

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<div>(b)(4)</div> <p>Exempt Action: N</p> <p>Period of Performance: (b)(4)</p> <div>(b)(4)</div> <p>Accounting Info:</p> <div>(b)(7)(E)</div> <p>Funded: (b)(4)</p> <p>Accounting Info:</p> <div>(b)(7)(E)</div> <p>Funded: (b)(4)</p> <p>Invoice Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or Continued ...</p>				

32a. QUANTITY IN COLUMN 21 HAS BEEN

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

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		42b. RECEIVED AT (Location)		
		42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>facsimile as follows:</p> <p>a. Email:</p> <ul style="list-style-type: none"><li>• (b)(6);(b)(7)(C)</li><li>• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li></ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HSI-HQ-DIV 2</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and</p> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);</p> <p>(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>"Final" (performance complete and no additional billing)</p> <p>(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firm Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):</p> <p>ALT 1- Time and Material Contracts</p> <p>Materials on T&amp;M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).</p> <p>ALT 2 - Cost Contracts</p> <p>a. Cost Plus Award Fee:</p> <p>The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:</p> <ul style="list-style-type: none"><li>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.</li><li>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</li></ul> <p>Continued ...</p>				

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	<p>category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.</p> <p>The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.</p> <p>The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.</p> <p>The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.</p> <p>b. Cost Reimbursable CLIN (Other Direct Costs)</p> <p>The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:</p> <ul style="list-style-type: none"><li>• Item purchased</li><li>• Cost</li><li>• Date expensed</li></ul> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>• Documentation of prior COR approval</p> <p>All cost presentations provided by the Contractor shall also include applicable indirect cost.</p> <p>c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:</p> <p>d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:</p> <ul style="list-style-type: none"> <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> <p>Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.</p> <p>Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.</p> <p>In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.</p> <p>4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at (b)(6);(b)(7)(C) or by e-mail at (b)(6);(b)(7)(C)</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>				1. REQUISITION NUMBER 192116VHQ4CCC0078		PAGE OF 1 5		
2. CONTRACT NO. HSCCMD-13-D-00001			3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCCMD-16-J-00037		5. SOLICITATION NUMBER	
							6. SOLICITATION ISSUE DATE	
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME (b)(6);(b)(7)(C)			b. TELEPHONE NUMBER (No collect calls) (214) 905 (b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS (b)(4) SIZE STANDARD: (b)(4)				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30			13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
							14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
15. DELIVER TO ICE Hmlnd Sec Inv HQ Div. 4 Immigration and Customs Enforcement 11320 Random Hills Road (b)(6);(b)(7)(C) Fairfax VA 22030				16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214) 905 (b)(6);(b)(7)(C) Dallas TX 75247				
17a. CONTRACTOR/ OFFEROR		CODE 0330955680000		FACILITY CODE		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4 Williston VT 05495-1620		
						CODE ICE-HSI-HQ-DIV 4		
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 033095568 Exempt Action: Y Accounting Info: (b)(7)(E) FOB: Origin Parsippany, NJ Period of Performance: (b)(4) (b)(4) <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>							
25. ACCOUNTING AND APPROPRIATION DATA See schedule							26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)	
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.								
27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input checked="" type="checkbox"/> ARE NOT ATTACHED.								
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.					29. AWARD OF CONTRACT: OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR					31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)			30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

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

32a. QUANTITY IN COLUMN 21 HAS BEEN

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

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY (Print)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS



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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:</p> <p>a. Email:</p> <ul style="list-style-type: none"><li>• (b)(6);(b)(7)(C)</li><li>• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li><li>• Contract Specialist/Contracting Officer</li></ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE HSI HQ DIV 4</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number; HSCEMD-16-J-00037</p> <p>(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);</p> <p>(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>Continued ...</p>				

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



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	ALTERNATE POC: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 703-293-(b)(6);(b)(7)(C)  Technical POC for Delivery Information: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 703-293-(b)(6);(b)(7)(C)  Contracting POC: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) Phone: 214-905-(b)(6);(b)(7)(C)  Exempt Action: Y Period of Performance: (b)(4)				
2006A	(b)(4)   Accounting Info: (b)(7)(E)  Funded: (b)(4) Period of Performance: (b)(4)				(b)(4)
2006B	(b)(4) Continued ...				(b)(4)

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<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
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	(b)(4)  Accounting Info: (b)(7)(E)  Funded: (b)(4) Period of Performance: (b)(4)				
2006C	(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 directed to the Burlington Finance Center at -866-233-1915, Option # 3. Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at (214) 905- (b)(6);(b)(7)(C) (or) via e-mail to: Continued ... (b)(6);(b)(7)(C)				(b)(4)

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CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(b)(6);(b)(7)(C)</p> <p>The Contractor is requested to acknowledge acceptance of this delivery order by signing in blocks 30a-c on the front page of the delivery order (SF 1449) and returning a copy of this page with signature to the Contracting Officer via facsimile to (214) 905-5568 or via email to (b)(6);(b)(7)(C), upon receipt. Please contact the Contracting Officer if there are any questions or concerns.</p> <p>NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.</p> <p>***** INVOICE INSTRUCTIONS</p> <p>1. Invoice Submission:</p> <p>*Primary method of submission is email. Invoices shall be submitted to: (b)(6);(b)(7)(C)</p> <p>Attn: ICE-HSI-HQ DIV 4 Invoice</p> <p>Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.</p> <p>*Alternate method of submission is fax. Invoices shall be to: 802-288-7658 Attn: ICE-HSI-HQ DIV 4 Invoice</p> <p>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</p> <p>Note: The Contractor's Dunn and Bradstreet (D&amp;B) DUNS number must be active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a>.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information: Continued ...</p>				

CONTINUATION SHEET

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

PAGE 5 OF 5

NAME OF OFFEROR OR CONTRACTOR  
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>In accordance with Contract Clause, FAR 52.212-4(g) (1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25(a) (3), Prompt Payment, as applicable, the information identified above is required with each invoice submission.</p> <p>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491- or by e-mail at (b)(6);(b)(7)(C)</p> <p>Invoices without the above information may be returned for resubmission</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				



<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER 192116VEL00P00010		PAGE OF 1 7	
2. CONTRACT NO. HSCEMD-13-D-00001		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCEMD-16-J-00047		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE							
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME CT	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: 100.00 % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP							
15. DELIVER TO ICE Hmlnd Sec Inv SAC El Paso Immigration and Customs Enforcement 11541 MONTANA AVE El Paso TX 79936		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) (214 905 (b)(6);(b)(7)(C) Dallas TX 75247		17. RATING			
17a. CONTRACTOR/ OFFEROR CELLEBRITE USA CORP 7 CAMPUS DRIVE PARSIPPANY NJ 07452		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-El Paso Williston VT 05495-1620		19. RATING			
20. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		21. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a IS CHECKED <input type="checkbox"/> SEE ADDENDUM					
22. ITEM NO.		23. SCHEDULE OF SUPPLIES/SERVICES		24. QUANTITY		25. UNIT PRICE	
26. AMOUNT							
27. DUNS Number: 033095568 Program POC: (b)(6);(b)(7)(C) 915-856-(b)(6);(b)(7)(C) Alt Program POC: (b)(6);(b)(7)(C) 915-856-(b)(6);(b)(7)(C) Contracting POC: (b)(6);(b)(7)(C) 214-905-(b)(6);(b)(7)(C)  *All applicable clauses from HSCEMD-13-D-00001 are hereby incorporated by reference*  (Use Reverse and/or Attach Additional Sheets as Necessary)							
28. ACCOUNTING AND APPROPRIATION DATA See schedule		29. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)					
30. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.		31. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.					
32. 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.		33. AWARD OF CONTRACT: DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: OFFER					
34. SIGNATURE OF OFFEROR/CONTRACTOR		35. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)					
36. NAME AND TITLE OF SIGNER (Type or print)		37. DATE SIGNED		38. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		39. DATE SIGNED	

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

32a. QUANTITY IN COLUMN 21 HAS BEEN

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

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

**CONTINUATION SHEET**

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

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NAME OF OFFEROR OR CONTRACTOR  
CELLEBRITE USA CORP

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

Continued ...

CONTINUATION SHEET

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

PAGE OF  
4 7

NAME OF OFFEROR OR CONTRACTOR  
CELEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>09/01/2021</p> <p>52.217-8 Option to Extend Services (Nov 1999) The Government may require continued performance of any services within the limits and at the rates specified in the contract. These rates may be adjusted only as a result of revisions to prevailing labor rates provided by the Secretary of Labor. The option provision may be exercised more than once, but the total extension of performance hereunder shall not exceed 6 months. The Contracting Officer may exercise the option by written notice to the Contractor within 30 calendar days. (End of clause)</p> <p>52.217-9 Option to Extend the Term of the Contract (Mar 2000) (a) The Government may extend the term of this contract by written notice to the Contractor within 15 calendar days; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 30 calendar days before the contract expires. The preliminary notice does not commit the Government to an extension. (b) If the Government exercises this option, the extended contract shall be considered to include this option clause. (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 5 years, 6 months. (End of clause)</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>All communications and invoices must reference the order number shown in Block #3 on page 1 of the Purchase Order. Payment inquiries are to be directed to the Dallas Finance Center at 214-915 (b)(6);(b)(7)(C) Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at 214-905- (b)(6);(b)(7)(C) (or) via e-mail to: (b)(6);(b)(7)(C)</p> <p>The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a copy of this page with signature to the Contracting Officer via Continued ...</p>				

# CONTINUATION SHEET

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

PAGE 5 OF 7

NAME OF OFFEROR OR CONTRACTOR  
CELLEBRITE USA CORP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> <p>NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.</p> <p>Invoicing Instructions:</p> <p>ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:</p> <p>a. Email:</p> <ul style="list-style-type: none"> <li>• (b)(6);(b)(7)(C)</li> <li>• Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> <li>• Contract Specialist/Contracting Officer</li> </ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>Continued ...</p>				

# CONTINUATION SHEET

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

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NAME OF OFFEROR OR CONTRACTOR  
CELLEBRITE USA CORP

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

CONTINUATION SHEET

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

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NAME OF OFFEROR OR CONTRACTOR  
CELEBRITE USA CORP

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

# ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 6

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

1. DATE OF ORDER 08/22/2016		2. CONTRACT NO. (If any) HSCCMD-13-D-00001		6. SHIP TO: a. NAME OF CONSIGNEE Investigation - SAC Atlanta	
3. ORDER NO. HSCCMD-16-J-00049		4. REQUISITION/REFERENCE NO. 192116VAT0000013		b. STREET ADDRESS Immigration and Customs Enforcement 1100 Center Parkway Attn: (b)(6);(b)(7)(C)	
5. ISSUING OFFICE (Address correspondence to) Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) 214 905 (b)(6);(b)(7)(C) Dallas TX 75247		c. CITY Atlanta		d. STATE GA	e. ZIP CODE 30344
7. TO: CELLEBRITE USA CORP		f. SHIP VIA		8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.  Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
a. NAME OF CONTRACTOR CELLEBRITE USA CORP		b. COMPANY NAME		c. STREET ADDRESS 7 CAMPUS DRIVE SUITE 210	
d. CITY PARSIPPANY		e. STATE NJ	f. ZIP CODE 07452	10. REQUISITIONING OFFICE ICE Hmld Sec Inv SAC Atlanta	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB		12. F.O.B. POINT Destination	
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.	
15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 30 Days After Award		16. DISCOUNT TERMS Net 30		17. SCHEDULE (See reverse for Rejections)	

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



## ORDER FOR SUPPLIES OR SERVICES

PAGE NO

## SCHEDULE - CONTINUATION

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
2002c	(b)(7)(E)					
	(b)(4)		(b)(4)			
	(b)(7)(E)					
	<p>Payment will be made based on receipt of a proper invoice and satisfactory contractor performance. The elements of a proper invoice are described at Federal Acquisition Regulation 32.905. In addition to these items, the invoice must include: (1) the award document number (it is the identifier that begins with "HSCEMD or HSCENV"), (2) the requisition/purchase request number (generally the number in block 4) and (3) the name of the contracting officer's technical representative or other receiving official.</p> <p>NOT TO EXCEED</p> <p>The quantity shown and/or the resulting price is an estimated amount. The contractor shall invoice the government only for the items/services actually delivered, performed/provided at the unit prices shown; not to exceed the ceiling price specified above. In the event that the ceiling amount is insufficient to complete performance, the contractor is to notify the contracting officer as such, prior to reaching the ceiling, and must obtain written authorization from the contracting officer prior to exceeding the ceiling.</p> <p>Failure to obtain the required authorization may result in the contractor assuming responsibility for any costs of performance above the ceiling amount. Upon completion of performance, the contracting officer may issue a final modification</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					(b)(4)	

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OPTIONAL FORM 348 (Rev. 4/2006)  
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**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

PAGE NO  
3

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>which shall reconcile the order with the quantities/rates/amounts shown on the invoice, for performance mutually agreed upon. FAR Clause 52.213-3, "Notice to Supplier" is incorporated into this order by reference.</p> <p>FOR COMMUNICATION OF THIS ORDER.</p> <p>All Communications and Invoices must reference the order number shown in Block #3 on page 1. Payment inquiries are to be Directed to the Finance Center at 1-877-491-6521. Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at (214) 905 (b)(6);(b) or you can also send me an E-Mail to: (b)(6);(b)(7)(C)</p> <p>The contractor is requested to acknowledge acceptance of this DELIVERY order by signing in the space below and returning a copy of this page with signature to the contracting officer via facsimile, # 214-905-5568, upon receipt. Please contact the contracting officer if there are any questions or concerns.</p> <p>_____ Signature Title</p> <p>_____ Date</p> <p>The contractor shall not accept any instruction that would result in any change to the supplies/ services herein by any entity other than the issuing office's contracting officer.</p> <p>INVOICE INSTRUCTIONS</p> <p>Service Providers/Contractors shall use these procedures when submitting an invoice.</p> <p>1. Invoice Submission: Invoices shall be submitted in a .pdf format in accordance</p> <p>Continued ...</p>					

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

\$0.00

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**OPTIONAL FORM 348** (Rev. 4/2006)  
Prescribed by GSA FAR (48 CFR) 53.213(f)

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

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows: Invoice.Consolidation@ice.dhs.gov Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <ul style="list-style-type: none"> <li>• (b)(6);(b)(7)(C)</li> <li>• Government Point of Contact (GPOC): WILL BE LOCATED IN THE BODY OF THE ORDER</li> </ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award</p> <p>Continued ...</p>					

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

\$0.00

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**OPTIONAL FORM 348** (Rev. 4/2006)  
Prescribed by GSA FAR (48 CFR) 53.213(f)

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

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

DATE OF ORDER 08/22/2016	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCEMD-16-J-00049
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>In accordance with Contract Clause, FAR 52.212-4(g)(1), Contract Terms and Conditions Commercial Items, or FAR 52.232-25(a)(3), Prompt Payment, as applicable, the information identified above is required with each invoice submission.</p> <p>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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

PAGE NO  
6

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov</p> <p>In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Contracting Officers Representative (COR) before sending the invoice to Financial Operations Burlington.</p> <p>Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491- or by e-mail at (b)(6);(b)(7)(C)</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).</p>					

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

\$0.00

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**OPTIONAL FORM 348** (Rev. 4/2006)  
Prescribed by GSA FAR (48 CFR) 53.213(f)

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER See Schedule		PAGE OF 1 20	
2. CONTRACT NO.		3. AWARD/ EFFECTIVE DATE 02/11/2016		4. ORDER NUMBER HSCMD-16-P-00017		5. SOLICITATION NUMBER	
6. SOLICITATION ISSUE DATE							
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		CODE ICE/IOSD		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:  <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS:  SIZE STANDARD:			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
15. DELIVER TO ICE/HSI/Div 4 - Cyber Crimes Center Immigration and Customs Enforcement 11320 Random Hills Road, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Fairfax VA 22030		CODE ICE/HSI/HQ-D4		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		CODE ICE/IOSD	
17a. CONTRACTOR/ OFFEROR GUIDANCE SOFTWARE INC 1055 E COLORADO BLVD STE 400 PASADENA CA 91106-2375		CODE 0138144260000 FACILITY CODE		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4 Williston VT 05495-1620		CODE ICE-HSI-HQ-DIV 4	
TELEPHONE NO.				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER							
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 013814426 Receiving Official Point-of-Contact (POC): (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C) Alternate Receiving Official POC: (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C) Procurement POC: (b)(6);(b)(7)(C) (214) 905-(b)(6);(b)(7)(C) Exempt Action: Y Delivery: 30 Days After Award Period of Performance: (b)(4) Continued ... (Use Reverse and/or Attach Additional Sheets as Necessary)						
25. ACCOUNTING AND APPROPRIATION DATA See schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)	
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.	
27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.	
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.				29. AWARD OF CONTRACT: OFFER DATED . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

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

32a. QUANTITY IN COLUMN 21 HAS BEEN

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

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS