CP 12	EROR TO COMPLETE BLO	3. AWARD/	4. ORDER NUMBER	192	TIONIO	1000	5. SOLICITATION NUI	MBER 1	6. SOLICITATION				
2. CONTRACT NO. HSCEMD-13-D-0000	01	EFFECTIVE DATE		-J-00037			3. SOLICITATION NOT	WDER	ISSUE DATE				
7. FOR SOLICITATION INFORMATION CALL	CO. A. CAMPA CO. A. COMPA	)(C)			.TELEPHONE (214) 9		(No collect cal b)(6);(b)(7)(C)	8. OFFER D	DUE DATE/LOCAL TIME				
9. ISSUED BY		CODE	ICE/IOSD	10. THIS ACQU	ISITION IS	Π ι	JNRESTRICTED OR	X SET ASIDE:	100.00 % FOR:				
Investigations (Immigration and Office of Acquis 7701 N. Stemmons Dallas TX 75247	Customs Enfor sition Managem	cement ent		X SMALL BUS HUBZONE BUSINESS SERVICE-I VETERAN- SMALL BUS	SMALL DISABLED OWNED	U(W		THE WOMEN-OWN	NAICS (b)(4) SIZE STANDARD: (b)(4)				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS	INV DEPOS OF THE PROPERTY OF T	iet 30		13a. THIS	CONTRACT IS		13b. RATING						
X SEE SCHEDULE					(15 CFR 700)		14. METHOD OF S		RFP				
15. DELIVER TO	CODE	ICE/HSI/	HQ-D4	16. ADMINISTERED BY CODE ICE/IOSD									
ICE Hmlnd Sec In Immigration and 11320 Random Hill (b)(6)(b)(7)(C) Fairfax VA 22030	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) Dallas TX 75247												
17a. CONTRACTOR/ CO	DDE 03309556800	00 FACILITY CODE		18a. PAYMENT	WILL BE MADE	BY		CODE I	CE-HSI-HQ-DIV				
CELLEBRITE USA CATTN CELLEBRITE 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07 TELEPHONE NO.	USA CORP			P.O. Bo Attn: I Willist	ton Fir x 1620 CE-HSI on VT	-HQ- 0549	5-1620						
17b. CHECK IF REMITTANCE IS	DIFFERENT AND PUT SUCH	ADDRESS IN OFFER	3	18b. SUBMIT IN IS CHECK			SHOWN IN BLOCK 18a DENDUM	UNLESS BLOCK B	ELOW				
19.		20.		10.01.1201	21.	22.	23.	23	24.				
Account (b)(7)(E)  FOB: Or Period (b)(4)	500 883 893 8 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	nny, NJ e: (b)(4)			QUANTITY	UNIT	UNIT PRICE		AMOUNT				
25. ACCOUNTING AND APPRI							26. TOTAL AWARD A	MOUNT (For Go	vt. Use Only)				
See schedule							(b)(4)	1					
27a. SOLICITATION INCOR X 27b. CONTRACT/PURCHAS						ED. A	ADDENDA NDA	☐ ARE	ARE NOT ATTACHED.				
28. CONTRACTOR IS REQU COPIES TO ISSUING OFFI ALL ITEMS SET FORTH OF SHEETS SUBJECT TO THE 30a. SIGNATURE OF OFFEROR/C	CE. CONTRACTOR AGRE R OTHERWISE IDENTIFIED TERMS AND CONDITION	AND DELIVER	[ ]	HEREIN, IS A	NY ADI		ES WHICH ARE	0.45; F.F. 101 204 4.F. 105; 11					
30b. NAME AND TITLE OF SIG	SNER (Type or print)	0c. DATE SIGNED	31b. NAME (b)(6);(b)(7		CTING	OFFICER (Type or pri	int)	31c. DATE SIGNED					

19. ITEM NO.		20. SCHEDULE OF SUPPLIES	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PR		24. AMOUNT	
2003A	COR Phone in Alt COR: Alt COR Emails (b)(6);(b)(7)(C) Alt COR Photestant Interpretation of the Corporation of the Corporat	(b)(7)(C) (b)(6);(b)(7)(C)  Number:703 293_ (b)(6);(b)(7)(C)  ail:  one Number:703  POC  0)(7)(C)  : (b)(6);(b)(7)(C)  703 293 (b)(6);(b)(7)(C)  NEWALS TO BE REQUI	293 <b>(b</b> )	)(6);(b)(7)(C)	M THE	(b)(4)					
	TY IN COLUMN 21 HAS			weet.com.							
32b. SIGNATU		PECTED ACCEPTED  GOVERNMENT REPRESENTATIV		NFORMS TO THE CO	1				ORIZED GO	OVERNMENT REPRESENTATIVE	
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32e. MAILING	ADDRESS OF AUTHOR	RIZED GOVERNMENT REPRESE	NTATIVE		32f. TELE	PHONE NU	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE	
					32g. E-MA	IL OF AUTH	IORIZI	ED GOVERNME	ENT REPRE	SENTATIVE	
33. SHIP NUM	33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIF					ENT				37. CHECK NUMBER	
PARTIAL	FINAL		COM	IPLETE		PARTIAL	FINAL				
38. S/R ACCC	OUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID B	3Y						3	
41a. I CERTIF	TY THIS ACCOUNT IS C	CORRECT AND PROPER FOR PAY	MENT		42a. RE	42a. RECEIVED BY (Print)					
41b. SIGNATU	JRE AND TITLE OF CE	RTIFYING OFFICER	41	c. DATE	2 (2-4-4 mm 2004) (2-5-4 mm 3004) (2-5-4 mm 3004) (2-5-4 mm 2004) (2-5-4 mm 3004) (2-5-4 mm 3004) (2-5-4 mm 3004) (2-5-4 mm 2004) (2-5-4 mm 3004) (2-5-4 mm						
					42b. RECEIVED AT (Location)						
<u> </u>	420						YY/MN	M/DD)	42d. TOTA	L CONTAINERS	

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м no. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Service Providers/Contractors shall follow these procedures when submitting invoices.				
	1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:				
	a. Email:				
	<ul> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>Contract Specialist/Contracting Officer</li> </ul>				
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
	ATTN: ICE HSI HQ DIV 4				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658				
	Continued				

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<b>D</b> .	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.  2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:				(=)
	(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;				
	<ul><li>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</li><li>(iii) Invoice date and unique invoice number;</li><li>(iv) Agreement/Contract number, , if applicable, the order number; HSCEMD-16-J-00037</li></ul>				
	<pre>(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);  (vi) If applicable, shipping number and date of shipment, including the bill of lading number and</pre>				
	weight of shipment if shipped on Government bill of lading;  (vii) Terms of any discount for prompt payment offered;  Continued				
	Continued				

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NO. })	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to notify in event of an improper invoice;				
	(x) ICE program office designated on order/contract/agreement and				
	<pre>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</pre>				
	(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.				
	3. N/A				
	4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer.				
	The total amount of award: (b)(4) The obligation for this award is shown in box 26.				

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30														
2. CONTRACT N	FD05.C3 - 2000 C0000	R TO COMPLETE BLO	CKS 12, 17, 2		ORDER NUMBER	119	ZIIOVHÇ	2400	55,65,65	SOLICITATION	NUMBER	1	5	6. SOLICITATION
HSCEMD-	13-D-00001		EFFECTIVE D	DATE	ISCEMD-16-	J-00044	gris-		5.	SOCIONATION	NOMBER			ISSUE DATE
	OR SOLICITATION ORMATION CALL:	a. NAME (b)(6);(b)(7)(	(C)				b. TELEPHON (214)		_	(No collect);(b)(7)(C)	t calls)	8. OFFER DI	UE DATE	E/LOCAL TIME
9. ISSUED BY		*	COD	DE ICE	/IOSD	10. THIS ACC	UISITION IS		UNRE	STRICTED OR	X	SET ASIDE:	100	0.00 % FOR:
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11. DELIVERY	FOR FOB DESTINA-	12. DISCOUNT TERMS								13b. RATING				
TION UNLE MARKED SEE SC	ESS BLOCK IS	N€	et 30			RAT	S CONTRACT I ED ORDER UN S (15 CFR 700	IDER		14. METHOD O	OF SOLICI		RFP	<u>-</u>
15. DELIVER TO	)	CODE	ICE/HS	I/HQ-	D4	16. ADMINIST	ERED BY			27	Li -i M	CODE IC	CE/I	OSD
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  17a.CONTRACTOR/ CODE 0330955680000 FACILITY						Immigr Office 7701 N Attn: Dallas	ation a of Acc . Stemm b)(6);(b)(7) TX 752	and quis nons <mark>(C)</mark> 247	Cus iti Fr	Support toms En on Mana eeway, (214 90	force gemen (b)(6);(b	ement nt )(7)(C) );(b)(7)(C)		
17a. CONTRACT OFFEROR	janar maari	033095568000	0 FACILI			18a. PAYMEN	T WILL BE MAI	DE BY				CODE	CE-H	SI-HQ-DIV 4
CELLEBRITE USA CORP ATTN CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07452						P.O. B Attn:	CE gton Fi ox 1620 ICE-HSI ton VT	) -HQ	-DI	V 4				
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19. ITEM NO.		SCHEDUL	20. E OF SUPPLIE:	S/SERVICE	S		21. QUANTITY	22. UNIT		23. UNIT PRICE			24 AMO	
See sche	Email: (b)(6) Phone: 703  ALTERNATE Email: (b)(6) Phone: 703  (Use Re FING AND APPROPRIED LESTATION INCORPORA RACT/PURCHASE OF	(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (c) (d)(d);(b)(7)(C) (d)(d);(b)(7)(C) (e)(d)(d);(b)(7)(C) (e)(d)(d);(b)(7)(C) (e)(d)(d);(b)(7)(C) (e)(d)(d)(d);(b)(7) (e)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)	(C) Additional S FAR 52.212- S BY REFERE	-1, 52.212- ENCE FAF	4. FAR 52.212-3 A			ADD	ADDI ENDA		D AMOU	ARE	ARE	Only)  NOT ATTACHED.  NOT ATTACHED.  OFFER
	CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN  COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER						DATED	Ur UC	JINIKA		JR OFFEI	R ON SOLIC	OITATIO	N (BLOCK 5),
ALL ITEMS	SET FORTH OR OTH	HERWISE IDENTIFIED	ABOVE AND	ON ANY A			INCLUDING			ONS OR CHA	NGES W			1.70
30a. SIGNATUR	E OF OFFEROR/CONTR	ACTOR				31a. UNITE				NATURE OF CO		NG OFFICER)		
30b. NAME AND TITLE OF SIGNER (Type or print)  30c. DATE SIGNED					TE SIGNED	31b. NAMI (b)(6);(b)		ACTIN	IG OFF	FICER (Type o	r print)		31c. D	ATE SIGNED
ALITHODIZED	FOR LOCAL REPRO	DUCTION		b		7				e	ANDARD	FORM 1449	/PEV	2/2042)

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT		
	Email: (b)(6); Phone: 703-2	293-(b)(6);(b)(7)(C) POC for Delivery I	information: (b)(6);(b	o)(7)(C)						
	Contracting Email: (b)(6);	-905-(b)(6);(b)(7)(C)								
	150	Performance: (b)(4)								
2006A	(b)(4)				(b)(4)					
	Accounting (b)(7)(E)									
	Funded: (b)(4 Period of 1	Performance: (b)(4)								
2006B	(b)(4) Continued				(b)(4)	ı				
32a. QUANTIT	TY IN COLUMN 21 HAS	2186701				-	I.			
RECEI	VED INS	PECTED ACCEPTE	D, AND CONFORMS TO THE CO	ONTRACT, E	XCEPT AS	NOTE	D:			
32b. SIGNATU	JRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E 32c. DATE	32d. PRIN	ITED NAME	AND 1	TITLE OF AUTHORIZED G	OVERNMENT REPRESENTATIVE		
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESEI	NTATIVE	32f. TELE	PHONE NUI	MBER	OF AUTHORIZED GOVE	RNMENT REPRESENTATIVE		
				32g. E-MA	IL OF AUTH	ORIZI	ED GOVERNMENT REPR	ESENTATIVE		
33. SHIP NUM	33. SHIP NUMBER  34. VOUCHER NUMBER  35. AMOUNT VERIFIED CORRECT FOR			36. PAYM	ENT IPLETE		PARTIAL FINAL	37. CHECK NUMBER		
PARTIAL	FINAL									
38. S/R ACCO	OUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY							
**		CORRECT AND PROPER FOR PAY	These services	42a. RE	CEIVED BY	(Prin	1)			
41b. SIGNATU	b. SIGNATURE AND TITLE OF CERTIFYING OFFICER  41c. DATE  4				42b. RECEIVED AT (Location)					
72	42c. D					YY/MN	M/DD) 42d. TOT.	AL CONTAINERS		

**CONTINUATION SHEET** HSCEMD-13-D-00001/HSCEMD-16-J-00044 3 5 NAME OF OFFEROR OR CONTRACTOR CELLEBRITE USA CORP ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT (A) (B) (C) (D) (E) (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) (b)(4)2006CA (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 (b)(6);(b)(7)( directed to the Burlington Finance Center at -866-233-1915, Option # 3. Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at (214) 905- (or) via e-mail to: Continued ... NSN 7540-01-152-8067

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

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 4
 5

и NO. A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	(b)(6);(b)(7)(C)				
	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.				
	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.				
	**************************************				
	1. Invoice Submission:				
	*Primary method of submission is email. Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov Attn: ICE-HSI-HQ DIV 4 Invoice				
	Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.				
	*Alternate method of submission is fax. Invoices shall be to: 802-288-7658 Attn: ICE-HSI-HQ DIV 4 Invoice Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.				
	Note: The Contractor's Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.				
	2. Content of Invoices: Each invoice submission shall contain the following information: Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEMD-13-D-00001/HSCEMD-16-J-00044

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5 5

и NO. Д)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	identified above is required with each invoice submission.  3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  Invoices without the above information may be returned for resubmission  The total amount of award: (b)(4) The obligation for this award is shown in box 26.				

	SOLICITATION/C		S 1. REQUISITION NUMBER PAGE OF 192116VEL00P00010 1 7									
2. CONTRACT N HSCEMD-	AND COMPANY	R TO COMPLETE BLO	3. AWARD/ EFFECTIVE DAT	4. ORDER NUMBER		TIOVEL		5. SOLICITATION	N NUMBER	1		6. SOLICITATION ISSUE DATE
17151	R SOLICITATION DRMATION CALL:	a. NAME (b)(6);(b)(7)(	C)			TELEPHONE 214-905		(No colle b)(7)(C)	ect calls) 8	3. OFFER DU CT	E DATE	/LOCAL TIME
9. ISSUED BY			CODE	ICE/IOSD	10. THIS ACQUI	SITION IS	UNF	RESTRICTED OF	R Xs	ET ASIDE:	100	.00 % FOR:
Immigration office of 7701 N.	tion and Cu of Acquisit	Support Dai stoms Enforci ion Manageme reeway, (b)(6)(	cement ent		X SMALL BUS HUBZONE BUSINESS SERVICE-C VETERAN- SMALL BUS	SMALL DISABLED OWNED	(WOSE	EN-OWNED SM/ B) ELIGIBLE UN RUSINESS PR SB	DER THE WO	MEN-OWNED	D AICS: ((b	(8.5715
	FOR FOB DESTINA- SS BLOCK IS	12. DISCOUNT TERMS	et 30			CONTRACT IS D ORDER UND (15 CFR 700)		13b. RATING	OF SOLICITA		DED	
15. DELIVER TO		CODE	ICE/HSI/	SAC EL PASO	16. ADMINISTE	RED BY		ARFQ	C 12=0000		E/IC	OSD
ICE Hmlnd Sec Inv SAC El Paso Immigration and Customs Enforcement 11541 MONTANA AVE El Paso TX 79936					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) Dallas TX 75247							
17a. CONTRACT	Separation and the separate and the sepa	033095568000	) () FACILITY CODE		18a. PAYMENT	WILL BE MADE	BY		ŝ	CODE IC	E-HS	SI-SAC-ELP#
CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452 TELEPHONE NO.					DHS, IC Burling P.O. Bo Attn: I Willist	ton Fir x 1620 CE-HSI- on VT	-SAC-E	El Paso -1620				
17b. CHECK I	F REMITTANCE IS DIFFI	ERENT AND PUT SUCH A	DDRESS IN OFFE	R	18b. SUBMIT IN IS CHECK		DDRESS SH SEE ADDEN	OWN IN BLOCK	( 18a UNLESS	BLOCK BEI	LOW	
19. ITEM NO.		SCHEDUL	20. E OF SUPPLIES/S	ERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE			24. AMOL	
	915-856-(b) Alt Progra 915-856-(b) Contractin 214-905-(b) *All appli are hereby	C: (b)(6);(b)(7)(C (6);(b)(7)(C) m POC: (b)(6);(b (6);(b)(7)(C) g POC: (b)(6);(b (6);(b)(7)(C)	b)(7)(C) b)(7)(C) es from led by re		, 0001							
25. ACCOUNT	ING AND APPROPRI		taanionai one	oto do recocada y		I.	26	. TOTAL AWA	RD AMOUN	T (For Govt.	. Use C	nly)
See sche	edule							(b)(4	1)			
177				52.212-4. FAR 52.212-3 CE FAR 52.212-4. FAR 52			ED. ADE	DENDA A				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.  30a. SIGNATURE OF OFFEROR/CONTRACTOR						9. AWARD C DATED NCLUDING A HEREIN, IS A	F CONTR	ACT:	OUR OFFER IANGES WH	ON SOLICI ICH ARE S	TATION	OFFER N (BLOCK 5),
	ID TITLE OF SIGNER	1000 or 18	3	80c. DATE SIGNED	31b. NAME (b)(6);(b)(7		CTING OF	FICER (Type	or print)			TE SIGNED

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PI		24. AMOUNT	
	(b)(4) Exempt Act. Accounting (b)(7)(E)  Period of									
0001	(b)(4)				(b)	)(4)				
0002	(b)(4)				(b)	(4)				
0003	(b)(4)				(b)(	(4)				
1001	(b)(4) Continued	11111			(b)	(4)	ee-	20-		
32a. QUANTIT	Y IN COLUMN 21 HAS	AND THE STATE OF T				L	l.			
RECEIV	VED INS	PECTED ACCEPTE	D, AND CONFORMS TO THE C	ONTRACT, E	EXCEPT AS	NOTE	D: _			
32b. SIGNATU	IRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E 32c. DATE	32d. PRIN	TED NAME	AND 1	TITLE OF AUTH	IORIZED GO	OVERNMENT REPRESENTATIVE	
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE	32f. TELE	PHONE NUI	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE	
				32g. E-M/	AIL OF AUTH	IORIZE	ED GOVERNM	ENT REPRE	SENTATIVE	
33. SHIP NUMBER  34. VOUCHER NUMBER  35. AMOUNT VERIFIED CORRECT FOR				36. PAYM	MPLETE		PARTIAL	FINAL	37. CHECK NUMBER	
38. S/R ACCO	UNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY							
41a. I CERTIF	Y THIS ACCOUNT IS O	CORRECT AND PROPER FOR PAY	/MENT	42a. RI	ECEIVED BY	(Print	)			
41b. SIGNATU	1b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE						DEC 10,790			
					c. DATE REC'D (YY/MM/DD)  42d. TOTAL CONTAINERS					
-				42c. D/	ALE REC'D (	Y Y/IVIN	(מנויויוטט)	42d. TOTA	L CONTAINERS	

**CONTINUATION SHEET** HSCEMD-13-D-00001/HSCEMD-16-J-00047 3 NAME OF OFFEROR OR CONTRACTOR CELLEBRITE USA CORP SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE ITEM NO. AMOUNT (A) (C) (E) (F) (B) (D) (b)(4)(b)(4) 2001 (b)(4) (b)(4)(b)(4)3001 4001 (b)(4) (b)(4)4002 (b)(4)(b)(4)Continued ...

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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	09/01/2021		(F)
	52.217-8 Option to Extend Services (Nov 1999) The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 calendar days. (End of clause)		
	52.217-9 Option to Extend the Term of the Contract (Mar 2000)  (a) The Government may extend the term of this contract by written notice to the Contractor within 15 calendar days; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 calendar days before the contract expires. The preliminary notice does not commit the Government to an extension.  (b) If the Government exercises this option, the extended contract shall be considered to include this option clause.  (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 5 years, 6 months. (End of clause)		
	FOR COMMUNICATION OF THIS ORDER		
);(b)(7)(	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- (or) via e-mail to: (b)(6)(b)(7)(C)		
	The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via Continued		

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
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 OF

 HSCEMD-13-D-00001/HSCEMD-16-J-00047
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).	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.				
	Signature				
	Title				
	Date				
	NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.				
	Invoicing Instructions:				
	ICE - NON-ERO Contracts				
	Service Providers/Contractors shall follow these procedures when submitting invoices.				
	1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:				
	a. Email:				
	<ul> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>Contract Specialist/Contracting Officer</li> </ul>				
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 HSCEMD-13-D-00001/HSCEMD-16-J-00047
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м no. (Д)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	DHS, ICE				
	Financial Operations - Burlington				
	P.O. Box 1620				
	Williston, VT 05495-1620				
	ATTN: ICE-HSI-El Paso				
	The Contractors Data Universal Numbering System				
	(DUNS) Number must be registered and active in				
	the System for Award Management (SAM) at				
	https://www.sam.gov prior to award and shall be				
	notated on every invoice submitted to ensure				
	prompt payment provisions are met. The ICE				
	program office identified in the task				
	order/contract shall also be notated on every				
	invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted				
	to: (802)-288-7658				
	Submissions by facsimile shall include a cover				
	sheet, point of contact and the number of total				
	pages.				
	Submissions by facsimile shall include a cover				
	sheet, point of contact and the number of total				
	pages.				
	Note: the Service Providers or Contractors Dunn				
	and Bradstreet (D&B) DUNS Number must be				
	registered in the System for Award Management				
	(SAM) at https://www.sam.gov prior to award and				
	shall be notated on every invoice submitted to				
	ensure prompt payment provisions are met. The ICE				
	program office identified in the task				
	order/contract shall also be notated on every				
	invoice.				
	2. Content of Invoices: Each invoice shall				
	contain the following information in accordance				
	with 52.212-4 (g), as applicable:				
	(i) Name and address of the Contractor. The				
	name, address and DUNS number on the invoice MUST				
	match the information in both the				
	Contract/Agreement and the information in the				
	SAM;				
	Continued				

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

IO. )	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	(ii) Dunn and Bradstreet (D&B) DUNS number;				
	(iii) Invoice date and unique invoice number;				
	(iv) Agreement/Contract number, if applicable,				
	the order number;				
	<pre>(v) Contract Line Item Number(s) (CLIN);</pre>				
	Description; quantity; unit of measure; unit				
	price and extended price of the items delivered,				
	period of performance (each CLIN shall be				
	identified separately on the invoice);				
	(vi) If applicable, shipping number and date of				
	shipment, including the bill of lading number and				
	weight of shipment if shipped on Government bill				
	of lading;				
	<pre>(vii) Terms of any discount for prompt payment offered;</pre>				
	(viii) Remit to Address;				
	(ix) Name, title, and phone number of person to				
	notify in event of an improper invoice;				
	(x) ICE program office designated on				
	order/contract/agreement and				
	(xi) Mark invoice as "Interim" (Ongoing				
	performance and additional billing expected) and				
	"Final" (performance complete and no additional				
	billing)				
	(xii) Electronic Funds Transfer (EFT) banking				
	information in accordance with 52.232-33 Payment				
	by Electronic Funds Transfer - System for Award				
	Management or 52-232-34, Payment by Electronic				
	Funds Transfer - Other than System for Award				
	Management.				
	3. Invoice Inquiries: Questions regarding				
	invoice submission or payment, please contact ICE				
	Financial Operations at 1-877-491-6521 or by				
	e-mail at OCFO.CustomerService@ice.dhs.gov				
	The total amount of award: (b)(4) . The				
	obligation for this award is shown in box 26.				

	PAGE	PAGE OF PAGES										
IMPORTANT: Mark	k all packages and papers with	contract and/or or	der numbers.	1 6								
1. DATE OF ORDER	2. CONTRACT NO. (If any) HSCEMD-13-D-000	001		000000000000000000000000000000000000000	SCHOOL SHOW	98855500 887-0 880	6. SHIP TO:					
08/22/2016	11000110 13 0 000	,01		a. NAME	OF CC	NSIGNEE						
3. ORDER NO. HSCEMD-16-J	J-00049	4. REQUISITION/F		Inves	tig	ation - SAC A	tlanta					
Investigati	(Address correspondence to)			b. STREET ADDRESS Immigration and Customs Enforcement 1100 Center Parkway								
Office of A	n and Customs Enfo Acquisition Manage emmons Freeway, (b)	ment		Ershingary	-	6);(b)(7)(C)	]					
Attn: (b)(6),(b) Dallas TX 7	(7)(C) , 214 905	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME		c. CITY Atlanta  d. STATE e. ZIP CODE GA 30344								
7. TO: CELLEBE	RITE USA CORP		f. SHIP VI	Α				<del></del>				
a. NAME OF CONTRA			8. TYPE OF ORDER									
b. COMPANY NAME				a. PU	RCHA	SE		X b. DELIVER	Y			
c. STREET ADDRESS 7 CAMPUS DR				REFERE	NCE Y	OUR:		Except for billing	instructions on the			
SUITE 210				(=				reverse, this deli- subject to instruc	very order is ctions contained on			
	Mari			ne following on the terms pecified on both sides of	4.0	this side only of this form and is issued subject to the terms and conditions of the above-numbered						
d.CITY PARSIPPANY		e. STATE NJ	f. ZIP CODE 07452			n the attached sheet, if elivery as indicated.	à	contract.	-			
9. ACCOUNTING AND See Schedul	APPROPRIATION DATA e					NING OFFICE Sec Inv SAC	Atlanta					
11. BUSINESS CLASSIFICATION (Check appropriate box(es))  a. SMALL b. OTHER THAN SMALL c. DISADVANTAGED d.V.						e. HUBZone		12. F.O.B. PC	INT			
a. SMALL b. OTHER THAN SMALL c. DISADVANTAGED d. V  f. SERVICE-DISABLED g. WOMEN-OWNED SMALL BUSINESS (WOSB)  VETERAN-OWNED ELIGIBLE UNDER THE WOSB PROGRAM						e. NOBZulie		Destina	tion			
-	13. PLACE OF		14. GOVERNMENT B/L N	0.		15. DELIVER TO F.O.B. ON OR BEFORE (Date		16. DISCOL	JNT TERMS			
a. INSPECTION Destination	b. ACCEPTANC Destinat		ş			30 Days Afte	r Award		Net 30			
	£6		17. SCHEDULE (See	reverse for	Rejec	tions)						
ITEM NO.		OR SERVICES		QUANTITY ORDERED (c)		UNIT PRICE (e)	AMO (f	£210164	QUANTITY ACCEPTED (g)			
DUN Obl (b)(6 Exe	S Number: 033095 Processing POC: ),(b)(7)(C) empt Action: Y	568	, Alt:									
(b)(7)	counting Info: (E) tinued											
18. \$	SHIPPING POINT		19. GROSS SHIPPING W	VEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.			
		2	1. MAIL INVOICE TO:			I.			pages)			
3296266	AME DHS	G, ICE					(b)(4)	7,6	-   ₹			
	b. STREET ADDRESS Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-Atlanta Ref # HSCEMD-16-J-00049 for								17(i)			
							(b)(4)		GRAND TOTAL			
c. C	c. CITY  Williston  d. STATE   e. ZIP CODE  VT   05495-1620											
22. UNITED STATE	engen av on					23. NAME (Typed) (b)(6);(b)(7)(C)			1			
	x 5					TITLE: CONTRACTING	ORDERING OF	FICER				

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OPTIONAL FORM 347 (Rev. 2/2012) Prescribed by GSA/FAR 48 CFR 53.213(f)

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEMD-13-D-00001 HSCEMD-16-J-00049 08/22/2016 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) (b)(7)(E)(b)(4)2002c (b)(4) (b)(4) 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. NOT TO EXCEED The quantity shown and/or the resulting price is an estimated amount. The contractor shall invoice the government only for the items/services actually delivered, performed/provided at the unit prices shown; not to exceed the ceiling price specified above. In the event that the ceiling amount is insufficient to complete performance, the contractor is to notify the contracting officer as such, prior to reaching the ceiling, and must obtain written authorization from the contracting officer prior to exceeding the ceiling. Failure to obtain the required authorization may result in the contractor assuming responsibility for any costs of performance above the ceiling amount. Upon completion of performance, the contracting officer may issue a final modification Continued ...

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

PAGE NO

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

DATE OF ORDER CONTRACT NO.

08/22/2016 HSCEMD-13-D-00001

ORDER NO. HSCEMD-16-J-00049

00/22/2					AMOUNT COUNTRY			
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	100	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED		
(a)	(b)	(c)	(d)	(e)	(f)	(g)		
6.	which shall reconcile the order with the							
	quantities/rates/amounts shown on the							
	invoice, for performance mutually agreed							
	upon. FAR Clause 52.213-3, "Notice to							
	Supplier" is incorporated into this order							
	by reference.							
	FOR COMMUNICATION OF THIS ORDER.							
	All Communications and Invoices must							
	reference the order number shown in Block							
	#3 on page 1. Payment inquiries are to be							
	Directed to the Finance Center at							
	1-877-491-6521. Direct other inquiries to							
	(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)							
	TO STATE OF THE ST							
	The contractor is requested to acknowledge							
	acceptance of this DELIVERY order by							
	signing in the space below and returning a							
	copy of this page with signature to the							
	contracting officer via facsimile, #							
	214-905-5568, upon receipt. Please contact							
	the contracting officer if there are any							
	questions or concerns.							
	Signature Title							
	Date							
	The contractor shall not accept any							
	instruction that would result in any change							
	to the supplies/ services herein by any							
	entity other than the issuing office's							
	contracting officer.							
	yeensendronals. Dagaroniv							
	INVOICE INSTRUCTIONS							
	Service Providers/Contractors shall use							
	these procedures when submitting an					1		
	invoice.							
	CONTRACTOR OF THE STATE OF THE				,			
	1. Invoice Submission: Invoices shall be							
	submitted in a .pdf format in accordance							
	Continued							
io N	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00			

PAGE NO

	CONEDULE - CONTINUATION	55.5
IMPORTANT: Mark	all packages and papers with contract and/or order numbers.	V <del>81</del>
DATE OF ORDER	CONTRACT NO.	ORDER NO.
08/22/2016	HSCEMD-13-D-00001	HSCEMD-16-J-00049

EM NO.	SUPPLIES/SERVICES	QUANTITY	200	UNIT	AMOUNT	QUANTITY
(a)	(b)	(c)	(d)	(e)	(f)	(g)
(a)	with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows: Invoice.Consolidation@ice.dhs.gov Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.  • Invoice.Consolidation@ice.dhs.gov  • Government Point of Contact (GPOC): WILL BE LOCATED IN THE BODY OF THE ORDER  Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.  b. USPS:  DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620  The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.  c. Facsimile:	(c)		PRICE (e)	(f)	ACCEPTED (g)
	Alternative Invoices shall be submitted to: (802)-288-7658  Submissions by facsimile shall include a cover sheet, point of contact and the					
	number of total pages.  Note: the Service Providers or Contractors  Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award  Continued					
					£0.00	<u>l</u>
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	Į.

PAGE NO 5

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

DATE OF ORDER CONTRACT NO.

HSCEMD-13-D-00001 08/22/2016

ORDER NO. HSCEMD-16-J-00049

M NO.	SUPPLIES/SERVICES	QUANTITY	100	UNIT PRICE	AMOUNT	QUANTIT
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	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	İ				İ
	order/contract shall also be notated on				1	ř
	every invoice.2. Content of Invoices: Each					4
	invoice submission shall contain the					2
	following information:					1
	(i) Name and address of the Contractor.					1
	The name, address and DUNS number on the				1	
	invoice MUST match the information in both					
	the Contract/Agreement and the information	l				
	in the SAM;					:
	(ii) Dunn and Bradstreet (D&B) DUNS number;					N
	(iii) Invoice date and invoice number;					2
	(iv) Agreement/Contract number, contract					1
	line item number and, if applicable, the					
	order number;				+	2
	(v) Description, quantity, unit of measure,					
	unit price and extended price of the items					
	delivered;					į.
	(vi) Shipping number and date of shipment,					4
	including the bill of lading number and					2
	weight of shipment if shipped on Government					
	bill of lading;					
	(vii) Terms of any discount for prompt					ž.
	51 N N N N N N N N N N N N N N N N N N N					
	payment offered;					
	(viii) Remit to Address;					
	(ix) Name, title, and phone number of					
	person to notify in event of defective					2
	invoice;					
	(x) Whether the invoice is "Interim" or					
	"Final" and					ž.
	(xi) ICE program office designated on					1
	order/contract/agreement.				1	
	In accordance with Contract Clause, FAR					
	52.212-4(g)(1), Contract Terms and					
	Conditions Commercial Items, or FAR					2
	52.232-25(a)(3), Prompt Payment, as					
	applicable, the information identified					
	above is required with each invoice					
	submission.					
	3. Payment Inquiries: Questions regarding					Ĉ.
	invoice submission or payment, please					
	contact ICE Financial Operations at					
	Continued					
		1	l			

PAGE NO

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

DATE OF ORDER CONTRACT NO.

08/22/2016 HSCEMD-13-D-00001

ORDER NO. HSCEMD-16-J-00049

/22/20	D16 HSCEMD-13-D-00001		HSCEMD-16-J-00049						
TEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY			
(a)	(b)	(c)	(d)	(e)	(f)	(g)			
	1-877-491-6521 or by e-mail at								
	OCFO.CustomerService@ice.dhs.gov								
	In order to ensure that an accurate invoice								
	is submitted, the Contractor shall								
	coordinate the invoice with the Contracting								
	Officers Representative (COR) before								
	sending the invoice to Financial Operations								
	Burlington.								
	Payment Inquiries: Questions regarding								
	invoice submission or payment, please contact ICE Financial Operations at								
	1-877-491-6521 or by e-mail at								
	OCFO.CustomerService@ice.dhs.gov								
	3								
	The total amount of award: (b)(4). The								
	obligation for this award is shown in box 17(i).								
	17(1).					-			
						1			
					İ				
					1				

AUTHORIZED FOR LOCAL REPODUCTION PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 (Rev. 4/2006)

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM					1. REQUISITION NUMBER PAGE OF See Schedule 1 20							
	RECORD STATES AND STATES	R TO COMPLETE B	Managaran and American	9 D.C. (1927 - 1920)	See	Sched	ule	I		1	20	
2. CONTRACT N	0.		3. AWARD/ EFFECTIVE DA' 02/11/2	4. ORDER NUMBER 016 HSCEMD-16-	-P-00017			5. SOLICITAT	ION NUMBER			6. SOLICITATION ISSUE DATE
	R SOLICITATION PRMATION CALL:	a. NAME (b)(6);(b)	(7)(C)		7.0	.TELEPHONE 214-905	-	R (No c 6);(b)(7)(C)	ollect calls)	8. OFFER D	UE DATE	/LOCAL TIME
9. ISSUED BY		***	CODE	ICE/IOSD	10. THIS ACQU	ISITION IS	ΧĮ	JNRESTRICTED	OR	SET ASIDE:		% FOR:
Immigrat Office o	gations Ops tion and Cu of Acquisit Stemmons F TX 75247	stoms Enfo ion Manage	rcement		SMALL BUS HUBZONE BUSINESS SERVICE-I VETERAN- SMALL BU	SMALL DISABLED OWNED	(W		UNDER THE W	VOMEN-OWNE	ED NAICS: IZE STAN	IDARD:
	FOR FOB DESTINA-	12. DISCOUNT TERM	S		1			13b. RATII	NG			
TION UNLE: MARKED SEE SC	SS BLOCK IS		Net 30		RATE	CONTRACT IS D ORDER UNI (15 CFR 700)		14. METH	OD OF SOLICI		RFP	
15. DELIVER TO		CO	DE ICE/HSI	/HO-D4	16. ADMINISTE	RED BY			- I	100	CE/I	OSD
Immigrat 11320 Ra Attn: (b)	/Div 4 - Cy tion and Cu andom Hills )(6);(b)(7)(C) VA 22030	stoms Enfo	rcement		Immigra Office	tion and of Acquisites Stemme	nd C uisi ons	s Suppo ustoms tion Ma Freeway	Enforce nagemer	ement nt		
17a. CONTRACT OFFEROR		0138144260	000 FACILITY		18a. PAYMENT	WILL BE MADE	BY			CODE I	CE-H	SI-HQ-DIV 4
1055 E C PASADENA TELEPHONE NO	E SOFTWARE COLORADO BL' A CA 91106-:	VD STE 400 2375		<del>-</del> R	P.O. Bo Attn: I Willist	ton Fir x 1620 CE-HSI on VT	-HQ- 0549			SS BLOCK BR	FI OW	
17b. CHECK II	F REMITTANCE IS DIFF	ERENT AND PUT SUC	H ADDRESS IN OFFE	=K	IS CHECK			DENDUM	JCK 18a UNLE	SS BLOCK BI	ELOW	
19. ITEM NO.		00015	20. DULE OF SUPPLIES/S	05D #050		21. QUANTITY	22. UNIT	23. UNIT PRI	05		24 AMOI	
(b)(6	Alternate (703) 293- Procuremer 905-(b)(6)(b)( Exempt Act Delivery: Period of Continued (Use Re	official I Official I	4426 Point-of-C (b)(7)(C) Official 3);(b)(7)(C)  Eter Award ce: (b)(4)	POC: (b)(6);(b)(7)(6	1							
	ING AND APPROPRI	ATION DATA						26. TOTAL AV	Control of the Contro	INT (For Gov	rt. Use C	Only)
See sche		\$_p.g.19_55_ptpg\$5555_955_5 = 148555		Parish shall sale and the sale and a sale an	10000000000000000000000000000000000000	V95305 ( V100 10-11567-1-	ATRION CO.	(b)	(4)			Service Sectionally as the section secure.
[7]				52.212-4. FAR 52.212-3 NCE FAR 52.212-4. FAR 5			ED. A ADDEN	IDDENDA IDA		☐ ARE		NOT ATTACHED.
COPIES TO ALL ITEMS SHEETS SL	ACTOR IS REQUIRE! DISSUING OFFICE. SET FORTH OR OTH JBJECT TO THE TER E OF OFFEROR/CONTR	CONTRACTOR AGE HERWISE IDENTIFI RMS AND CONDITION	REES TO FURNISH ED ABOVE AND O	AND DELIVER	[ ]	HEREIN, IS A	NY AD		CHANGES W MS:	VHICH ARE		OFFER N (BLOCK 5), RTH
30b. NAME AN	ID TITLE OF SIGNER	(Type or print)		30c. DATE SIGNED	31b. NAME (b)(6);(b)(7		CTING	OFFICER (Ty)	oe or print)		31c. DA	ATE SIGNED

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	s/services	2' QUAI		22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	(5 V/A) (6 V/O) (5 V/T)	(0)			/EN/A			200
0001	(b)(4);(b)(6);(b)(7)	(C)			(b)(4	)		
	Requisitio	n No: 192116VHQ4CC	C0004					
	Accounting	Info:						
	(b)(7)(E)							
	Funded: (b)(4	)						
0002	(b)(4);(b)(6);(b)(7)	(C)			(b)(4	.)		
								-
	Requisitio	n No: 192116VHQ4C0	C0004					
	Accounting	Info:						
	(b)(7)(E)	SAC(0.3 m) 6460						
	Funded: (b)(	4)						
	(b)(4)							
	Invoice In	structions:						
	The second of th	ERO Contracts						
	Continued	PUNEVIO						
32a. QUANTIT	TY IN COLUMN 21 HAS		D, AND CONFORMS TO THE	CONTRACT EXCER	A S A TO	IOTED	·	
32b. SIGNATU	IRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV						OVERNMENT REPRESENTATIVE
22e MAILING	ADDRESS OF ALITHO	RIZED GOVERNMENT REPRESEI	NTATIVE	32f TELEPHON	IE NI IN	MRER (	OF AUTHORIZED GOVER	RNMENT REPRESENTATIVE
SZG. WALITO	ADDITION OF ACTIO	NIZED GOVERNMENT REPRESE	VIAIVE	021. 1221 1101			or no mondets dover	THE RESERVANCE
				32g. E-MAIL OF	AUTH	ORIZE	D GOVERNMENT REPRI	ESENTATIVE
33. SHIP NUM	IBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36, PAYMENT				37. CHECK NUMBER
PARTIAL	FINAL	-		COMPLET	E	F	PARTIAL FINAL	
Harmon and an area	UNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY					
41a I CERTIE	V THIS ACCOUNT IS	CORRECT AND PROPER FOR PAY	MENT	40- DECEN	ED DV	(Deiest)		
-	IRE AND TITLE OF CE	CORRECT AND PROPER FOR PAY RTIFYING OFFICER	41c. DATE	42a. RECEIV		-20	E 100	
				42b. RECEIV		277	SR	
				42c. DATE RE	EC'D (\	/Y/MM	/DD) 42d. TOTA	AL CONTAINERS

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEMD-16-P-00017 PAGE OF 3 20

NAME OF OFFEROR OR CONTRACTOR
GUIDANCE SOFTWARE INC

SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	(F)
Service Providers shall follow these procedures when submitting invoices.				
1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:				
a. Email:				
<ul> <li>Invoice.Consolidation@ice.dhs.gov</li> <li>Receiving Official Point-of-Contact (POC)</li> </ul>				
<ul> <li>Alternate Receiving Official</li> <li>Point-of-Contact (ALT. POC)</li> <li>Procurement POC</li> </ul>				
Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
b. USPS:				
DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
ATTN: ICE/HSI/HQ/DIV4				
The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
c. Facsimile:				
Alternative Invoices shall be submitted to: (802)-288-7658				
Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEMD-16-P-00017 PAGE OF 4 20

NAME OF OFFEROR OR CONTRACTOR
GUIDANCE SOFTWARE INC

SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.  Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the contract shall also be anotated on every invoice.  2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:  (i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST			(4)	( )
match the information in both the Contract/Agreement and the information in the SAM;  (ii) Dunn and Bradstreet (D&B) DUNS number;				
(iii) Invoice date and unique invoice number;				
(iv) Contract number (HSCEMD-16-P-0017);				
(v) Contract Line Item Number(s) (CLIN: 0001 or 0002); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);				
(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;				
<pre>(vii) Terms of any discount for prompt payment offered;</pre>				
(viii) Remit to Address;				
(ix) Name, title, and phone number of person to notify in event of an improper invoice;				
Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEMD-16-P-00017
 PAGE OF 5
 20

NAME OF OFFEROR OR CONTRACTOR
GUIDANCE SOFTWARE INC

(x) ICE program office designated on order/contract/agreement and  (xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)  (xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.  3. In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POC or Paternate Receiving Official POC before sending the invoice to Financial Operations Burlington.  4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  The total amount of award: DM() The obligation for this award is shown in box 26.	AMOUNT (F)	UNIT PRICE	UNIT (D)	QUANTITY (C)	SUPPLIES/SERVICES (B)	м no. (Д)
performance and additional billing expected) and "Final" (performance complete and no additional billing)  (xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.  3. In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POCOR before sending the invoice to Financial Operations Burlington.  4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  The total amount of award: (b)(4) The						
information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.  3. In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POCOR before sending the invoice to Financial Operations Burlington.  4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  The total amount of award: (b)(4). The					performance and additional billing expected) and "Final" (performance complete and no additional	
submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POCOR before sending the invoice to Financial Operations Burlington.  4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  The total amount of award: (b)(4) The					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	
invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  The total amount of award: (b)(4) . The					submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POCOR before sending	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by	
					그리는 아이들이 아이들이 아이들이 아니는 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들	

AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE		PAGE OF F	AGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. PR	OJECT NO. (/	1 f applicable)
P00002	See Block 16C				26	200
5. ISSUED BY CODE	ICE/IOSD	7. ADI	MINISTERED BY (If other than Item 6)	CODE	E	
Investigations Ops Support D Immigration and Customs Enfo Office of Acquisition Manage 7701 N. Stemmons Freeway, (b)( Dallas TX 75247	rcement ment				à <del>14</del>	
	10. 20.000					
B. NAME AND ADDRESS OF CONTRACTOR (No., street, PELLEBRITE USA CORP CAMPUS DRIVE UITE 210 ARSIPPANY NJ 07054	9B × 10,	AMENDMENT OF SOLICITATION NO.  DATED (SEE ITEM 11)  A. MODIFICATION OF CONTRACT/ORDER  SCEMD-16-P-00033  B. DATED (SEE ITEM 13)	₹ NO.			
ODE 0330955680000	FACILITY CODE		4/25/2016			
033033300000	11. THIS ITEM ONLY APPLIES TO					
	ODIFICATION OF CONTRACTS/ORDI		ODIFIES THE CONTRACT/ORDER NO. AS			¥
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH  C. THIS SUPPLEMENTAL AGREEMENT			MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b). TY OF:	es in payir	ng office,	
D. OTHER (Specify type of modification	17794 PESCH	N 525				
X   Closeout IAW FAR 4.8			**************************************			
. IMPORTANT: Contractor 🗵 is not.	is required to sign this document				*0	
UNS Number: 033095568	Organized by UCF section headings,	including s	olicitation/contract subject matter where tea	isible.)		
oints of Contact:						
rogram POC: (b)(6);(b)(7)(C)			703-287-(b)(6);(b)(7)(C			
lternate POC: (b)(6);(b)(7)(C)			, 703-287-(b)(6)	;(b)(7)(C	)	
ontract Specialist: (b)(6);(b)(7	)(C)		, 214-905-(b)(6);(b)	(7)(C)		
he purpose of this modificand all invoices paid.  xempt Action: Y Sensitive A	-	it thi	s order. All work has	s beer	n comple	ete:
eriod of Performance: (b)(4)						
Except as provided herein, all terms and conditions of th	e document referenced in Item 9 A or	10A, as he	retofore changed, remains unchanged and	in full force	e and effect.	
5A. NAME AND TITLE OF SIGNER (Type or print)		127	NAME AND TITLE OF CONTRACTING OF	FICER (T	ype or print)	
ISB. CONTRACTOR/OFFEROR	15C. DATE SIGNED	A CONTRACTOR	);(b)(7)(C) UNITED STATES OF AMERICA		16C. I	DATE SIGNED
(Signature of person authorized to sign)		=	(Signature of Contracting Officer)		-	
NSN 7540-01-152-8070			# W W # 75	STANDA	RD FORM 30	(REV 10-83)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

		OR	DER FOR SU	PPLIES OR SERV	RVICES					OF PAGES		
IMPORTANT:	Mark all p	ackages and papers with			<u> </u>				1	11		
1. DATE OF ORD	wasere To	2. CONTRACT NO. (If any)			L			6. SHIP TO:	11	*70		
08/12/201	16				a. NAME 0	OF CO	NSIGNEE					
3. ORDER NO. HSCEMD-1	6-P-00	092	4. REQUISITION/F 192116VPH		Invest	tig	ation - SAC P	hoenix				
Investigat:	ations ion an	ss comespondence to) Ops Support Da d Customs Enfor	cement		4041 1	rat.	RESS ion and Custo Central Avenue (5);(b)(7)(C)					
	Stemmo	isition Managen ns Freeway, (b)(6 7			c. CITY	(D)(C	<i>33,(0)(1)(0)</i>		d. STATE	e. ZIP CODE		
	10C - 1A-50000000	S. S.			Phoenix AZ 85012							
a. NAME OF CO	Name and the second second second	USA CORP			T. SHIP VIA	4						
CELLEBRI'							8. TYF	PE OF ORDER				
b. COMPANY NA	AME				X a. PUF	RCHA	SE		b. DELIVERY	<u> </u>		
	STREET ADDRESS 7 CAMPUS DRIVE				REFEREN	NCE Y	OUR:			instructions on the		
SUITE 210					200		g 12,2016		verse, this deliverset to instruct	ery order is tions contained on		
I. CITY  e. STATE f. ZIP CODE					Please furn	nish th	ne following on the terms pecified on both sides of in the attached sheet, if	iss	is side only of the sued subject to inditions of the intract.			
PARSIPPANY NJ 07054					any, includ	ling de	elivery as indicated.					
9. ACCOUNTING See Scheo		ROPRIATION DATA					NING OFFICE d Sec Inv SAC	Phoenix				
a. SMALL f. SERVICE	X	하스	c. DISADVA  D SMALL BUSINES  THE WOSB PROG	S (WOSB)	DMEN-OWNED	)	e. HUBZone		12. F.O.B. PO	INT		
a. INSPECTION		13. PLACE OF b. ACCEPTANCE		14. GOVERNMENT B/L	NO.		15. DELIVER TO F.O.B. ON OR BEFORE (Date 90 Days After	)	16. DISCOU			
Destinat:	ion	Destinati	on	47.0005000 5.00			Order			Net 30		
				17. SCHEDULE (Se		Rejec	50 50 50 50 10 50 50 50 50 50 50 50 50 50 50 50 50 50	1				
ITEM NO.			DR SERVICES b)		QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUN (f)	NT.	QUANTITY ACCEPTED (g)		
Î	~	umber: 0330955 y POC: (b)(6);(b)(7)(C		-200 <b>- (b)(6);(b)(7)(</b> (	3)							
Į.	Alt. P (b)(6);(b)(7	OC: (b)(6);(b)(7)(C)	602-	-200- <mark>(b)(6);(b)(7)(0</mark>								
	18. SHIPP	ING POINT		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont.		
			2	1. MAIL INVOICE TO:						pages)		
	a. NAME	Dep	artment of	Homeland Sec	curity			(b)(4)				
SEE BILLING INSTRUCTIONS ON REVERSE	b. STREE (or P.O. B	ox) P.O	. Box 1620	nance Center						17(i) GRAND TOTAL		
	c. CITY	restruction of contraction			d. STA		e. ZIP CODE	(b)(4)				
	Wil	lliston			VT	N .	05495-1279	g				
22. UNITED S AMERICA	STATES OF A BY (Signa	m Qu					23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING	ORDERING OFFIC	CER			

AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 2/2012) Prescribed by GSA/FAR 48 CFR 53.213(f)

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

PAGE NO

2

DATE OF ORD	ER	CONTRACT NO.				ORDER N	Ο.	
08/12/20	)16					HSCEMI	D-16-P-00092	-
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY
(a)		(b)	ORDERED (c)		PRICE (e)		(f)	ACCEPTED (g)
0001	Communication of the communica	mpt Action: N ounting Info:	(c)	(d) (4) (4)	(e)		(f)	(g)
	<u></u>							
AUTHORIZED FO		CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	$\geq$			•	(b)(4)	PTIONAL FORM 348 (Per 4/2005)

PAGE NO

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TOWNS CONTROL OF THE PERSON OF	: Mark all packages and papers with contract and/or order numbers.					
DATE OF ORD	2-49-00				ORDER NO.	
08/12/20	016				HSCEMD-16-P-00092	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE		QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	submitting an invoice.					
	1. Invoice Submission:					
	Primary method of submission is email.					
	Invoices shall be submitted to:					
	Invoices shall be submitted to: Invoice.Consolidation@ice.dhs.gov					
	invoice.consoildationeice.dns.gov					
	Each email shall be in a .pdf format;				f	
	contain only one (1) invoice and the				1	7
	subject line of the email will annotate the					
	invoice number.				+	
	The state of the s					
	Alternate method of submission is fax.					
	Invoices shall be submitted to:					
	802-288-7658					
	Each fax shall have a cover sheet				1	
	identifying point of contact, phone number					
	and number of pages.					
	Note: The Contractor's Dunn and Bradstreet					
	(D&B) DUNS number must be active in the					
	System for Award Management (SAM) at					
	https://www.sam.gov.					
	mccps.//www.sam.gov.					
	2. Content of Invoices: Each invoice					1
	submission shall contain the following	İ			1	
	information:					
	(i) Name and address of the Contractor.					
	The name, address and DUNS number on the	1				
	invoice MUST match the information in both				1	
	the Contract/Agreement and the information					
	in the SAM;					
	(ii) Dunn and Bradstreet (D&B) DUNS number;				1	
	(iii) Invoice date and invoice number;					
	(iv) Agreement/Contract number, contract				1	
	line item number and, if applicable, the					
	order number;					
	(v) Description, quantity, unit of measure, unit price and extended price of the items					
	delivered;					
	(vi) Shipping number and date of shipment,					
	including the bill of lading number and					
	weight of shipment if shipped on Government					
	Continued	1				
	2 12 9 14					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			l	\$0.00	I.

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

PAGE NO 4

08/12/20					ORDER NO. HSCEMD-16-P-00092	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	LINIT	UNIT	AMOUNT	QUANTITY
		ORDERED		PRICE	United States	ACCEPTED
(a)	(b) bill of lading;	(c)	(d)	(e)	(f)	(g)
	(vii) Terms of any discount for prompt					1
	payment offered;					
	(viii) Remit to Address;		Ш			
	(ix) Name, title, and phone number of					
	person to notify in event of defective					
	invoice;					
	(x) Whether the invoice is "Interim" or "Final" and		H			
	(xi) ICE program office designated on		H			
	order/contract/agreement.					
	In accordance with Contract Clause, FAR					
	52.212-4(g)(1), Contract Terms and	1				
	Conditions - Commercial Items, or FAR		1 1			
	52.232-25(a)(3), Prompt Payment, as		ΙI			
	applicable, the information identified		H			
	above is required with each invoice submission.					-
	The second secon					
	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					
	The total amount of award: $(b)(4)$ . The		ΙI			
	obligation for this award is shown in box		H			
	17(i).					
						1
		1				
		1				
-	TOTAL CARRIED FORWARD TO ACT DAGS (TELL 47)				\$0.00	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				φυ.υυ	

ORDER FOR SUPPLIES OR SERVICES									PAGE (	OF PAGES			
IMPORTANT: Ma	ırk all packages aı	nd papers with contra	ct and/or ord	der numbers.					1	4			
1. DATE OF ORDER	2. CONTRAC	CT NO. (If any) -13-D-00001						6. SHIP TO:	-	-90			
04/28/2017	NSCEMD'	-13-D-00001			a. NAME	OF CO	NSIGNEE						
3. ORDER NO. HSCEMD-17-	J-00025			REFERENCE NO.	HSI SELLS								
Immigratio	ions Ops S n and Cust	upport Dalla oms Enforcem	ent		b. STREET ADDRESS Attn: (b)(6),(b)(7)(C) State Hwy 88								
7701 N. St	emmons Fre	n Management eway, (b)(6);(b)(7			Mile c. CITY	Post	112.5		d. STATE	e. ZIP CODE			
ATT: (b)(6);(b) Dallas TX	NAMES OF STREET				Sells AZ 85634								
7. TO:	SCHOOL WAS DEBUSED ON I				f. SHIP VIA								
a. NAME OF CONTE							8. TY	PE OF ORDER					
b. COMPANY NAME	8				a. PUI	RCHAS	SE	2	b. DELIVERY	į.			
c. STREET ADDRES					REFERE		-	1.00		nstructions on the			
SUITE 210					5	200	rch 19, 2017		everse, this deliv- ubject to instruct	ery order is ons contained on			
					Please fur	nish th	e following on the terms	is	his side only of the ssued subject to t	he terms and			
d. CITY PARSIPPANY e. STATE NJ				f. ZIP CODE 07452	this order	and or	pecified on both sides of the attached sheet, if livery as indicated.		conditions of the a contract.	bove-numbered			
9. ACCOUNTING AND APPROPRIATION DATA See Schedule							NING OFFICE d Sec Inv SAC	C Phoenix					
11. BUSINESS CLA	SSIFICATION (Che	eck appropriate box(es))	2000	NSC 2-122 PT - 14 (14 (14 (14 (14 (14 (14 (14 (14 (14		-	The service of		12. F.O.B. POI	NT			
a. SMALL  f. SERVICE-DI  VETERAN-C	SABLED g	WOMEN-OWNED SMA		S (WOSB)	MEN-OWNED	,	e. HUBZone		Destinat	ion			
-	13, PLAC	E OF		14. GOVERNMENT B/L N	0.		15. DELIVER TO F.O.B. ON OR BEFORE (Date		16. DISCOU	NT TERMS			
a. INSPECTION Destinatio		b.ACCEPTANCE Destination			30 Days After Award					Net 30			
				17. SCHEDULE (See	reverse for	Rejec	tions)						
ITEM NO.		SUPPLIES OR SER	RVICES		QUANTITY ORDERED (c)	UNIT	UNIT PRICE (e)	AMOU (f)	270769	QUANTITY ACCEPTED (g)			
	NS Number:	033095568											
	imary POC: 6);(b)(7)(C)	(b)(6);(b)(7)(C)	, 5	520-383-(b)(6);(b)(	7)(C)								
	condory PO	C: (b)(6);(b)(7)(C)	,										
18.	. SHIPPING POINT			19. GROSS SHIPPING V	VEIGHT	V	20. INVOICE NO.			17(h) TOTAL (Cont.			
			2	1. MAIL INVOICE TO:						pages)			
a. I	a. NAME  Department of Homeland Sec				urity			(b)(4)					
INSTRUCTIONS b.	STREET ADDRESS r P.O. Box)			nance Center						17(i)			
	P.O. Box 1620 ATTN: HSI - SAC - Phoenix							(ISVA)	11	GRAND TOTAL			
C.	c.CITY Williston					d. STATE e. ZIP CODE (b)(4)							
22. UNITED STAT	a positivi positivi				23. NAME (Typed)								
AMERICA BY							(b)(6);(b)(7)(C) TITLE: CONTRACTING	G/ORDERING OFF	ICER				

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OPTIONAL FORM 347 (Rev. 2/2012) Prescribed by GSA/FAR 48 CFR 53.213(f)

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCEMD-13-D-00001 HSCEMD-17-J-00025 04/28/2017 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (a) (f) (c) (e) (g) 520-229-(b)(6);(b)(7)(C) The contractor is requested to acknowledge acceptance of this order by signing in the space below and returning a copy of this page with signature to the contracting officer via fax- 214-905-5568 or email-(b)(6);(b)(7)(C) Signature Title Date All vendor warranties, explicit or implicit, pertaining to the items or services identified on this order are incorporated as part of this order. All terms and conditions of contract HSCEMD-13-D-00001 hereby apply to this delivery order. Exempt Action: N Sensitive Award: NONE Accounting Info: (b)(7)(E)(b)(4)0001 (b)(4)FOR COMMUNICATION OF THIS ORDER All communications and invoices must reference order number HSCEMD-17-J-00025. NOTE: The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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OPTIONAL FORM 348 (Rev. 4/2006)

PAGE NO

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IMPORTANT: Mark	k 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

TEM NO.	SUPPLIES/SERVICES	QUANTITY	LIMIT	UNIT	AMOUNT	QUANTITY
		ORDERED		PRICE	Constanto	ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	individual other than a Contracting Officer					-
	at the issuing office.					
	Invoicing Instructions:					
	invoicing instructions.					
	Contractors shall use these procedures when					
	submitting an invoice.					
	-					
	1. Invoice Submission:					
	Primary method of submission is email.					
	Invoices shall be submitted to:					
	Invoice.Consolidation@ice.dhs.gov					
	Each email shall be in a .pdf format;					
	contain only one (1) invoice and the					
	subject line of the email will annotate the					
	invoice number.					
	Alternate method of submission is fax.					
	Invoices shall be submitted to:					
	802-288-7658					
	Each fax shall have a cover sheet					
	identifying point of contact, phone number					
	and number of pages.					
	Note: The Contractor's Dunn and Bradstreet					
	(D&B) DUNS number must be active in the					
	System for Award Management (SAM) at					1
	https://www.sam.gov.					
	TO SATISFACION OF THE CONTROL OF THE					İ
	2. Content of Invoices: Each invoice					I
	submission shall contain the following					
	information:					
	(i) Name and address of the Contractor.					
	The name, address and DUNS number on the					
	invoice MUST match the information in both					
	the Contract/Agreement and the information					
	in the SAM;					
	(ii) Dunn and Bradstreet (D&B) DUNS number;					
	(iii) Invoice date and invoice number;					
	(iv) Agreement/Contract number, contract					1
	line item number and, if applicable, the					1
	order number;					1
	Continued					1
						1
						1
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			\$0.00	

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PAGE NO

	SCHEDULE - CON		4				
IMPORTANT:	Mark all packages and papers with contract and/or order numbers.		740	0A)			
DATE OF ORDER	CONTRACT NO.			ORDER NO.			
04/28/201	HSCEMD-13-D-00001			HSCEMD-17-J-00025			
ITEM NO.	SUPPLIES/SERVICES	QUANTITY UNIT	UNIT	AMOUNT	QUANTITY		

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	(v) Description, quantity, unit of measure,				Í	
	unit price and extended price of the items				1	
	delivered;				1	
	(vi) Shipping number and date of shipment,				1	
	including the bill of lading number and					
	weight of shipment if shipped on Government					
	bill of lading;					
	(vii) Terms of any discount for prompt					
	payment offered;					
	(viii) Remit to Address;					-
	(ix) Name, title, and phone number of					
	person to notify in event of defective invoice;				ł	2
	(x) Whether the invoice is "Interim" or					;
	"Final" and					4
	(xi) ICE program office designated on				1	2
	order/contract/agreement.					
	oracr, concrator, agreement.					
	In accordance with Contract Clause, FAR					F
	52.212-4(g)(1), Contract Terms and					
	Conditions - Commercial Items, or FAR					
	52.232-25(a)(3), Prompt Payment, as					
	applicable, the information identified					
	above is required with each invoice					
	submission.					
	3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov  The total amount of award: (b)(4) . The obligation for this award is shown in box 17(i).					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	-