| so | | ONTRACT/ORDER FOR COM | 1999); | 200.00 | EQUISITION NU | | 0001 | PAGE | 1,000 | |
|---|---|--|--|---|--|-------------------------------|---|--|-----------------------|-----------------------|
| 2. CONTRACT NO. | +160 (************************************ | TO COMPLETE BLOCKS 12, 17, 2: | 3, 24, & 30 4. ORDER NUMBER | 19 | ZII6VHQ | | 5. SOLICITATION N | UMBER 1 | 5 | 6. SOLICITATION |
| HSCEMD-13 | -D-00001 | EFFECTIVE DO | 77 57 10 11 11 11 11 11 11 11 11 11 11 11 11 | | rie . | | | | | ISSUE DATE |
| | SOLICITATION MATION CALL: | a. NAME (b)(6);(b)(7)(C) | | | b. TELEPHONE 214-905 | | | calls) 8. OFFI | | TE/LOCAL TIME |
| 9. ISSUED BY | | COD | E ICE/IOSD | 10. THIS ACQ | UISITION IS | UN | RESTRICTED OR | X SET AS | IDE: 10 | 0.00 % FOR: |
| Immigrati Office of | on and Cus Acquisit: Stemmons Fi | Support Dallas stoms Enforcement on Management reeway, (b)(6);(b)(7)(C) | | VETERAN | E SMALL | (WOS | EN-OWNED SMALL BB) ELIGIBLE UNDE I RUSINESS PROG OSB | R THE WOMEN-C | NAICS SIZE ST | b)(4) ANDARD: (b)(4) |
| 11. DELIVERY FOR TION UNLESS MARKED | BLOCK IS | 2. DISCOUNT TERMS Net 30 | | RAT | S CONTRACT IS ED ORDER UN S (15 CFR 700) | DER | | SOLICITATION | | |
| 15. DELIVER TO | DULE | CODE TOP/HO | I/HQ-D2 | 16. ADMINIST | | | XRFQ | ☐ IFB CODE | RFP | TOSD. |
| Immigrati 500 12th Attn: (b)(6) Washingto | Street SW, ;(b)(7)(C) on DC 20536 | stoms Enforcement (b)(6);(b)(7)(C) | _ | Immigration office 7701 N Attn: | ation a of Acq . Stemm D)(6);(b)(7)(0 TX 752 | nd Cu uisit ons F C) | Support stoms Enf ion Manag reeway, (b , 214. | orcement ement)(6);(b)(7)(C) 905. (b)(6) |] ;(b)(7)(C; | - 8 |
| 17a. CONTRACTOR OFFEROR | CODE (|)330955680000 FACILIT | | 18a. PAYMEN | T WILL BE MAD | E BY | | CODE | ICE-H | HSI-HQ-DIV |
| 7 CAMPUS SUITE 210 PARSIPPAN TELEPHONE NO. | Y NJ 07452 | | FER | P.O. B Attn: Willis | gton Fi ox 1620 ICE-HSI ton VT | -HQ-D 05495 DDRESS SI | -1620 | Ba UNLESS BLOC | K BELOW | |
| 19. | | 20. | | IS CHEC | ZKED X | SEE ADDE | NDUM 23. | | | 24. |
| ITEM NO. | | SCHEDULE OF SUPPLIES | S/SERVICES | | QUANTITY | UNIT | UNIT PRICE | | | DUNT |
| (6);(b)(7)(C) E (6);(b)(7)(C) (t) (6);(b)(7)(C) (t) | Point-of-C 732- Alternate b)(6);(b)(7)(C) b)(6);(b)(7)(C) Procuremen b)(6);(b)(7)(C) b)(6);(b)(7)(C) Exempt Act | fice/Receiving Off ontact (POC): (b)(6);(t or (b)(6);(b)(7)(C) Office/Receiving Office/Rece | fficial POC: (b | (202))(6);(b)(7)(C (6);(b)(7)(C) | | | | | | |
| DE ACCOUNTING | | erse and/or Attach Additional St | neets as Necessary) | | | | 6. TOTAL AWARD | AMOUNT (For | Cout Hea | Only |
| See sched | GANDAPPROPRIA ule | IIION DAIA | | | | | (b)(4) | OGITI [FOI | 5071. 030 | |
| 177 | | TES BY REFERENCE FAR 52.212-1 | | | | | DENDA | ☐ ARI | | E NOT ATTACHED |
| X 28. CONTRACT COPIES TO IS ALL ITEMS SE | TOR IS REQUIRED SUING OFFICE. C ET FORTH OR OTH JECT TO THE TERI | DER INCORPORATES BY REFERE TO SIGN THIS DOCUMENT AND R ONTRACTOR AGREES TO FURNIS ERWISE IDENTIFIED ABOVE AND (MS AND CONDITIONS SPECIFIED. | ETURN 1 | | 29. AWARD (DATED INCLUDING A HEREIN, IS A | ANY ADDI | RACT: | | OLICITATI RE SET F | 1.00 |
| | | CIOR | | Jia. Olii Li | | | | | | |

| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIES | S/SERVIC | ES | | 21. QUANTITY | 22. UNIT | 23. UNIT PI | | 24. AMOUNT |
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| | Accounting | Info: | | | | | | | | |
| | (b)(7)(E) | | | | e | | | | | |
| l | Period of B | Performance: (b)(4) | | | | | | | | |
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| 2002D | UFED TOUCH | ULTIMATE - RUGGED | IZED | | | (b)(| 4) | | | 1 |
| | therefore and the same of the same of | | | | | £ | | | | |
| | Invoice Ins | structions: | | | | | | | | |
| | ICE - NON-E | ERO Contracts | | | | | | | | |
| | Contractors | s shall follow the | se p | rocedures whe | en | | | | | |
| | submitting | invoices. | | | | | | | | |
| | 1. Invoice | Submission: Invo | ices | shall be | | | | | | |
| | submitted i | in a ".pdf" format | in | accordance wi | .th | | | | | |
| | the contrac | ct terms and condi | tion | s via email, | | | | | | |
| | United Stat | tes Postal Service | (US | PS) or facsim | nile | | | | | |
| | as follows: | : | | | | | | | | |
| | a. Email: | | | | | | | | | |
| (b)(6);(b)(7)(C) | | Consolidation@ice. | | | | | | | | |
| | 1 | Office/Receiving Ontact (POC): $(b)(6)$; | | | 121 | | | | | |
| | | | υ <u>χι χο</u> | (20 | 12) | | | | | |
| | Continued . | or (b)(6);(b)(7)(C) | | | | | | | | |
| 32a OLIANTIT | Y IN COLUMN 21 HAS | PERIOD AND AND AND AND AND AND AND AND AND AN | | | | | _ | | | |
| RECEI | | | D, AND (| CONFORMS TO THE CO | NTRACT, E | XCEPT AS | NOTE | D: _ | | |
| 32b. SIGNATU | IRE OF AUTHORIZED | GOVERNMENT REPRESENTATIV | E | 32c. DATE | 32d. PRIN | ITED NAME | AND | TITLE OF AUTH | IORIZED G | OVERNMENT REPRESENTATIVE |
| 32e. MAILING | ADDRESS OF AUTHOR | RIZED GOVERNMENT REPRESEN | NTATIVE | | 32f. TELE | PHONE NU | MBER | OF AUTHORIZ | ED GOVER | NMENT REPRESENTATIVE |
| | | | | | 32g. E-M/ | AIL OF AUTH | HORIZ | ED GOVERNM | ENT REPRE | SENTATIVE |
| 33. SHIP NUM | BER | 34. VOUCHER NUMBER | | OUNT VERIFIED CT FOR | 36. PAYM | ENT | | | | 37. CHECK NUMBER |
| PARTIAL | FINAL | | | | CON | IPLETE | | PARTIAL | FINAL | |
| | UNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAII | D BY | , | | | | | |
| 41a. I CERTIF | Y THIS ACCOUNT IS C | L CORRECT AND PROPER FOR PAY | MENT | | 42a. Ri | ECEIVED B | (Prin | t) | | |
| 41b. SIGNATU | IRE AND TITLE OF CEI | RTIFYING OFFICER | | 41c. DATE | 42b. R | ECEIVED A | Γ (Loca | ation) | | |
| | | | | | 42c. DA | ATE REC'D (| YY/MI | M/DD) | 42d. TOTA | L CONTAINERS |
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEMD-13-D-00001/HSCEMD-16-J-00002

PAGE OF
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NAME OF OFFEROR OR CONTRACTOR

| (A) | 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) | | | | (b)(6);(b)(7)(C) |
| | • Contract Specialist/Contracting Officer: (b)(6);(b)(6);(b)(7)(C) , (214) 905. | o)(7)(C) | 20-25 | (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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 OF

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| 0. | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | 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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| MNO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
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| | 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. | | | | |
| | passenters of the record party. | | Et ave | | |
| | 3. Invoice Inquiries: Questions regarding | | (0)(0 | i);(b)(7)(C) | |
| | invoice submission or payment, please contact ICE | | | | |
| | Financial Operations at 1-877-491 or by | | | | |
| | e-mail at (b)(6);(b)(7)(C) | | | | |
| | (6)/A) | | | | |
| | (b)(4) | | | | |
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| s | | ITRACT/ORDER FOR | | | 100 | REQUISITION NU | | 0000 | PAGE O | 1 8 | |
|---|---|---|-------------------------------------|-------------------------|---------------------------------------|---|-------------------------|---|--------------------------------|------------------------------------|-----------|
| 2. CONTRACT N | | O COMPLETE BLOCKS 12, | | & 30 4. ORDER NUMBER | 1 | 92116VHQ | 10/0-51:52:54 | 5. SOLICITATION NU | IMBER 1 | 6. SOLICITAT | TION |
| HSCEMD-1 | .3-D-00001 | EFFECT | TIVE DATE | HSCEMD-16- | J-0000 | 1101 | | | | ISSUE DATE | |
| | R SOLICITATION RMATION CALL: | a. NAME (b)(6);(b)(7)(C) | | | | (214) 9 | | (No collect ca 6);(b)(7)(C) | alls) 8. OFFER I | DUE DATE/LOCAL TIME | 16 164 |
| 9. ISSUED BY | | * | CODE (b |)(4) | 10. THIS AC | EQUISITION IS | UN | RESTRICTED OR | X SET ASIDE | 100.00 %FO | R: |
| Immigrat Office o | tion and Cust of Acquisition Stemmons Free C) (21 | Support Dallas coms Enforcement on Management eeway, (b)(6);(b)(7)(0,4) 905-(b)(6);(b)(7) | C) | | BUSINI SERVI | BUSINESS DNE SMALL ESS CE-DISABLED RAN-OWNED BUSINESS | (WOS | EN-OWNED SMALL E BB) ELIGIBLE UNDER I BUSINESS PROGE OSB | THE WOMEN-OWN | NAICS:(b)(4) SIZE STANDARD: (b)(4) | 4) |
| | | DISCOUNT TERMS | | | | | | 13b. RATING | | | |
| MARKED SEE SC | SS BLOCK IS HEDULE | Net 30 |) | | R | HIS CONTRACT IS ATED ORDER UN PAS (15 CFR 700) | DER | 14. METHOD OF | | RFP | |
| 15. DELIVER TO | | CODE ICE/ | /HSI/H | Q-D2 | 16. ADMINI | STERED BY | | 97 | 121 140 140 1 | CE/IOSD | |
| Immigrat 500 12th Attn: (b) | Street SW, | oms Enforcemer | nt | | Immig Offic 7701 | ration a | nd Cu uisit ons F | Support I stoms Enfoion Manage reeway, | orcement |] | |
| 17a. CONTRACT OFFEROR | | 330955680000 | FACILITY | | 18a. PAYME | ENT WILL BE MAD | E BY | | CODE | CE-HSI-HQ- | DIV 2 |
| 7 CAMPUS PARSIPPA TELEPHONE NO | NY NJ 07452 | ENT AND PUT SUCH ADDRESS | IN OFFER | | P.O. Attn: REF: Willi | ngton Fi Box 1620 ICE-HSI HSCEMD- ston VT | -HQ-D 16-J- 05495 | IV 2 00005 | I UNLESS BLOCK E | BELOW | |
| 8 | T | | | | | ECKED X | SEE ADDE | NDUM | 1 | 2000 | |
| 19. ITEM NO. | | SCHEDULE OF SUF | | /ICES | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | | 24. AMOUNT | |
| (6);(b)(7)(C) | Point-of-Co: 732- or Alternate O (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) Procurement | ice/Receiving (ntact (POC): (b)((b)(6);(b)(7)(C) ffice/Receiving (703) 488= | 6);(b)(7)(0 g Offi or | cial POC: (b) | (202) (6);(b)(7)(0 (6);(b)(7)(0 | | | | | | |
| | (Use Rever | se and/or Attach Addition | nal Sheets | as Necessary) | | | | | | | |
| 25. ACCOUNT | NG AND APPROPRIATE | ON DATA | | | | | 2 | 6. TOTAL AWARD (b)(4) | AMOUNT (For Go | vt. Use Only) | |
| | | ES BY REFERENCE FAR 52 ER INCORPORATES BY RE | | | | | ED. AD | DENDA A | ☐ ARE | ARE NOT ATTAC | |
| 28. CONTRA COPIES TO ALL ITEMS SHEETS SL | ACTOR IS REQUIRED T ISSUING OFFICE. CO SET FORTH OR OTHER | O SIGN THIS DOCUMENT A NTRACTOR AGREES TO FU RWISE IDENTIFIED ABOVE & AND CONDITIONS SPECI | AND RETUR JRNISH AN AND ON AI | RN 1 | | 29. AWARD (DATED INCLUDING A HEREIN, IS A | ANY ADDI | | OFFER ON SOLI GES WHICH ARE | CITATION (BLOCK 5 SET FORTH | OFFER |
| 30b. NAME AN | D TITLE OF SIGNER (T | ype or print) | 30c. | DATE SIGNED | | ME OF CONTRA | ACTING O | FFICER (Type or p | rint) | 31c. DATE SIGNED | D |
| ALITHORIZED | FOR LOCAL REPRODU | CTION | | | - | | | CTAR | IDARD FORM 144 | 10 (DEV 2/2012) | |

| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIE | S/SERVICES | | 21. QUANTITY | 22. UNIT | 23. UNIT PF | RICE | 24. AMOUNT |
|-----------------|--------------------|----------------------------|---|------------------|---|-------------|----------------|------------|--|
| | Exempt Act | ion: N | | | | | | | |
| | Accounting | Info: | | | | | | | |
| | (b)(7)(E) | | * | | | | | | |
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| | Period of | Performance: (b)(4) | | · | | | | | |
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| 0001 | (b)(4) | | | ŕ | (b) |)(4) | l. | | |
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| | Invoice In | structions: | | | | | | | |
| | (8) | | | | | | | | |
| | ICE - NON- | ERO Contracts | | | | | | | |
| | | | | | | | | | |
| | Service Pro | oviders/Contractor | s shall follow th | nese | | | | | |
| | procedures | when submitting i | invoices. | | | | | | |
| | | | | | | | | | |
| | 1. Invoice | Submission: Invo | pices shall be | | | | | | |
| | submitted | in a ".pdf" format | in accordance w | ith | | | | | |
| | the contra | ct terms and condi | tions [Contract | | | | | | |
| | Specialist | and Contracting C | Officer to disclos | se if | | | | | |
| | | ly basis or other | | 245 | | | | | |
| | 12 | ted States Postal | Service (USPS) or | r | | | | | |
| | facsimile | as follows: | | | | | | | |
| | 55 | | | | | | | | |
| | a. Email: | | | | | | | | |
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| | • (b)(6);(b)(7)(C) | | | | | | | | |
| | Continued | United Visit | | | | | | | |
| | Y IN COLUMN 21 HAS | | | | | | | | |
| RECEIV | | | D, AND CONFORMS TO THE CO | Terror transcens | | | | ODIZED OF | WEDLINELT DEDDESCRIPTIVE |
| 320. SIGNATUR | RE OF AUTHORIZED | GOVERNMENT REPRESENTATIV | /E 32c. DATE | 320. PRIN | HED NAME | AND | IIILE OF AUTH | ORIZED GC | OVERNMENT REPRESENTATIVE |
| 32e. MAILING A | DDRESS OF AUTHO | RIZED GOVERNMENT REPRESEI | NTATIVE | 32f. TELE | PHONE NUI | MBER | OF AUTHORIZ | ED GOVER | NMENT REPRESENTATIVE |
| | | | | | | | | | |
| | | | | 32g. E-MA | AIL OF AUTH | IORIZI | ED GOVERNME | NT REPRE | SENTATIVE |
| The second | 5055 | Ť · | T | | | | | | Transaction of the contraction o |
| 33. SHIP NUME | BER | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36, PAYM | ENT | | | | 37. CHECK NUMBER |
| vi. | | | 100000000000000000000000000000000000000 | CON | MPLETE | | PARTIAL | FINAL | |
| PARTIAL | FINAL | | | | | | 1 | | |
| 38. S/R ACCOL | JNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAID BY | | | | | | |
| 41a. I CERTIFY | THIS ACCOUNT IS (| CORRECT AND PROPER FOR PAY | YMENT | 42a. RE | ECEIVED BY | (Prin | t) | | |
| - | RE AND TITLE OF CE | | 41c. DATE | | estate de la companya | | 90 VAO | | |
| | | | | 42b. RI | ECEIVED AT | (Loca | ation) | | |
| | | | | 42c. DA | ATE REC'D (| YY/MN | M/DD) | 42d. TOTAI | CONTAINERS |
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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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PAGE 3

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| Ο. | 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: | | | | |
| | DUC TOP | | | | |
| | 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 (b)(6);(b)(7)(C) 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 | | | | |
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| | 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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|)) | 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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| м no. (А) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
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| | 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: | | | | |
| | 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. | 1 | | | |
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| NO. .) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
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| | • 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 | | | |
| | The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee. | | | | |
| | The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee. | | | | |
| | The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods. | | | | |
| | b. Cost Reimbursable CLIN (Other Direct Costs) The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form: Continued | | | | |
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| 25 | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
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| | Item purchased | | | | |
| | • Cost | | | | |
| | Date expensed | | | | |
| | Documentation of prior COR approval | | | | |
| | | | | | |
| | All cost presentations provided by the Contractor shall also include applicable indirect cost. | | | | |
| | c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and | | | | |
| | the CLIN number and name. In addition, the | | | | |
| | contractor shall provide the following detailed | | | | |
| | information for each invoice submitted, as | | | | |
| | applicable in spreadsheet form: | | | | |
| | d Draingt Motal Massal, Mhig will identify all | | | | |
| | 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: | | | | |
| | J. 32 12 12 12 12 12 12 12 12 12 12 12 12 12 | | | | |
| | Date Expensed | | | | |
| | Authorized Travel Event Number | | | | |
| | Days of Travel | | | | |
| | Documentation of COR approval prior to travel | | | | |
| | Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable | | | | |
| | cost, not to exceed the amount shown in the schedule. | | | | |
| | Profit shall not be applied to travel costs. | | | | |
| | Contractors may apply indirect costs to travel in | | | | |
| | accordance with the contractors usual accounting | | | | |
| | practices consistent with FAR 31.2. | | | | |
| | In order to ensure that an accurate invoice is | | | | |
| | submitted, the Contractor shall coordinate the | | | | |
| | invoice with the COR before sending the invoice | | | | |
| | to Financial Operations Burlington. | | | | |
| | 4. Invoice Inquiries: Questions regarding | | | | |
| | invoice submission or payment, please contact ICE | | | | |
| | Financial Operations at 1-877-491 or by | | | | |
| | Continued | | | | |
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| | (b)(6);(b)(7)(C) | | | | |
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| ANO. | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE | AMOUNT (F) |
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| | e-mail at (b)(6);(b)(7)(C) | | | | |
| | The total amount of award: (b)(4) . The obligation for this award is shown in box 26. | | | | |
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| SOLICITATION/C | ONTRACT/ORDER FOR COMME | RCIAL ITEMS | - C1_2862 | QUISITION NU | | | PAGE O | F ₁ = |
|--|---|-------------------|---|--|-------------------------|--|------------------|--------------------------------------|
| 2. CONTRACT NO. | R TO COMPLETE BLOCKS 12, 17, 23, 24, | 4. ORDER NUMBER | 192 | 2116VHQ | DZSOL | 5. SOLICITATION NU | IMBER 1 | 6. SOLICITATION |
| HSCEMD-13-D-00001 | EFFECTIVE DATE | HSCEMD-16- | 1191 | | | | | ISSUE DATE |
| 7. FOR SOLICITATION INFORMATION CALL: | a. NAME (b)(6);(b)(7)(C) | | | (214) 9 | | (No collect ca)(6);(b)(7)(C) | alls) 8. OFFER I | DUE DATE/LOCAL TIME |
| 9. ISSUED BY | CODE | CE/IOSD | 10. THIS ACQU | .0 0: | | 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) (2 Dallas TX 75247 | stoms Enforcement ion Management | | X SMALL BU HUBZONE BUSINESS SERVICE- VETERAN SMALL BU | SMALL S DISABLED -OWNED | (WO | | THE WOMEN-OWN | NAICS (b)(4) SIZE STANDARD: (b)(4) |
| 11. DELIVERY FOR FOB DESTINA- | 12. DISCOUNT TERMS | | There is a series | | 2724 | 13b. RATING | | |
| TION UNLESS BLOCK IS MARKED SEE SCHEDULE | Net 30 | | RATE | CONTRACT IS D ORDER UN (15 CFR 700) | DER | 14. METHOD OF S | | REP |
| 15. DELIVER TO | CODE ICE/HSI/H | Q-D2 | 16. ADMINISTE | ERED BY | | 97 | 121 100 202 | 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 | ation a of Acq Stemm | nd Cu uisit ons E | S Support Instance Supp | orcement | |
| 17a. CONTRACTOR/ CODE OFFEROR | 0330955680000 FACILITY CODE | | 18a. PAYMENT | WILL BE MAD | E BY | | CODE | CE-HSI-HQ-DIV |
| CELLEBRITE USA COR 7 CAMPUS DRIVE PARSIPPANY NJ 0745 TELEPHONE NO. | | | P.O. Bo Attn: I REF: HS Willist | gton Fi Dx 1620 CCE-HSI SCEMD-1 CON VT | -HQ-I 6-J-0 05495 | 00021 5-1620 SHOWN IN BLOCK 188 | UNLESS BLOCK F | BELOW |
| 19. | 20. | | IS CHEC | 21. | SEE ADD | ENDUM 23. | 1 | 24. |
| (6);(b)(7)(DUNS Number | SCHEDULE OF SUPPLIES/SERV | /ICES | | QUANTITY | 0.000 | UNIT PRICE | | AMOUNT |
| (b)(4) Primary We 200- Alternate 488- Acquisition (b)(6);(b)(7)(C) | bView POC: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) WebView POC: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) on POC: (b)(6);(b)(7)(C) | (214) 9 | (703) ₀₅ -(b)(6);(b |))(7)(C) | | | | |
| 25. ACCOUNTING AND APPROPR | verse and/or Attach Additional Sheets ATION DATA | as Necessary) | | | | 26. TOTAL AWARD | AMOUNT (For Go | vt. Use Only) |
| See schedule | ATES BY REFERENCE FAR 52.212-1, 52.2 | 12.4 EAD 50.040.0 | AND 52 242 5 | ADE ATTACL | IED .: | (b)(4) | | ADE NOT ITTE |
| | RDER INCORPORATES BY REFERENCE | | | | ADDENI | | ARE | ARE NOT ATTACHED. ARE NOT ATTACHED. |
| COPIES TO ISSUING OFFICE. ALL ITEMS SET FORTH OR OTI | D TO SIGN THIS DOCUMENT AND RETUR CONTRACTOR AGREES TO FURNISH AN HERWISE IDENTIFIED ABOVE AND ON AI RMS AND CONDITIONS SPECIFIED. | D DELIVER | | HEREIN, IS | ANY ADD | | GES WHICH ARE | Columbia de Artenios |
| 30b. NAME AND TITLE OF SIGNER | R (Type or print) 30c. | DATE SIGNED | 31b. NAME (b)(6);(b)(7 | | ACTING (| DFFICER (Type or pi | rint) | 31c. DATE SIGNED |

| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIE | S/SERVICES | | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | | 24. AMOUNT |
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| 3 | (b)(7)(E) | | | × × | | | | 2 | 1 | <u> </u> |
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| | Exempt Act: | ion: N | | | | | | | | |
| | Accounting | Info: | | | | | | | | |
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| | Period of 1 | Performance: (b)(4) | | | | | | | | |
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| | | structions: | | | | | | | | |
| | ICE - NON-I | ERO Contracts | | | | | | | | |
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| | procedures | when submitting i | nvoice: | S. | | | | | | |
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| | a. Email: | | | | | | | | | |
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| 32a. QUANTIT | Y IN COLUMN 21 HAS | BEEN | | | | | | | | |
| RECEI | VED INS | PECTED ACCEPTED | O, AND CON | FORMS TO THE CO | NTRACT, E | XCEPT AS I | NOTE | D: | | |
| 32b. SIGNATU | IRE OF AUTHORIZED | GOVERNMENT REPRESENTATIV | E | 32c. DATE | 32d. PRIN | TED NAME | AND 1 | TITLE OF AUTHORIZ | ED GC | VERNMENT REPRESENTATIVE |
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| 33. SHIP NUM | BER | 34. VOUCHER NUMBER | 35. AMOUN CORRECT F | | 36, PAYM | ENT | | | | 37. CHECK NUMBER |
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| 38. S/R ACCO | UNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAID BY | 5 | | | | | | |
| 41a, I CERTIF | Y THIS ACCOUNT IS O | ORRECT AND PROPER FOR PAY | MENT | | 42a. RF | CEIVED BY | (Print | " | | |
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| | | | | | 42b. RE | ECEIVED AT | (Loca | ntion) | | |
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| S. 991 | • (b)(6);(b)(7)(C) | 00 K | 100 | 70 81 | 77 20 |
| | Contracting Officer Representative (COR) or Government Point of Contact (GPOC) | | | | |
| | Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. | | | | |
| | b. USPS: | | | | |
| | DHS, ICE Financial Operations - Burlington P.O. Box 1620 | | | | |
| | Williston, VT 05495-1620 | | | | |
| | ATTN: ICE-HSI-HQ-DIV 2 | | | | |
| | The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. | | | | |
| | c. Facsimile: | | | | |
| | Alternative Invoices shall be submitted to: (802)-288-7658 | | | | |
| | Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. 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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| SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE | AMOUNT (F) |
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| 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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| 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 | | | | |
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| 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): | | | | |
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| 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 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. | 1 | | | |
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| SUPPLIES/SERVICES (B) | QUANTITY (C) | (D) | UNIT PRICE | AMOUNT (F) |
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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 | | | | |
| 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 | | | | |

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

REFERENCE NO. OF DOCUMENT BEING CONTINUED

PAGE OF

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| O.) | 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: | | | | |
| | Date Expensed Authorized Travel Event Number | | | | |
| | Days of Travel Documentation of COR approval prior to travel | | | | |
| | Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule. | | | | |
| | Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2. | | | | |
| | In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington. | | | | |
| | 4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov | | | | |
| | The total amount of award: (b)(4) The obligation for this award is shown in box 26. | | | | |
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| | | ONTRACT/ORDER | | | 7.55 | UISITION NU | | 1614 | PAGE O | 5 | |
|---|---|--|--|---|---|--|---------------------------|--|--------------------------------|-----------------------------|--------------------|
| 2. CONTRACT N | NO | R TO COMPLETE BLO | 3. AWARD/ | 4. ORDER NUMBER | 102 | 110421 | 0000 | 5. SOLICITATION NU | JMBER | 5 | 6. SOLICITATION |
| HSCEMD- | 13-D-00001 | | EFFECTIVE DAT | | 1100 | | | | Notice and the | | ISSUE DATE |
| | OR SOLICITATION ORMATION CALL: | a. NAME (b)(6);(b)(7)(| (C) | | | 14-905 | | (No collect collect collect);(b)(7)(C) | alls) 8. OFFER I | DUE DATI | E/LOCAL TIME |
| 9. ISSUED BY | | · · | CODE | ICE/IOSD | 10. THIS ACQUI | | 1 | JNRESTRICTED OR | X SET ASIDE | 100 | 0.00 % FOR: |
| Immigra Office 7701 N. | tion and Cu of Acquisit | Support Dai stoms Enforce ion Manageme reeway, (b)(6); | cement ent | | X SMALL BUS HUBZONE: BUSINESS SERVICE-D VETERAN-G SMALL BUS | SMALL SABLED DWNED | U (W | | THE WOMEN-OWN | IED NAICS: (SIZE STA | - Invest |
| | FOR FOB DESTINA- ESS BLOCK IS | 12. DISCOUNT TERMS | et 30 | | | ORDER UND | | 13b. RATING | SOLICITATION | | |
| SEE SC | CHEDULE | | | | DPAS | (15 CFR 700) | | XRFQ | □ifB | RFP | |
| 15. DELIVER TO | 0 | CODE | ICE/HSI | /SAC SAN ANTO | 16. ADMINISTER | RED BY | | | CODE | CE/I | OSD |
| Immigra 40 NE L Attn: (b) | | C San Antoni stoms Enforce | | | Immigra Office | tion and of Acquisition of Acquisition (Stemmo)(6);(b)(7)(| nd C uisi ons C) | s Support I ustoms Enfo tion Manage Freeway, [b (214 905 | orcement ement |) | |
| 17a. CONTRACT | Simulation (Section 1) | 033095568000 |) () FACILITY | , | 18a. PAYMENT | | | | CODE | CE-H | SI-SAC-SANA |
| ATTN CEI 7 CAMPUS SUITE 2: PARSIPP | 10 ANY NJ 0745. o. | A CORP | | | P.O. Bo Attn: I Willist | ton Fir x 1620 CE-HSI on VT | -SAC | 37 * \$45 E04(1755) | | | |
| 17b. CHECK | IF REMITTANCE IS DIFF | ERENT AND PUT SUCH A | DDRESS IN OFFE | :R | 18b. SUBMIT IN | | | SHOWN IN BLOCK 18a DENDUM | UNLESS BLOCK E | BELOW | |
| 19. ITEM NO. | | SCHEDIII | 20. E OF SUPPLIES/S | SERVICES | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | | 24 AMO | |
| | (b)(6)(b)(7)(C) Alt Progra (b)(6)(b)(7)(C) Contractin (b)(6)(b)(7)(C) Exempt Act Delivery: Accounting Continued | er: 0330955 DC: (b)(6);(b)(7)(C) mm POC: (b)(6);(b) mg POC:(b)(6);(b) tion: N 30 Days After g Info: verse and/or Attach | 68) 210-))(7)(C) (7)(C) er Award | 321-(b)(6);(b)(7)(C) 210-321-(b)(6);(b) 214-905-(b)(6);(b) | | | | 26. TOTAL <u>AWARD</u> | AMOUNT (For Go | | |
| See sche | edule | | | | | | | (b)(4) | | | |
| | | | | 52.212-4. FAR 52.212-3 <i>A</i> CE FAR 52.212-4. FAR 52. | | | ED. A | ADDENDA NDA | ☐ ARE | | NOT ATTACHED. |
| 28. CONTR COPIES TO ALL ITEMS SHEETS S | RACTOR IS REQUIRE O ISSUING OFFICE. S SET FORTH OR OTH | D TO SIGN THIS DOCL CONTRACTOR AGREE HERWISE IDENTIFIED RMS AND CONDITIONS | JMENT AND RE ES TO FURNISH ABOVE AND OI | TURN I AND DELIVER | 2 D | 9. AWARD O ATED NCLUDING A EREIN, IS A | NY AD | | OFFER ON SOLI GES WHICH ARE | CITATIO SET FC | OFFER N (BLOCK 5), |
| 2 | ND TITLE OF SIGNER | 0.7524 0 10 | | 30c. DATE SIGNED | 31b. NAME (b)(6);(b)(7 | | CTING | OFFICER (Type or p | .2 | *** | ATE SIGNED |
| MITHODIZED | FOR LOCAL REPRO | DUCTION | | | | | | CTAI | NDARD FORM 14 | IO /DEV | 2/2042) |

| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIE: | S/SERVICES | | | 21. QUANTITY | 22. UNIT | 23. UNIT P | ************************************** | 24. AMOUNT | | |
|--|--|---|-------------|-----------|------------|---|-------------|---------------|--|--------------------------|--|--|
| | (b)(7)(E) | | | | | | | | | | | |
| | Period of I | Performance: (b)(4) | | | | | | | | | | |
| 0001 | (b)(4) | | | | | (b) |)(4) | | | | | |
| | The second of th | ent terms and cond D-00001 are hereby | | | | | | | | | | |
| | FOR COMMUNICATION OF THIS ORDER | | | | | | | | | | | |
| | All communithe order of the Purchas directed to 6277. Directed to 6277. Directed issuing e-mail to: The Contracted the space of with signate facsimile to contact the questions of Continued of the Continued of | of be -915 at in page | (b)(6);(b |))(7)(d | (C) | | | | | | | |
| 32b. SIGNATU | | PECTED ACCEPTED GOVERNMENT REPRESENTATIV | | 32c. DATE | | | | | IORIZED GO | DVERNMENT REPRESENTATIVE | | |
| 32e. MAILING | ADDRESS OF AUTHOR | RIZED GOVERNMENT REPRESE | NTATIVE | | 32f. TELEF | PHONE NUM | MBER | OF AUTHORIZ | ED GOVERI | NMENT REPRESENTATIVE | | |
| | | | | | 32g. E-MA | IL OF AUTH | IORIZE | ED GOVERNMI | ENT REPRE | SENTATIVE | | |
| 33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED CORRECT FOR | | | | | | 6. PAYMENT 37. CHECK NUMBER COMPLETE PARTIAL FINAL | | | | | | |
| 38. S/R ACCO | i id a d umakkantika sersembanikan mengen | 39. S/R VOUCHER NUMBER | 40. PAID BY | Y | ļ | | | | | | | |
| N. | Y THIS ACCOUNT IS O | L CORRECT AND PROPER FOR PAY RTIFYING OFFICER | 1110000 | c. DATE | 42a. RE | CEIVED BY | ' (Print | ") | | | | |
| | | | | | 42b. RE | CEIVED AT | (Loca | ition) | | | | |
| - | | | | | 42c. DA | ATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS | | | | | | |

 CONTINUATION SHEET
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 OF

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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: | | | |
| | • (b)(6);(b)(7)(C) | | | |
| | Contracting Officer Representative (COR) or | | | |
| | Government Point of Contact (GPOC) | | | |
| | Contract Specialist/Contracting Officer | | | |
| | Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. | | | |
| | b. USPS: | | | |
| | DHS, ICE | | | |
| | Financial Operations - Burlington P.O. Box 1620 | | | |
| | Continued | | | |
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| no. A) | 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: | | | | |
| | (i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM; (ii) Dunn and Bradstreet (D&B) DUNS number; (iii) Invoice date and unique invoice number; (iv) Agreement/Contract number, if applicable, Continued | | | | |
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HSCEMD-13-D-00001/HSCEMD-16-J-00026
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| NO. }) | 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. 3. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491 | | | (b)(6);(b)(7)(C) | |

| SOURCE S | SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS | | | | | 1. REQUISITION NUMBER PAGE OF 192116VHOREQ00012 1 5 | | | | | | | |
|--|--|---|--|--|--|--|-------------------------------------|---------|--|--------------------------------|-------------------|-----------------------|--|
| SCEMD-16-J-000034 STEETING AND STEED AND STEE | 2. CONTRACT N | IO. | R TO COMPLETE BLO | | * DE DOMES OF TRANSPORT | 132 | TIOVIO | XEQU(| V-02/2012 | JMBER |) | 6. SOLICITATION | |
| SERBING STATES OF SUPPORT DATES SUPPORT DATE | HSCEMD- | 13-D-00001 | | Control of the Contro | TE | 1191 | | | | | | ISSUE DATE | |
| Investigation and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Proeway, (DNS)(DN/RC) Dealins TX 75247 Industry representations on the Company of | 1000 | | | (C) | | 16 | | | | | DUE DATE | E/LOCAL TIME | |
| Investigation of Description | 9. ISSUED BY | | | CODE | ICE/IOSD | 10. THIS ACQU | ISITION IS | U | NRESTRICTED OR | X SET ASIDE | 100 | 0.00 % FOR: | |
| THE MINES BORDER THE CONTRACT IS A MANUAL TO THE CONTRACT IN THE CONTRACT IN THE CONTRACT IS A MANUAL TO THE CONTRACT IN THE CONT | Immigra Office of 7701 N. | | SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED | | | | | | | | | | |
| MARKED SEE SCHEDULE ODDE SCHISTIS ACC HOUSTON TO SAC HOUSTON | 11. DELIVERY | FOR FOB DESTINA- | 12. DISCOUNT TERMS | | | 1_ | | | 13b. RATING | | | | |
| INVESTIGATION OF SAC HOUSEON Investigation - SAC Houseon Investigation and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, [DIRRIDO/NC) Attn: [DIRRIDO/NC) DAILS TX 75247 | MARKED | | Ne | et 30 | | RATED ORDER UNDER DPAS (15 CFR 700) 14. METHOD OF SOLICITATION | | | | | | | |
| Immigration and Customs Enforcement Attn: [D(8),00/T/C) Traccommactow one [330955680000] FACULTY OFFEROR CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIFPANY NJ 07452 Burlington Finance Center P. O. Box 1620 Attn: ICE-HSI-SAC-HOUSTON Williston VT 05495-1620 TELEPHONE NO. TRESPECTABLE OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) ALT. Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES OF SUPPLESSERVICES BLOCK BELOW ALL THE SUPPLESSERVICES BLOCK BELOW DUNS Number: 033095568 Program POC: [D(8),00/T/C) DECEMBER OF SUPPLESSERVICES BLOCK BELOW DECEMBER | 15. DELIVER TO |) | CODE | ICE/HSI | /SAC HOUSTON | 16. ADMINISTE | RED BY | | 97 | CODE I | CE/I | OSD | |
| CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452 DHS, ICE BURILINGTON Finance Center P.O. Box 1620 Attn: ICE—HSI—SAC—Houston Williston VT 05495—1620 TELEPHONE NO. THE MIND. SCHEDULE OF SUPPLESSERVICES DINS Number: 033095568 Program POC: [b)(6)(b)(7/(C) DINS Number: 033095568 Program POC: [b)(6)(b)(7/(C) Att. Program POC: [b)(6)(b)(7/(C) DINS Number: 033095568 Program POC: [b)(6)(b)(7/(C) DINS Number: 03309568 DINS Number: 03309568 DINS Number: 03309568 DINS Number: 03309 | Immigration and Customs Enforcement 4141 N. Sam Houston Pkwy E. (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) | | | | | Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214 905 (b)(6);(b)(7)(C) | | | | | | | |
| PARSIPPANY NJ 07452 Burlington Finance Center P.O. Box 1620 Attn: ICE-HST-SAC-Houston Williston VT 05495-1620 ITR. CHECK IF REMITANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER IS. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED SEE ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED IS SEE ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED DUNS Number: 033095568 Program POC: [b)(6),(b)(7)(C) Alt. Program POC: [b)(6),(b)(7)(C) Alt. Program POC: [b)(6),(b)(7)(C) Alt. Program POC: [b)(6),(b)(7)(C) Exempt Action: N Accounting Info: [b)(7)(E) Continued (Use Reverse and/or Attach Additional Sheets as Necessary) 25. ACCOUNTING AND APPROPRIATION DATA See schedule 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52212-1, 52212-4. FAR 52212-5 ISATIACHED. ADDENDA ADDENDA ADDENDA ADDENDA ARE ARE NOT ATTACHED. 27b. CONTRACTIFURCHASE ORDER INCORPORATES BY REFERENCE FAR 52212-4. FAR 52212-5 ISATIACHED. ADDENDA ADDENDA ARE ARE NOT ATTACHED. 27b. CONTRACTIFURCHASE ORDER INCORPORATES BY REFERENCE FAR 52212-4. FAR 52212-5 ISATIACHED. ADDENDA ARE ARE NOT ATTACHED. 27c. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE CONTRACTING ADDENTIAL PART AND DELIVER ALL ITEM SET FORTH OR OTHERWISE DESTRIPED ABOUT AND ADDENTIAL PART AND DELIVER ALL ITEM SET FORTH OR OTHERWISE DESTRIPED ABOUT AND ADDENTIAL PART AND DELIVER ALL ITEM SET FORTH OR OTHERWISE DESTRIPED ABOUT AND ADDENTIAL PART AND DELIVER ALL ITEM SET FORTH OR OTHERWISE DESTRIPED ABOUT AND ADDENTIAL PART AND DELIVER ALL ITEM SET FORTH OR OTHERWISE DESTRIPED ABOUT AND ADDENTIAL PART ADDRESS WHICH ARE SET FORTH OR OTHERWISE AND OTHERWISE AND ON ANY ADDITIONAL SET FORTH OR OTHERWISE SET FORTH OR OTHERWISE AND OTHERWIS | | Section Beautiful and | 033093366000 | | | Jodenninervi | THE DE HIND | | | 1 | CE-H | SI-SAC-HOUS | |
| 19. | 7 CAMPUS DRIVE | | | | | Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-Houston | | | | | | | |
| 19. SCHECKED SEE ADDENDUM 19. SCHEDULE OF SUPPLIESSERVICES 20. OUANTITY DUNS Number: 033095568 Program POC: [b)(6)(b)(7)(C) Alt. Program POC: [b)(6)(b)(7)(C) Alt. Program POC: [b)(6)(b)(7)(C) Alt. Program POC: [b)(6)(b)(7)(C) Exempt Action: N Accounting Info: [b)(6)(b)(7)(C) Exempt Action: N Accounting Info: [b)(7)(C) Continued (Use Reverse and/or Attach Additional Sheets as Necessary) 25. ACCOUNTING AND APPROPRIATION DATA See schedule 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA 27b. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO PLINNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONTRICTION SPECIFIED 30b. NAME AND TITLE OF SIGNER (Type or print) 30c. DATE SIGNED 31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGNED 31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGNED | TELEPHONE NO | O. | | | | | | | | | | | |
| 19. 20. 21. 22. 22. 23. 24. 24. 24. 25. 25. 26. | 17b. CHECK | IF REMITTANCE IS DIFF | ERENT AND PUT SUCH A | DDRESS IN OFF | ER | | | | | UNLESS BLOCK E | BELOW | | |
| DUNS Number: 033095568 Program POC: (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) Alt. Program POC: (b)(6),(b)(7)(C) Alt. Program POC: (b)(6),(b)(7)(C) D)(6),(b)(7)(C) Contracting POC: (b)(6),(b)(7)(C) Contracting POC: (b)(6),(b)(7)(C) Exempt Action: N Accounting Info: (b)(7)(E) Continued (Use Reverse and/or Attach Additional Sheets as Necessary) 25. ACCOUNTING AND APPROPRIATION DATA See schedule 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE AITACHED. ADDENDA ARE ARE NOT AITACHED. 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT AITACHED. 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. 30b. NAME AND TITLE OF SIGNER (Type or print) 30c. DATE SIGNED 31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGNED | | | 2015011 | | 10ED 110E0 | 10 011100 | 21. | 22. | 23. | | | | |
| 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED. 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED. 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED. 30a. SIGNATURE OF OFFEROR/CONTRACTOR 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGNED | 25. ACCOUNT | Program PC (b)(6);(b)(7)(C) Alt. Program (b)(6);(b)(7)(C) Contractin (b)(6);(b)(7)(C) Exempt Act Accounting (b)(7)(E) Continued (Use Re | er: 0330955 DC: (b)(6);(b)(7)(C) ram POC: (b)(6); ram POC: (b)(6 | 68 ; 2);(b)(7)(C) ; (b)(7)(C) ; 21 | 281-985-(b)(6);(b) 281-985-(b)(6) 4-905-(b)(6);(b)(7 | ;(b)(7)(C) | | | | AMOUNT (For Go | | | |
| 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED. 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED. 30a. SIGNATURE OF OFFEROR/CONTRACTOR 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 31b. NAME AND TITLE OF SIGNER (Type or print) 31c. DATE SIGNED 31c. DATE SIGNED | The second of th | | ATES BY DEEEDENICE | EAD 52 212 1 | 52 212 4 EAD 52 212 3 | AND 52 212 5 A | DE ATTACH | ED AI | <u> </u> | | 100 | 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 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 31b. NAME AND TITLE OF SIGNER (Type or print) 31c. DATE SIGNED 31c. DATE SIGNED | E71 | | | | | | | | | | | | |
| (b)(6);(b)(7)(C) | 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. | | | | | 1 | DATED NCLUDING A HEREIN, IS A | NY ADD | . YOUR DITIONS OR CHAN ED AS TO ITEMS: | OFFER ON SOLI GES WHICH ARE | CITATIO SET FO | OFFER N (BLOCK 5), | |
| | 2 | | 0.000 | | 30c. DATE SIGNED | | | CTING (| 00.430 6 | .20 | *** | 9 | |

| 19. ITEM NO. | | 20. SCHEDULE OF SUPPLIE | S/SERVICES | | 21. QUANTITY | 22. UNIT | 23. UNIT PF | RICE | 24. AMOUNT |
|-----------------|---------------------|---|---------------------------------|---|-----------------------------|-------------|----------------|------------|----------------------------|
| | (b)(7)(E) | | | | | | | | |
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| | | se Order. Payment | | | | | | | |
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| 32a. QUANTITY | Y IN COLUMN 21 HAS | S BEEN | | | | | 7.75 | | |
| RECEIV | | | D, AND CONFORMS TO THE CO | 1 | | | | 001750 00 | WEDNINGS TO DEDDESCRIPTIVE |
| 32b. SIGNATUR | RE OF AUTHORIZED | GOVERNMENT REPRESENTATIV | E 32c. DATE | 32d. PRII | ITED NAME | AND | ITILE OF AUTH | ORIZED GC | OVERNMENT REPRESENTATIVE |
| 32e. MAILING A | ADDRESS OF AUTHO | RIZED GOVERNMENT REPRESE | NTATIVE | 32f. TELE | PHONE NU | MBER | OF AUTHORIZ | ED GOVER | NMENT REPRESENTATIVE |
| | | | | 32g. E-M/ | AIL OF AUTH | HORIZ | ED GOVERNME | NT REPRE | SENTATIVE |
| To . | | - | 14. | | | | | | |
| 33. SHIP NUME | BER | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYM | ENT | | | | 37. CHECK NUMBER |
| con | | | | IPLETE | | PARTIAL | FINAL | | |
| 38. S/R ACCOL | FINAL JNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAID BY | | | | | | |
| 4 | | | | - | | | | | |
| - | | CORRECT AND PROPER FOR PAY ERTIFYING OFFICER | /MENT 41c. DATE | 42a. R | ECEIVED BY | (Prin | t) | | |
| -, D. GIGINATUI | TENTO THEE OF CE | | | 42b. R | 42b. RECEIVED AT (Location) | | | | |
| | | | | 42c. D/ | ATE REC'D (| YY/MI | M/DD) | 42d. TOTAI | LCONTAINERS |
| 100 | | | | | | | | | |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 HSCEMD-13-D-00001/HSCEMD-16-J-00034
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| ITEM NO. | (b)(6);(b)(7)(C) supplies/services (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE | AMOUNT (F) |
|----------|--|-----------------|-------------|------------------|------------|
| | directed to the Dallas Finance Center at 214-915 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. | 5.0007.0.03 | | (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: | | | | |
| | Email: (b)(6);(b)(7)(C) Contracting Officer Representative (COR) or Continued | | | | |
| | | | | | |
| | | | | | |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 HSCEMD-13-D-00001/HSCEMD-16-J-00034
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| 0. | 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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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEMD-13-D-00001/HSCEMD-16-J-00034
PAGE OF
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| IO.) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE | AMOUNT (F) |
|----------|--|-----------------|-------------|----------------|------------|
| | 2. Content of Invoices: Each invoice shall | | | | |
| | contain the following information in accordance | | | | |
| | with 52.212-4 (g), as applicable: | | | | |
| | with select (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 | | | | |
| | THE PROPERTY OF THE PROPERTY O | | | | |
| | SAM; | | | | |
| | (iii) Dunn and Bradstreet (D&B) DUNS number; | | | | |
| | (iii) Invoice date and unique invoice number; | | | | |
| | (iv) Agreement/Contract number, if applicable, | | | | |
| | the order number; | | | | |
| | (v) Contract Line Item Number(s) (CLIN); | | | | |
| | Description; quantity; unit of measure; unit | | | | |
| | price and extended price of the items delivered, | | | | |
| | period of performance (each CLIN shall be | | | | |
| | identified separately on the invoice); | | | | |
| | (vi) If applicable, shipping number and date of | | | | |
| | shipment, including the bill of lading number and | | | | |
| | weight of shipment if shipped on Government bill | | | | |
| | of lading; | | | | |
| | (vii) Terms of any discount for prompt payment | | | | |
| | offered; | | | | |
| | (viii) Remit to Address; | | | | |
| | (ix) Name, title, and phone number of person to | | | | |
| | notify in event of an improper invoice; | | | | |
| | (x) ICE program office designated on | | | | |
| | order/contract/agreement and | | | | |
| | (xi) Mark invoice as "Interim" (Ongoing | | | | |
| | performance and additional billing expected) and | | | | |
| | "Final" (performance complete and no additional | | | | |
| | billing) | | | | |
| | (xii) Electronic Funds Transfer (EFT) banking | | | | |
| | 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. | | | | |
| | | | (h | \(C\:/b\/7\(C\ | |
| | 3. Invoice Inquiries: Questions regarding | | (b |)(6);(b)(7)(C) | |
| | invoice submission or payment, please contact ICE | | | | |
| | Financial Operations at 1-877-491 — or by | | | | |
| | e-mail at (b)(6);(b)(7)(C) | | | | |
| | | | | | |
| | The total amount of award: (b)(4) . The | | | | |
| | obligation for this award is shown in box 26. | | | | |
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| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | | | REQUISITION NU 92116VHQ | | PAGE OF | | | | | | |
|---|--|---|------------------------------|---|---|---|-------------|---|---------------|-------------------------------------|--|--|--|--|
| 2. CONTRACT NO. HSCEMD-13 | | | 3. AWARD/ EFFECTIVE DATE | 4. ORDER NUMBER | J-00036 | 5 | | 5. SOLICITATION NUMBE | - | 6. SOLICITATION ISSUE DATE | | | | |
| | OLICITATION IATION CALL: | a. NAME (b)(6);(b)(7)(| (C) | 1 | | b. TELEPHONE (214) 9 | | (No collect calls) (6);(b)(7)(C) | 8. OFFER DI | UE DATE/LOCAL TIME | | | | |
| 9. ISSUED BY | | 1 | CODE | ICE/IOSD | 10. THIS AC | QUISITION IS | Un Un | NRESTRICTED OR | X SET ASIDE: | 100.00 % FOR: | | | | |
| Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) Dallas TX 75247 | | | | | | WOMEN-OWNED SMALL BUSINESS HUBZONE SMALL BUSINESS SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS NAICS: (b)(4) SIZE STANDARD: (b)(4) | | | | | | | | |
| 11. DELIVERY FOR TION UNLESS MARKED | BLOCK IS | SCOUNT TERMS | et 30 | | RA | IS CONTRACT IS TED ORDER UNI AS (15 CFR 700) | | 13b. RATING 14. METHOD OF SOLIC X RFQ | | REP | | | | |
| 15. DELIVER TO CODE ICE/HSI/HQ-D2 | | | | | 16. ADMINIS | TERED BY | | 24.11.2 | W. 1998 | CE/IOSD | | | | |
| ICE Hmlnd Sec Inv HQ Div. 2 Immigration and Customs Enforcement 14560 Avion Parkway Attn: (b)(6);(b)(7)(C) Chantilly VA 20151 | | | | | Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247 | | | | | | | | | |
| 17a. CONTRACTOR OFFEROR | CODE 033 | 095568000 |) () FACILITY CODE | | 18a. PAYME | NT WILL BE MAD | E BY | | CODE I | CE-HSI-HQ-DIV 2 | | | | |
| CELLEBRITE USA CORP ATTN CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07452 | | | | | DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 2 REF: HSCEMD-16-J-00036 Williston VT 05495-1620 | | | | | | | | | |
| TELEPHONE NO. | | | | | | | | | | | | | | |
| 17b. CHECK IF RI | EMITTANCE IS DIFFERENT | AND PUT SUCH A | DDRESS IN OFFER | ₹ | 10 miles 10 miles | INVOICES TO A | DDRESS S | HOWN IN BLOCK 18a UNL ENDUM | ESS BLOCK BE | ELOW | | | | |
| 19. ITEM NO. | | SCHEDUL | 20. E OF SUPPLIES/SI | ERVICES | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | | 24. AMOUNT | | | | |
| (6);(b)(7)(C) (1) (1) (4) (4) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | acquisition E b)(6);(b)(7)(C) b)(4) (Use Reverse | POView POC (b)(7)(C) POC: (b)(6);(b) | (7)(C) | (7 | (b)(6) (03) (b)(6);(b) | | | | | | | | | |
| 25. ACCOUNTING | AND APPROPRIATION | I DATA | | | | | 2 | 26. TOTAL AWARD AMO (b)(4) | UNT (For Gov | t. Use Only) | | | | |
| 27a. SOLICITA 27b. CONTRAC | TION INCORPORATES CT/PURCHASE ORDER | INCORPORATES | S BY REFERENCE | 2.212-4. FAR 52.212-3 CE FAR 52.212-4. FAR 5 | | TACHED. | ADDEN | DDENDA DA | | ARE NOT ATTACHED. | | | | |
| COPIES TO IS ALL ITEMS SE SHEETS SUBJ | FOR IS REQUIRED TO S SUING OFFICE. CONT T FORTH OR OTHERW JECT TO THE TERMS A | RACTOR AGREE ISE IDENTIFIED ND CONDITIONS | S TO FURNISH ABOVE AND ON | AND DELIVER | | HEREIN, IS A | ANY ADD | . YOUR OFF ITIONS OR CHANGES D AS TO ITEMS: | WHICH ARE S | OFFER CITATION (BLOCK 5), SET FORTH | | | | |
| 30a. SIGNATURE OF | F OFFEROR/CONTRACTOR | ₹ | | | 31a. UNITI | ED STATES OF A | MERICA (S | IGNATURE OF CONTRACT | TING OFFICER) | | | | | |
| 30b. NAME AND T | ΓΙΤLE OF SIGNER (Τυρε | or print) | 3 | 0c. DATE SIGNED | 31b. NAN (b)(6);(b | | ACTING C | PFFICER (Type or print) | | 31c. DATE SIGNED | | | | |