19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(b)(4)				
	s:				
	Exempt Action: N				
	Period of Performance: (b)(4)				
0001	(b)(4)	(b)(4	4)		
					e e e e e e e e e e e e e e e e e e e
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Accounting Info:				
	(b)(7)(E)				
	Funded: (b)(4)				
	Invoice Instructions:				
	ICE - NON-ERO Contracts				
	Service Providers/Contractors shall follow these				
	procedures when submitting invoices.				
	1. Invoice Submission: Invoices shall be				
	submitted in a ".pdf" format in accordance with				
	the contract terms and conditions [Contract				
	Specialist and Contracting Officer to disclose if				
	on a monthly basis or other agreed to terms"] via				
	email, United States Postal Service (USPS) or				
	Continued				
32a. QUANTIT	TY IN COLUMN 21 HAS BEEN		<u>,                                     </u>		3
RECEN	VED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, E	EXCEPTAS	NOTE	D:	

ED GOVERNMENT REPRESENTAT	IVE 32c. DA	32d. PRINTED NAME AND TITLE OF AUTHORIZE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE							
HORIZED GOVERNMENT REPRES	SENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GC	VERNMENT REPRESENTATIVE							
		32g. E-MAIL OF AUTHORIZED GOVERNMENT RE	PRESENTATIVE							
34. VOUCHER NUMBER	35. AMOUNT VERIF CORRECT FOR	36. PAYMENT	37. CHECK NUMBER							
16		COMPLETE PARTIAL FIN	AL							
39. S/R VOUCHER NUMBER	40. PAID BY									
IS CORRECT AND PROPER FOR P	AYMENT	42a. RECEIVED BY (Print)								
CERTIFYING OFFICER	41c. DATE									
		42b. RECEIVED AT (Location)								
42c. DATE REC'D (YY/MM/DD) 42d. 1										
	34. VOUCHER NUMBER	39. S/R VOUCHER NUMBER 40. PAID BY	THORIZED GOVERNMENT REPRESENTATIVE							

		PAGE	OF
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00036	3	7

ITEM NO. (A)	SUPPLIES/SERVICES (B)	quantity (C)	unit (D)	UNIT PRICE	AMOUNT (F)
	facsimile as follows:				
	a. Email:				
	<ul> <li>(b)(6);(b)(7)(C)</li> <li>Contracting Officer Representative (COR) or Government Point of Contact (GPOC)</li> </ul>				
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620				
	ATTN: ICE-HSI-HQ-DIV 2				
	The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	c. Facsimile:				
	Alternative Invoices shall be submitted to: (802)-288-7658				
	Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and Continued				

CONTINUATION SHEET

OF 7

PAGE

4

io. )	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:				
	<ul> <li>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</li> </ul>				
	(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;				
	<pre>(x) ICE program office designated on order/contract/agreement and</pre>				
	(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and Continued				

		PAGE	OF	
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00036	5	7	,

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

# CONTINUATION SHEET

NAME OF OFFEROR OR CONTRACTOR CELLEBRITE USA CORP

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

PAGE

6

OF

	REFERENCE NO. OF DOCUMENT BEING CONTINUED
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00036

NO. 4)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	• Documentation of prior COR approval				
	All cost presentations provided by the Contractor shall also include applicable indirect cost.				
	c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:				
	<ul> <li>Project Total Travel: This will identify all current and cumulative travel on the project.</li> <li>The listing shall include separate columns and totals for the following, at a minimum:</li> </ul>				
	<ul> <li>Date Expensed</li> <li>Authorized Travel Event Number</li> <li>Days of Travel</li> <li>Documentation of COR approval prior to travel</li> </ul>				
	Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.				
	Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.				
	In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.				
	4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at (b)(6);(b)(7)(C) 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.				

PAGE

7

OF

	SOLICITATION/CON				100	REQUISITION NU 2116VHQ		0078	PAGE OF	5	
2. CONTRACT	NO	COMPLETE BLOC	KS 12, 17, 23, 24,	4. ORDER NUMBER	1:	2110VHQ	4000	5. SOLICITATION NUMBER	1	5	6. SOLICITATION
HSCEMD-	-13-D-00001		FFECTIVE DATE	HSCEMD-16-	J-00037	1910					ISSUE DATE
	OR SOLICITATION	a. NAME (b)(6);(b)(7)(C	)			6. TELEPHONE (214) 9		R (No collect calls) (6);(b)(7)(C)	8. OFFER D	DUE DATE	/LOCAL TIME
Immigra Office 7701 N.	gations Ops S ation and Custo of Acquisition Stemmons Free TX 75247	oms Enforce n Managemer	Las ement nt	CE/IOSD	X SMALL I HUBZO BUSINE	NE SMALL	wo	MEN-OWNED SMALL BUSIN DSB) ELIGIBLE UNDER THE ALL BUSINESS PROGRAM VOSB	WOMEN-OWN		(b)(4)
	ESS BLOCK IS	NSCOUNT TERMS	t 30		RA	IS CONTRACT IS TED ORDER UNI AS (15 CFR 700)		13b. RATING 14. METHOD OF SOLIC X RFQ		RFP	
15. DELIVER TO	0	CODE	ICE/HSI/H	Q-D4	16. ADMINIS	TERED BY		27 27		CE/I	DSD
Immigra 11320 R (b)(6);(b)(7)(	CTOR/ CODE 03	oms Enforce			Immig Office 7701 M Attn: Dallas	ation a of Acq	nd Cu uisit ons 1 C) 47	s Support Dal ustoms Enforc tion Manageme Freeway, (b)(6);( (214 905 (b)	ement nt b)(7)(C) (6);(b)(7)(C		SI-HO-DIV
ATTN CE 7 CAMPU SUITE 2		CORP			P.O. H Attn:		-HQ-1				
TELEPHONE N	ю.										
17b. CHECK	IF REMITTANCE IS DIFFEREN	NT AND PUT SUCH ADD	RESS IN OFFER		18b. SUBMIT IS CHE		DDRESS	SHOWN IN BLOCK 18a UNLI DENDUM	ESS BLOCK B	ELOW	
19. ITEM NO.		SCHEDULE	20. OF SUPPLIES/SER	/ICES		21. QUANTITY	22. UNIT	23. UNIT PRICE		24 AMO	
	DUNS Number: Exempt Actio Accounting I (b)(7)(E) FOB: Origin Period of Pe (b)(4) (Use Revers	n: Y nfo: Parsippan	y, NJ (b)(4)	as Necessary)							
25. ACCOUN	TING AND APPROPRIATIC			as Necessary)		1	<u> </u>	26. TOTAL AWARD AMO	UNT (For Go	vt. Use C	Dnly)
See sch								(b)(4)			
	CITATION INCORPORATES						ED. A ADDEN	DDENDA DA	ARE ARE		NOT ATTACHED. NOT ATTACHED.
COPIES TO ALL ITEMS SHEETS S	RACTOR IS REQUIRED TO O ISSUING OFFICE. CON S SET FORTH OR OTHER SUBJECT TO THE TERMS , RE OF OFFEROR/CONTRACTO	TRACTOR AGREES WISE IDENTIFIED AI AND CONDITIONS S	TO FURNISH AN BOVE AND ON AI	ID DELIVER	31a. UNITI	HEREIN, IS A	ANY ADE	TRACT: YOUR OFF DITIONS OR CHANGES ED AS TO ITEMS: SIGNATURE OF CONTRACT	WHICH ARE	SET FO	
30b. NAME AI	ND TITLE OF SIGNER (Typ	oe or print)	30c.	DATE SIGNED	31b. NAM (b)(6);(b			OFFICER (Type or print)		31c. D/	ATE SIGNED
	FOR LOCAL REPRODUC DITION IS NOT USABLE epic.org	TION	EPIC-17-(	06-13-ICE-FOIA-2	20181113-4	thFinal-Pro	ductior		D FORM 144 d by GSA - F		

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PI		24. AMOUNT
2003A	COR Phone I Alt COR: Alt COR Ema (b)(6);(b)(7)(C) Alt COR Pho TECHNICAL I POC: (b)(6);(b POC E:MAIL POC PHONE: (b)(4) LICENSE REI (b)(4)	<pre>;(b)(7)(C) (b)(6);(b)(7)(C) Number:703 293_ (b)(6);(b)(7)(C) ail: one Number:703 POC D)(7)(C) : (b)(6);(b)(7)(C) 703 293 (b)(6);(b)(7)(C) 703 293 (b)(6);(b)(7)(C) NEWALS TO BE REQUI NEWALS TO BE REQUI Structions: ERO Contracts</pre>	293 (b)(6	3);(b)(7)(C)	1 THE	(b)(4)				
32a. QUANTIT	Y IN COLUMN 21 HAS	S BEEN				· · · · · · · · · · · · · · · · · · ·		7.81	1	
RECEI	VED INS	PECTED ACCEPTE	D, AND CONF	ORMS TO THE COM	NTRACT, E	XCEPT AS I	NOTE	D:		
32b. SIGNATU	IRE OF AUTHORIZED	GOVERNMENT REPRESENTATIV		32c. DATE					ORIZED GO	OVERNMENT REPRESENTATIVE
32e, MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESEI			32f. TEI EI		MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE
					32g. E-MA	IL OF AUTH	ORIZI	ED GOVERNM	ENT REPRE	SENTATIVE
33. SHIP NUM	33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED 36 CORRECT FOR 36			1	36. PAYMENT 37. CHECK NUMBER					
PARTIAL	PARTIAL FINAL					IPLETE		PARTIAL	FINAL	
38. S/R ACCOUNT NUMBER 39. S/R VOUCHER NUMBER 40. PAID BY										
					40- 5-					
<u> </u>	Y THIS ACCOUNT IS C	CORRECT AND PROPER FOR PAY	111111228	DATE	42a. RE	CEIVED BY	(Print	<i>y</i>		
					42b. RE	ECEIVED AT	(Loca	ntion)		
							YY/MN	//DD)	42d. TOTAI	L CONTAINERS
21							_			

		PAGE O	F
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00037	3	5

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

CONTINUATION SUFET	REFERENCE NO. OF DOCUMENT BEING CONTINUED
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00037

of 5

PAGE

4

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

	REFERENCE NO. OF DOCUMENT BEING CONTINUED
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00037

OF 5

PAGE

5

<ul> <li>(viii) Remit to Address;</li> <li>(ix) Name, title, and phone number of person to notify in event of an improper involce;</li> <li>(x) ICE program office designated on order/contract/agreement and</li> <li>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</li> <li>(xii) Electronic Punds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Punds Transfer - System for Award Management of 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</li> <li>3. N/A</li> <li>4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-651 or by e-mail at OCFO.CustomerService@ice.dbs.gov The contractor shall not accept any instruction that would result in any change to the supplies/service herein by any entity other than the issuing office's contracting officer.</li> <li>The total amount of award: (DMA) The obligation for this award is shown in box 26.</li> </ul>	ем NO. (А)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT
<pre>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. N/A 4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer. The total amount of award: DX4) The</pre>		(viii) Remit to Address;				
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. N/A 4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer. The total amount of award: D(4) The						
<pre>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. N/A 4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer. The total amount of award: D(4) The</pre>						
<pre>information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management. 3. N/A 4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer. The total amount of award: 10(4) The</pre>		performance and additional billing expected) and "Final" (performance complete and no additional				
4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer. The total amount of award: (b)(4) The		information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award				
invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov The contractor shall not accept any instruction that would result in any change to the supplies/services herein by any entity other than the issuing office's contracting officer. The total amount of award: (b)(4) The		3. N/A				
		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				

			DCKS 12, 17, 23,	24, 0 50	19:					
2. CONTRACT N HSCEMD-	₩0. 13-D-00001		3. AWARD/ EFFECTIVE DAT	4. ORDER NUMBER HSCEMD-16				5. SOLICITATION NUMB	ER	6. SOLICITATION ISSUE DATE
	DR SOLICITATION	a. NAME (b)(6);(b)(7)	)(C)			b. TELEPHONE (214) 9		R (No collect calls) D)(6);(b)(7)(C)	8. OFFER DU CT	UE DATE/LOCAL TIME
ISSUED BY			CODE	ICE/IOSD	10. THIS ACQ	UISITION IS	Π.	JNRESTRICTED OR	SET ASIDE:	100.00 % FOR:
Immigra Office 7701 N.	gations Ops S tion and Cust of Acquisitic Stemmons Fre TX 75247	oms Enfor	cement ent			E SMALL S -DISABLED N-OWNED	(W0		E WOMEN-OWNE	:D IAICS: (b)(4) IZE STANDARD: (b)(4)
1. DELIVERY	FOR FOB DESTINA- 12.	DISCOUNT TERMS						13b. RATING		
	ESS BLOCK IS		et 30		RATI	S CONTRACT IS ED ORDER UN S (15 CFR 700)	DER	14. METHOD OF SOL		RFP
5. DELIVER TO	)	CODE	ICE/HSI/	/HO-D4	16. ADMINIST	ERED BY		A RFQ		CE/IOSD
Immigra 1320 R Attn: (b)	/Div 4 - Cybe tion and Cust andom Hills R )(6);(b)(7)(C) VA 22030	oms Enfor			Immigra Office 7701 N Attn:	ation a of Acq	nd C uisi ons C)	s Support Da ustoms Enfor tion Managem Freeway, (b)(6) (214 905 (b	cement ent );(b)(7)(C)	]
7a. CONTRAC OFFEROF		3309556800	0 0 FACILITY CODE			T WILL BE MAD			CODE IC	CE-HSI-HQ-DIV
UITE 2: PARSIPP	ANY NJ 07452				10.00.000.000.000.000.000	OX 1620 ICE-HSI ton VT	-HQ-			
UITE 2 PARSIPP	10 ANY NJ 07452	NT AND PUT SUCH A	ADDRESS IN OFFE	R	Attn: : Willis	ICE-HSI ton VT	-HQ- 0549 DDRESS		ILESS BLOCK BE	ELOW
SUITE 2. PARSIPP	10 ANY NJ 07452 D. IF REMITTANCE IS DIFFERE	SCHEDU	20. LE OF SUPPLIES/S		Attn: 1 Willist	ICE-HSI ton VT	-HQ- 0549 DDRESS	5-1620 SHOWN IN BLOCK 18a UN	ILESS BLOCK BE	ELOW 24. AMOUNT
SUITE 2 PARSIPPA TELEPHONE NO 17b. CHECK 19.	10 ANY NJ 07452 o. FREMITTANCE IS DIFFERE DUNS Number: INVOICE POC: PRIMARY POC: Email: (b)(6),(() Phone: 703-2 ALTERNATE POC Email: (b)(6),(b) Phone: 703-2	SCHEDU : 0330955 : (b)(6);(b)(7)(C b)(7)(C) 293-(b)(6);(b)(7 c)(7)(C) 293-(b)(6);(b)(7) 293-(b)(6);(b)(7)	20. LE OF SUPPLIES/S 668 7)(C) 7)(C) 7)(C)		Attn: 1 Willist	ICE-HSI ton VT NVOICES TO A KED 21.	-HQ- 0549 DDRESS SEE ADI 22.	5-1620 SHOWN IN BLOCK 18a UN DENDUM 23.	ILESS BLOCK BE	24.
SUITE 2: PARSIPPI ELEPHONE NG 17b. CHECK 19. ITEM NO.	10 ANY NJ 07452 DUNS Number: INVOICE POC: PRIMARY POC: Email: (b)(6);(0 Phone: 703-2 ALTERNATE P( Email: (b)(6);(0 Phone: 703-2 (Use Reven	SCHEDU : 0330955 : (b)(6);(b)(7)(C b)(7)(C) 293-(b)(6);(b)(7 C: (b)(6);(b)(7 C)(7)(C) 293-(b)(6);(b)(7 (b)(6);(b)(7)(C) 293-(b)(7)(C) 293-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(	20. LE OF SUPPLIES/S 668 7)(C) 7)(C) 7)(C)		Attn: 1 Willist	ICE-HSI ton VT NVOICES TO A KED 21.	DDRESS SEE ADI 22. UNIT	5 – 1 62 0 SHOWN IN BLOCK 18a UN DENDUM 23. UNIT PRICE		24. AMOUNT
UITE 2: PARSIPPI ELEPHONE NG 17b. CHECK 19. ITEM NO.	10 ANY NJ 07452 DUNS Number: INVOICE POC PRIMARY POC Email: (b)(6),( Phone: 703-2 ALTERNATE PO Email: (b)(6),(b Phone: 703-2 (Use Rever	SCHEDU : 0330955 : (b)(6);(b)(7)(C b)(7)(C) 293-(b)(6);(b)(7 C: (b)(6);(b)(7 C)(7)(C) 293-(b)(6);(b)(7 (b)(6);(b)(7)(C) 293-(b)(7)(C) 293-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(C) 203-(b)(7)(	20. LE OF SUPPLIES/S 668 7)(C) 7)(C) 7)(C)		Attn: 1 Willist	ICE-HSI ton VT NVOICES TO A KED 21.	DDRESS SEE ADI 22. UNIT	5-1620 SHOWN IN BLOCK 18a UN DENDUM 23.		24. AMOUNT
UITE 2 ARSIPPA ELEPHONE NG 17b. CHECK 19. ITEM NO. 5. ACCOUNT Gee sche	10 ANY NJ 07452 DUNS Number: INVOICE POC PRIMARY POC Email: (b)(6),( Phone: 703-2 ALTERNATE PO Email: (b)(6),(b Phone: 703-2 (Use Rever	SCHEDUI : 0330955 : (b)(6);(b)(7)(C b)(7)(C) 293-(b)(6);(b)(7) (C) (b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7) (C) 293-(b)(6);(b)(7)(C) (C) (C) (C) (C) (C) (C) (C)	20. LE OF SUPPLIES/S 6 6 8 () 7)(C) 7)(C) 7)(C) Additional She	ets as Necessary)	Attn: 1 Willist 18b. SUBMIT IS CHEC	ICE-HSI ton VT	DDRESS SEE ADD 22. UNIT	5 – 1 62 0 SHOWN IN BLOCK 18a UN 23. UNIT PRICE 26. TOTAL AWARD AM (b)(4) ADDENDA	OUNT (For Govi	24. AMOUNT
25. ACCOUNT Gee sche 27. SOLIC 28. CONT Gee sche 27. SOLIC 27. CONT 28. CONTR COPIES TO ALL ITEMS SHEETS S	10 ANY NJ 07452 DUNS Number: INVOICE POC: PRIMARY POC: Email: (b)(6),(0 Phone: 703-2 ALTERNATE PO Email: (b)(6),(b Phone: 703-2 (Use Rever TING AND APPROPRIATI edule	SCHEDUI           :         0330955           :         (b)(6);(b)(7)(C)           :         (c)(6);(b)(7)(C)           :         :           :         :           :         :           : <t< td=""><td>20. 16 OF SUPPLIES/S 6 8 7) 7)(C) 7)(C) 7)(C) 7)(C) 6 S BY REFERENCE 10 S BY REFERENCE 10 S TO FURNISH 10 ABOVE AND ON</td><td>ets as Necessary)</td><td>Attn: Willist 18b. SUBMITI IS CHEC 3 AND 52.212-5 52.212-5 IS ATT/</td><td>ICE-HSI ton VT</td><td>HQ- 0549</td><td>5-1620 SHOWN IN BLOCK 18a UN 23. UNIT PRICE 26. TOTAL AWARD AM (b)(4) ADDENDA ADA TRACT:</td><td>OUNT (For Gov ARE ARE FER ON SOLIC S WHICH ARE S</td><td>24. AMOUNT t. Use Only) ARE NOT ATTACHED. X ARE NOT ATTACHED. OFFEI OFFEI CITATION (BLOCK 5),</td></t<>	20. 16 OF SUPPLIES/S 6 8 7) 7)(C) 7)(C) 7)(C) 7)(C) 6 S BY REFERENCE 10 S BY REFERENCE 10 S TO FURNISH 10 ABOVE AND ON	ets as Necessary)	Attn: Willist 18b. SUBMITI IS CHEC 3 AND 52.212-5 52.212-5 IS ATT/	ICE-HSI ton VT	HQ- 0549	5-1620 SHOWN IN BLOCK 18a UN 23. UNIT PRICE 26. TOTAL AWARD AM (b)(4) ADDENDA ADA TRACT:	OUNT (For Gov ARE ARE FER ON SOLIC S WHICH ARE S	24. AMOUNT t. Use Only) ARE NOT ATTACHED. X ARE NOT ATTACHED. OFFEI OFFEI CITATION (BLOCK 5),

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES	1		21. QUANTITY	22. UNIT	23 UNIT P		24. AMOUNT
	ALTERNATE	POC: (b)(6);(b)(7)(C)								
	Email: (b)(6);	(b)(7)(C)								
	Phone:703-	293-(b)(6);(b)(7)(C)								
	Technical	POC for Delivery :	Informa	ation: (b)(6);(b	)(7)(C)					
	(b)(6);(b)(7)(C)									
	Email: (b)(6)	;(b)(7)(C)								
	Phone: 703	-293-(b)(6);(b)(7)(C)								
	Contractin	g POC: (b)(6);(b)(7)(C)	Ĩ							
	Email: (b)(6)	;(b)(7)(C)								
	Phone: 214	-905-(b)(6);(b)(7)(C)								
	Exempt Act									
	Period of	Performance: (b)(4)								
2006A	(b)(4)					(b)(4)		110	0	
						21				14
	Accounting	Info:								
	(b)(7)(E)									
	Funded: (b)(4	4)								
		Performance: (b)(4)								
	(b)(4)							12	-	
2006B	(b)(4)					(b)(4)		B		27 
	Continued									
32a. QUANTI	TY IN COLUMN 21 HAS	S BEEN								
RECE	IVED INS	PECTED ACCEPTE	D, AND CO	NFORMS TO THE CO	NTRACT, E	XCEPT AS I	NOTE	D:		
32b. SIGNATI	URE OF AUTHORIZED	GOVERNMENT REPRESENTATIN	/E	32c. DATE	32d. PRIN	ITED NAME	AND '	TITLE OF AUTH	IORIZED GO	OVERNMENT REPRESENTATIVE
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE		32f. TELE	PHONE NUI	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE
					32g. E-MA	IL OF AUTH	IORIZ	ED GOVERNM	ENT REPRE	SENTATIVE
33. SHIP NUM	MBER	34. VOUCHER NUMBER	35. AMOU	INT VERIFIED	36. PAYM	ENT				37. CHECK NUMBER
			CORRECT	TFOR				DADTIAL	- Entre	
PARTIA	L FINAL	1			CON	PLEIE		PARTIAL	FINAL	
38. S/R ACCO	DUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID E	3Y						
41a. I CERTIF	FY THIS ACCOUNT IS (	CORRECT AND PROPER FOR PA	YMENT		42a. RE	ECEIVED BY	' (Prin	t)		
<u> </u>	URE AND TITLE OF CE		11110220	1c. DATE				-701 		
					42b. RI	ECEIVED AT	(Loca	ation)		
					42c. DA	TE REC'D (	YY/MI	M/DD)	42d. TOTA	CONTAINERS

CONTINUIATION CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	page o	F
	HSCEMD-13-D-00001/HSCEMD-16-J-00044	3	5
NAME OF OFFEROR OR CONTRACTOR CELLEBRITE USA COR			

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	unit (D)	amount (F)
	(b)(4) Accounting Info: (b)(7)(E) Funded: (b)(4)			
2006C	Period of Performance: (b)(4) (b)(4)	(b)(4)	)	]
	Accounting Info: (b)(7)(E) Funded: (b)(4) Accounting Info:			
	(b)(7)(E) Funded: (b)(4) Period of Performance: (b)(4)	<b>E</b> SAR		
2006CA	(b)(4) Accounting Info: (b)(7)(E)	(b)(4)		
	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-(or) via e-mail to: Continued			

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	DF
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00044	4	5

SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT
(b)(6);(b)(7)(C)	e .			
The Contractor is requested to acknowledge acceptance of this delivery order by signing in blocks 30a-c on the front page of the delivery order (SF 1449) and returning a copy of this page with signature to the Contracting Officer via facsimile to (214) 905-5568 or via email to (b)(6),(b)(7)(C) upon receipt. Please contact the Contracting Officer if there are any questions or concerns.				
NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.				
**************************************				
1. Invoice Submission:				
<pre>*Primary method of submission is email. Invoices shall be submitted to: (b)(6);(b)(7)(C) Attn: ICE-HSI-HQ DIV 4 Invoice Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.</pre>				
*Alternate method of submission is fax. Invoices shall be to: 802-288-7658 Attn: ICE-HSI-HQ DIV 4 Invoice Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.				
Note: The Contractor's Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.				
2. Content of Invoices: Each invoice submission shall contain the following information: Continued				

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

ITEM NO. (A)	SUPPLIES/SERVICES (B)	quantity (C)	unit (D)	AMOUNT (F)
	<ul> <li>(B)</li> <li>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</li> <li>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</li> <li>(iii) Invoice date and invoice number;</li> <li>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</li> <li>(vi) Description, quantity, unit of measure, unit price and extended price of the items delivered;</li> <li>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</li> <li>(vii) Terms of any discount for prompt payment offered;</li> <li>(vii) Remit to Address;</li> <li>(ix) Name, title, and phone number of person to notify in event of defective invoice;</li> <li>(x) Whether the invoice is "Interim" or "Final" and</li> <li>(xi) ICE program office designated on order/contract/agreement.</li> <li>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.</li> <li>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491 or by e-mail at [0)(6)(7)(C)</li> <li>Invoices without the above information may be returned for resubmission</li> </ul>	(C)		
	The total amount of award: (b)(4) The obligation for this award is shown in box 26.			

PAGE

5

OF

	SOLICITATION/CONT				19.00	REQUISITION NU 2116VEL		0010	PAGE OF	7
2. CONTRACT N	10.	COMPLETE BLO	3. AWARD/	4, & 30 4. ORDER NUMBER	1:	92110VEL	UUPU	5. SOLICITATION NUM	BER 1	6. SOLICITATION
HSCEMD-1	13-D-00001		EFFECTIVE DATE		J-00047	7				ISSUE DATE
7. FOF		a. NAME				b. TELEPHONE	_		8. OFFER DI	JE DATE/LOCAL TIME
INFO	DRMATION CALL:	(b)(6);(b)(7)(	(C)			214-905	5–(b)(6	6);(b)(7)(C)	CT	
9. ISSUED BY			CODE	ICE/IOSD	10. THIS AC	QUISITION IS		UNRESTRICTED OR	X SET ASIDE:	100.00 % FOR:
	gations Ops Su				X SMALL	BUSINESS		OMEN-OWNED SMALL BU OSB) ELIGIBLE UNDER TI		D
	tion and Custo				HUBZO BUSINE	NE SMALL	SM	MALL RUSINESS PROGRAM	M N	AICS: (b)(4)
	of Acquisition Stemmons Free				10400000000	E-DISABLED	8(/			(6)(4)
	TX 75247	=way, (b)(0),(	(0)(7)(C)		101224-012-014	AN-OWNED BUSINESS			SI	ZE STANDARD: (b)(4)
	이상 사람은 이번 방법을 가지 않는 것을 다 있다. 가지 않는 것이 있는 것이 없는 것이 없다. 것이 있는 것이 없는 것이 없 것이 없는 것이 있는 것이 없는 것이 없는 것이 없는 것이 않은 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 않은 것이 없는 것이 없는 것이 않은 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다. 것이 않은 것이 않은 것이 않은 것이 않은 것이 않은 것이 않이 않은 것이 없는 것이 없이 않이 않 것이 같이 않아, 것이 않아, 않아, 것이 않아, 것이 않아, 않아, 것이 않아, 것이 않아, 않아, 것이 않 것이 않아, 것이 않이 않아, 것이 않아, 것이 않아, 것이 않아, 것이 않아, 않아, 것이 않아, 것이	ISCOUNT TERMS			- Energy -			13b. RATING		
MARKED	ESS BLOCK IS	Ne	et 30		RA	IS CONTRACT IS TED ORDER UN	DER	14. METHOD OF SC	LICITATION	
SEE SCI						AS (15 CFR 700)		XRFQ		RFP
15. DELIVER TO		CODE	ICE/HSI/:	SAC EL PASO	16. ADMINIS	TERED BY			CODE IC	CE/IOSD
	nd Sec Inv SAG							s Support Da		
	tion and Custo ONTANA AVE	oms Enford	cement					ustoms Enfor tion Manager		
말 같은 것 같은 것을 알려요. 것 같아요. 것	TX 79936				CONCERNMENT PRODUCTS	19 - 1922 - 19 - 19		Freeway, (b)(6)		
LI TUSO	IX (9990					(b)(6);(b)(7)(		(214 905		1
					Dallas	s TX 752	47			
17a. CONTRACT OFFEROR	TOR/ CODE 03	3095568000	) () FACILITY CODE		18a. PAYME	NT WILL BE MAD	EBY		CODE IC	CE-HSI-SAC-ELPA
	THE HEAL CODE				DUG					
CELLEBRI 7 CAMPUS	ITE USA CORP 5 drive				DHS, ] Burlin		nanc	e Center		
	ANY NJ 07452					Box 1620		e concer		
					Attn:	ICE-HSI	-SAC	-El Paso		
					Willis	ston VT	0549	5-1620		
	_									
		IT AND PUT SUCH A	DDRESS IN OFFER		18b. SUBMIT	INVOICES TO A	DDRESS	SHOWN IN BLOCK 18a U	NLESS BLOCK BE	LOW
17b. CHECK IF	D. IF REMITTANCE IS DIFFEREN	IT AND PUT SUCH A	2.452			CKED	SEE AD	S SHOWN IN BLOCK 18a U DENDUM	NLESS BLOCK BE	
			DDRESS IN OFFER 20. E OF SUPPLIES/SE	RVICES			SEE AD		NLESS BLOCK BE	LOW 24. AMOUNT
17b. CHECK IF			20. E OF SUPPLIES/SE	RVICES		21.	SEE AD	DENDUM 23.	INLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC:	SCHEDUL 0330955 (b)(6);(b)(7)(C	20. E OF SUPPLIES/SE	RVICES		21.	SEE AD	DENDUM 23.	NLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6);(	SCHEDUL 0330955 (b)(6);(b)(7)(C (b)(7)(C)	20. E OF SUPPLIES/SE 68	RVICES		21.	SEE AD	DENDUM 23.	NLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6);( Alt Program	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l	20. E OF SUPPLIES/SE 68	RVICES		21.	SEE AD	DENDUM 23.	INLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6).( Alt Program 915-856-(b)(6).(	SCHEDUL 0330955 (b)(6);(b)(7)(C (b)(7)(C) POC: (b)(6);(l b)(7)(C)	20. E OF SUPPLIES/SE 6 8 () b)(7)(C)	RVICES		21.	SEE AD	DENDUM 23.	NLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6);( Alt Program	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l b)(7)(C) POC: (b)(6);(l	20. E OF SUPPLIES/SE 6 8 () b)(7)(C)	RVICES		21.	SEE AD	DENDUM 23.	NLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6);( Alt Program 915-856-(b)(6);( Contracting 214-905-(b)(6);(	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(t b)(7)(C) POC: (b)(6);(t b)(7)(C)	20. E OF SUPPLIES/SE 68 5) b)(7)(C) b)(7)(C)		IS CHE	21.	SEE AD	DENDUM 23.	NLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6);( Alt Program 915-856-(b)(6);( Contracting 214-905-(b)(6);( *All applica	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l b)(7)(C) POC: (b)(6);(l b)(7)(C) b)ec claus	20. E OF SUPPLIES/SE 68 5) b)(7)(C) b)(7)(C) es from H		IS CHE	21.	SEE AD	DENDUM 23.		24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6);( Alt Program 915-856-(b)(6);( Contracting 214-905-(b)(6);(	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l b)(7)(C) POC: (b)(6);(l b)(7)(C) b)ec claus	20. E OF SUPPLIES/SE 68 5) b)(7)(C) b)(7)(C) es from H		IS CHE	21.	SEE AD	DENDUM 23.		24.
19.	DUNS Number: Program POC: 915-856-(b)(6).( Alt Program 915-856-(b)(6).( Contracting 214-905-(b)(6).( *All applical are hereby i	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l b)(7)(C) POC: (b)(6);(l b)(7)(C) b)(2)(7)(C) b)(7)(C) ble claus ncorporat	20. E OF SUPPLIES/SE 68 5) b)(7)(C) b)(7)(C) es from H ed by ref	SCEMD-13-D-0 erence*	IS CHE	21.	SEE AD	DENDUM 23.	NLESS BLOCK BE	24.
17b. CHECK IF	DUNS Number: Program POC: 915-856-(b)(6).( Alt Program 915-856-(b)(6).( Contracting 214-905-(b)(6).( *All applical are hereby i	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l b)(7)(C) POC: (b)(6);(l b)(7)(C) ble clause ncorporat	20. E OF SUPPLIES/SE 68 5) b)(7)(C) b)(7)(C) es from H ed by ref		IS CHE	21.	SEE AD	DENDUM 23.		24. AMOUNT
17b. CHECK IF 19. ITEM NO. 25. ACCOUNTI	DUNS Number: Program POC: 915-856-(b)(6).( Alt Program 915-856-(b)(6).( Contracting 214-905-(b)(6).( *All applica are hereby i (Use Revers	SCHEDUL 0330955 (b)(6);(b)(7)(C b)(7)(C) POC: (b)(6);(l b)(7)(C) POC: (b)(6);(l b)(7)(C) ble clause ncorporat	20. E OF SUPPLIES/SE 68 5) b)(7)(C) b)(7)(C) es from H ed by ref	SCEMD-13-D-0 erence*	IS CHE	21.	SEE AD	23. UNIT PRICE		24. AMOUNT
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32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE	32f. TELE	PHONE NU	MBER	OF AUTHORIZED	GOVERI	NMENT REPRESENTATIVE
				32g. E-M	AIL OF AUTH	IORIZE	ED GOVERNMEN	TREPRE	SENTATIVE
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	HSCEMD-13-D-00001/HSCEMD-16-J-00047		3	7

CELLEBRITE USA CORP

гем no. (A)	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(b)(4)			<u> </u>		
001 (b)(4)		(b)	(4)		
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CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00047

OF 7

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

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	DF
CONTINUATION SHEET	HSCEMD-13-D-00001/HSCEMD-16-J-00047	5	7

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	unit (D)	UNIT PRICE	amount (F)
9	facsimile to 214-905-5568, upon receipt. Please contact the Contracting Officer if there are any questions or concerns.				
	Signature				
	Title				
	Date				
	NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.				
	Invoicing Instructions:				
	ICE - NON-ERO Contracts				
	Service Providers/Contractors shall follow these procedures when submitting invoices.				
	1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:				
	a. Email:				
	<ul> <li>(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>				
	Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.				
	b. USPS:				
	Continued				

	(D)	(E)	(F)
em n be			
er al er al unn and co e ICE			
ice			
	MUST		

PAGE

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

NAME OF OFFEROR OR CONTRACTOR

#### CELLEBRITE USA CORP

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

OF 7

PAGE

		OF	RDER FOR SI	JPPLIES OR SE	RVICES				PAGE	OF PAGES			
IMPORTANT:	Mark all	packages and papers with							1	6			
1. DATE OF OR	CONTRACTOR NO.	2. CONTRACT NO. (If any) HSCEMD-13-D-000						6. SHIP TO:					
08/22/20		HSCEMD-13-D-000	001		a. NAME	OF CC	NSIGNEE						
3. ORDER NO. HSCEMD-1	6-J-0	0049	4. REQUISITION	REFERENCE NO.	Inves	tig	ation - SAC A	tlanta					
5. ISSUING OF	FICE (Addr Jation	ess correspondence to) s Ops Support D	allas		b. STREET ADDRESS Immigration and Customs Enforcement								
Immigration and Customs Enforcement Office of Acquisition Management						1100 Center Parkway Attn: (b)(6);(b)(7)(C)							
7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) , 214 905 (b)(6);(						c. CITY d. STATE e. ZIP COD							
Dallas TX 75247						ta			GA	30344			
a. NAME OF CO	ONTRACTO				f. SHIP VI	A							
CELLEBRI	100000	A CORP			-		17 Jan -	E OF ORDER	7	12			
c. STREET ADD					a. PUI			X	b. DELIVERY	DELIVERY			
7 CAMPUS		E							cept for billing verse, this deliv	instructions on the ery order is			
SUITE 21	.0							su		tions contained on			
							ne following on the terms pecified on both sides of	is	sued subject to				
d. CITY PARSIPPA	NY		e. STAT NJ	E f. ZIP CODE 07452	this order	and or	h the attached sheet, if elivery as indicated.		ontract.	abovenambered			
9. ACCOUNTIN		PROPRIATION DATA					NING OFFICE Sec Inv SAC J	Atlanta					
11. BUSINESS a. SMALL	CLASSIFIC	CATION (Check appropriate b b. OTHER THAN SMALL	Sectored and			12. F.O.B. POINT							
f. SERVIC	E-DISABLE	1	ED SMALL BUSINE	anaro	h. EDWOSB	J	e. HUBZone		Destinat	tion			
	AN-OWNEI	50억	R THE WOSB PRO	GRAM									
		13. PLACE OF		14. GOVERNMENT B	3/L NO.		15. DELIVER TO F.O.B. ON OR BEFORE (Date	)	16. DISCOU	INT TERMS			
a. INSPECTION Destinat		b. ACCEPTANCE Destinat		2			30 Days Afte	r Award		Net 30			
	-	2.4		17. SCHEDULE	(See reverse for	Rejec	tions)			was backed for the structure.			
ITEM NO. (a)			OR SERVICES (b)		QUANTITY ORDERED (c)		UNIT PRICE (e)	AMOUN (f)	т	QUANTITY ACCEPTED (g)			
-	Obl Pr	Number: 033095 rocessing POC:	568	, Alt:						(9)			
		t Action: Y											
1	Accour (b)(7)(E)	nting Info:											
		nued											
	18. SHIPI	PING POINT		19. GROSS SHIPPIN	NG WEIGHT		20. INVOICE NO.			17(h) TOTAL			
			;	21. MAIL INVOICE TO:			-			(Cont. pages)			
	a. NAME		G, ICE					(b)(4)					
SEE BILLING	b. STRE	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		inance Cente	er								
ON REVERSE	b.STREET ADDRESS (or P.O. Box) Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-Atlanta Ref # HSCEMD-16-J-00049 fo									17(i) GRAND			
										TOTAL			
	c. CITY	Kei	: # HSCEMD	-16-J-00049	d. STA		e. ZIP CODE	(b)(4)					
	Wi	lliston			VT 05495-1620								
22. UNITED						3	23. NAME (Typed) (b)(6);(b)(7)(C)	-					
AMERIC	ABY (Sign	nature)					TITLE: CONTRACTING	ORDERING OFFIC	CER				
AUTHORIZED FO										ORM 347 (Rev. 2/2012) SAVFAR 48 CFR 53.213(f)			

PAGE NO

		k all packages and papers with contract and/or order numbers.				-		
DATE OF ORE		CONTRACT NO. HSCEMD-13-D-00001				ORDEF	RNO. MD-16-J-00049	
ITEM NO.		SUPPLIES/SERVICES	QUANTIT			r	AMOUNT	QUANTITY ACCEPTED
(a)	(b)(7	(b) 7)(E)	(c)	(d)	(e)		(f)	(g)
2002c	(b)(4	(4)	6	D)(4)				
	<u>, - /, -</u>							
	(b)(7	7)(E)						
	property of the correct of the corre	<pre>yment will be made based on receipt of a oper invoice and satisfactory contractor formance. The elements of a proper voice are described at Federal quisition Regulation 32.905. In addition these items, the invoice must include: the award document number (it is the entifier that begins with "HSCEMD or CENV"), (2) the requisition/purchase quest number (generally the number in ock 4) and (3) the name of the ntracting officer's technical presentative or other receiving official. T TO EXCEED e quantity shown and/or the resulting tice is an estimated amount. The ntractor shall invoice the government by for the items/services actually livered, performed/provided at the unit ices shown; not to exceed the ceiling tice specified above. In the event that e ceiling amount is insufficient to mplete performance, the contractor is to tify the contracting officer as such, for to reaching the ceiling, and must tain written authorization from the ntracting officer prior to exceeding the thracting officer prior to exceeding the thing.</pre>						
	aut ass per cor of f	ilure to obtain the required thorization may result in the contractor suming responsibility for any costs of rformance above the ceiling amount. Upon mpletion of performance, the contracting ficer may issue a final modification ntinued						

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(b)(4)

PAGE NO

3

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

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. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) which shall reconcile the order with the quantities/rates/amounts shown on the invoice, for performance mutually agreed upon. FAR Clause 52.213-3, "Notice to Supplier" is incorporated into this order by reference. FOR COMMUNICATION OF THIS ORDER. All Communications and Invoices must reference the order number shown in Block #3 on page 1. Payment inquiries are to be Directed to the Finance Center at 1-877-491-6521. Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at (214) 905 (b)(6);(b or you can also send me an E-Mail to: (b)(6);(b)(7)(C) The contractor is requested to acknowledge acceptance of this DELIVERY order by signing in the space below and returning a copy of this page with signature to the contracting officer via facsimile, # 214-905-5568, upon receipt. Please contact the contracting officer if there are any questions or concerns. Signature Title Date The contractor shall not accept any instruction that would result in any change to the supplies/ services herein by any entity other than the issuing office's contracting officer. INVOICE INSTRUCTIONS Service Providers/Contractors shall use these procedures when submitting an invoice. 1. Invoice Submission: Invoices shall be submitted in a .pdf format in accordance Continued ... \$0.00

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

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PAGE NO 4

	Mark all packages and papers with contract and/or order numbers.						
ATE OF ORDE					ORDER NO. HSCEMD-16-	T 00040	
to the construction	16 HSCEMD-13-D-00001		- Constant of		l i a		2. 2. August 10. August 10
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE		MOUNT	QUANTITY
(a)	(b)	(c)	(d)	(e)		(f)	(g)
	with the contract terms and conditions via						
	email, United States Postal Service (USPS)						
	or facsimile as follows:						<i>.</i>
	Invoice.Consolidation@ice.dhs.gov						
	Each email shall contain only (1) invoice						
	and the invoice number shall be indicated						
C	on the subject line of the email.						
	(b)(6);(b)(7)(C)	4					
	• Government Point of Contact						
	(GPOC): WILL BE LOCATED IN THE BODY OF THE		i (				
	DRDER						
	Each email shall contain only (1) invoice						
I	and the invoice number shall be indicated						
C	on the subject line of the email.						
ł	o. USPS:						
т	DHS, ICE						
	Financial Operations - Burlington						
	P.O. Box 1620						
-	Williston, VT 05495-1620						
5	The Contractors Data Universal Numbering						
2	System (DUNS) Number must be registered and						
a	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						
ð	also be notated on every invoice.						
c	c. Facsimile:						
7	Alternative Invoices shall be submitted to:						
Ť	(802)-288-7658						
	Submissions by facsimile shall include a						
	cover sheet, point of contact and the						
I	number of total pages.						
1	Note: the Service Providers or Contractors						
<u> </u>	Dunn and Bradstreet (D&B) DUNS Number must						
	be registered in the System for Award						
	Continued						
т	OTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	$\geq$			\$0.0	00	

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

HSCEMD-13-D-00001

CONTRACT NO.

DATE OF ORDER

08/22/2016

PAGE NO

5

ORDER NO.

HSCEMD-16-J-00049

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Management (SAM) at https://www.sam.gov					
	prior to award and shall be notated on					
	every invoice submitted to ensure prompt					
	payment provisions are met. The ICE program					
	office identified in the task					
	order/contract shall also be notated on					
	every invoice.2. Content of Invoices: Each					
	invoice submission shall contain the					
	following information:					
	(i) Name and address of the Contractor.					
	The name, address and DUNS number on the					
	invoice MUST match the information in both					
	the Contract/Agreement and the information					
	in the SAM;		1			
	(ii) Dunn and Bradstreet (D&B) DUNS number;					
	(iii) Invoice date and invoice number;					
	(iv) Agreement/Contract number, contract					
	line item number and, if applicable, the					
	order number;					
	(v) Description, quantity, unit of measure,					
	unit price and extended price of the items					
	delivered;					
	(vi) Shipping number and date of shipment,					
	including the bill of lading number and					
	weight of shipment if shipped on Government					
	bill of lading;					
	(vii) Terms of any discount for prompt					
	payment offered;					
	(viii) Remit to Address;					
	(ix) Name, title, and phone number of					
	person to notify in event of defective					
	invoice;					
	(x) Whether the invoice is "Interim" or					
	"Final" and					
	(xi) ICE program office designated on					
	order/contract/agreement.					
	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.					
	3. Payment Inquiries: Questions regarding					
	invoice submission or payment, please					
	contact ICE Financial Operations at					
	Continued					
		1				

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OPTIONAL FORM 348 (Rev. 4/2006)

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

PAGE NO

		SCHEDULE - CONTINUATION					6	
IMPORTANT:	Mark	all packages and papers with contract and/or order numbers.						
DATE OF ORD		CONTRACT NO.				ORDER NO.		
08/22/20	16	HSCEMD-13-D-00001				HSCEMD-16	-J-00049	
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT		AMOUNT	QUANTITY
(a)		(b)	ORDERED (c)	(d)	PRICE (e)	8	(f)	ACCEPTED (g)
<i></i>	1-8	77-491-6521 or by e-mail at						
	OCF	O.CustomerService@ice.dhs.gov						
		order to ensure that an accurate invoice						
		submitted, the Contractor shall						
		rdinate the invoice with the Contracting						
	And the second second	icers Representative (COR) before						
	1000 C 1000 C 1000	ding the invoice to Financial Operations						
	Bur	lington.						
	Dere							
		ment Inquiries: Questions regarding	(b)(6);(b)	(7)(C	)			
		oice submission or payment, please tact ICE Financial Operations at		(	6			
		77-491 - or by e-mail at						
1	-	;(b)(7)(C)						
2	(0)(0)							
	2							
	The	total amount of award: (b)(4) . The						
		igation for this award is shown in box						
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OPTIONAL FORM 348 (Rev. 4/2006)

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	OFFEROR	TO COMPLETE BLOG	CKS 12, 17, 23, 24	, & 30	Se	e Sched	ule		1	20
CONTRACT N	0.		3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER				5. SOLICITATION NUMB	ER	6. SOLICITATION ISSUE DATE
			02/11/201	6HSCEMD-16						ISSUE DATE
	R SOLICITATION	a. NAME (b)(6);(b)(7)(	C)			b. TELEPHONE 214-905			8. OFFER DU	JE DATE/LOCAL TIME
ISSUED BY		1	CODE I	CE/IOSD	10. THIS ACQ	UISITION IS	X U	NRESTRICTED OR	SET ASIDE:	% FOR:
mmigrat ffice o 701 N.	gations Ops tion and Cust of Acquisitio Stemmons Fre IX 75247	toms Enforc on Manageme	ement		SMALL BI HUBZON BUSINES SERVICE VETERAN SMALL BI	E SMALL S -DISABLED N-OWNED	🗌 (wo		E WOMEN-OWNE	D AICS: ZE STANDARD:
. DELIVERY	FOR FOB DESTINA- 12	DISCOUNT TERMS						13b. RATING		
TION UNLES	SS BLOCK IS	N∈	et 30		11.11.1.1.30.000 (10.000) (10.000)	S CONTRACT IS				
SEE SC	HEDULE					S (15 CFR 700)		14. METHOD OF SOL		RFP
5. DELIVER TO	-	CODE	ICE/HSI/H	IQ-D4	16. ADMINIST	ERED BY		57 57	CODE IC	CE/IOSD
mmigrat 1320 Ra ttn: (b)	/Div 4 - Cybe tion and Cust andom Hills 1 (6);(b)(7)(C) VA 22030	toms Enforc	ement		Immigr Office 7701 N	ation a of Acq	nd Cu uisit ons H	Support Da stoms Enfor- tion Managem Freeway, (b)(6)	cement ent	
a. CONTRACT OFFEROR	U. C.	13814426000	0 FACILITY CODE		18a. PAYMEN	T WILL BE MAD	EBY		CODE IC	E-HSI-HQ-DIV
ASADENA	A CA 91106-23	5/5			방지 않는 것 같아. 가지 않는 것 같아.	ox 1620 ICE-HSI		NTT7 4		
					Willis	ton VT	05495	5-1620	I ESS BLOCK BE	i ow
17b. CHECK II	). F REMITTANCE IS DIFFER	ENT AND PUT SUCH AD	1.14.101		Willis		DDRESS	5-1620 SHOWN IN BLOCK 18a UN ENDUM	ILESS BLOCK BE	and.
ELEPHONE NO 17b. CHECK II 19. ITEM NO.	F REMITTANCE IS DIFFER	SCHEDULE	20. E OF SUPPLIES/SER	WICES	Willis 18b. SUBMIT	ton VT	DDRESS SEE ADD 22.	5-1620 SHOWN IN BLOCK 18a UN	ILESS BLOCK BE	24. AMOUNT
17b. CHECK II 19. ITEM NO.		schedule : 01381442 official Poi 293-(b)(6);(b)( eceiving Of b)(6);(b)(7)(C) POC: (b)(6);(t) (C) on: Y 0 Days Afte erformance:	20. E OF SUPPLIES/SER 26 int-of-Cor (7)(C) Efficial PC (7)(C) (7)(C) (7)(C) er_Award	ntact (POC)	Willis 18b. SUBMIT IS CHEC : (b)(6);(b)(7	INVOICES TO A CKED 21. QUANTITY	DDRESS SEE ADD 22.	5-1620 SHOWN IN BLOCK 18a UN ENDUM 23.	ILESS BLOCK BE	24.
17b. CHECK II 19. ITEM NO. (b)(6	DUNS Number Receiving O ();(b)(7)(C) (703) Alternate R (703) 293- Procurement 905- (b)(6);(b)(7) Exempt Acti Delivery: 3 Period of P Continued . (Use Reve	schedule : 01381442 fficial Poi 293-(b)(6);(b)( ecciving Of b)(6);(b)(7)(C) POC: (b)(6);(t (C) on: Y 0 Days Afte erformance:  rse and/or Attach A	20. E OF SUPPLIES/SER 26 int-of-Cor (7)(C) Eficial P( (7)(C) Eficial P( (7)(C) Eficial P( (7)(C) Eficial P( (7)(C)	ntact (POC) DC: (b)(6);(b)(7) (214)	Willis 18b. SUBMIT IS CHEC : (b)(6);(b)(7	INVOICES TO A CKED 21. QUANTITY	DDRESS SEE ADD 22. UNIT	5 – 1 6 2 0 SHOWN IN BLOCK 18a UN ENDUM 23. UNIT PRICE		24. AMOUNT
17b. CHECK II 19. ITEM NO. (b)(6	DUNS Number Receiving O ();(b)(7)(C) (703) Alternate R (703) 293- Procurement 905-(b)(6);(b)(7) Exempt Acti Delivery: 3 Period of P Continued . (Use Reve ING AND APPROPRIAT	schedule : 01381442 fficial Poi 293-(b)(6);(b)( ecciving Of b)(6);(b)(7)(C) POC: (b)(6);(t (C) on: Y 0 Days Afte erformance:  rse and/or Attach A	20. E OF SUPPLIES/SER 26 int-of-Cor (7)(C) Eficial P( (7)(C) Eficial P( (7)(C) Eficial P( (7)(C) Eficial P( (7)(C)	ntact (POC) DC: (b)(6);(b)(7) (214)	Willis 18b. SUBMIT IS CHEC : (b)(6);(b)(7	INVOICES TO A CKED 21. QUANTITY	DDRESS SEE ADD 22. UNIT	5-1620 SHOWN IN BLOCK 18a UN ENDUM 23.		24. AMOUNT
17b. CHECK II         19.         ITEM NO.         (b)(6         (b)(6         5. ACCOUNT         ee sche         27a. SOLICI	DUNS Number Receiving O );(b)(7)(C) (703) Alternate R (703) 293-(t Procurement 905-(b)(6);(b)(7) Exempt Acti Delivery: 3 Period of P Continued . (Use Reve ING AND APPROPRIAT edule	SCHEDULE : 01381442 official Poi 293-(b)(6);(b)( ecceiving Of (b)(6);(b)(7)(C) POC: (b)(6);(t) POC: (b)(6);(t) (C) on: Y 0 Days Afte erformance:  rse and/or Attach A ION DATA ES BY REFERENCE	20. E OF SUPPLIES/SER 2 6 int-of-Cor 77)(C) Efficial P( 0)(7)(C) er Award : (b)(4) Additional Sheet FAR 52.212-1, 52.	ntact (POC) DC: (b)(6);(b)(7) (214) s as Necessary) 212-4. FAR 52.212-	Willis	ARE ATTACH	DDRESS SEE ADD 22. UNIT	5-1620 SHOWN IN BLOCK 18a UN ENDUM 23. UNIT PRICE 26. TOTAL AWARD AM (b)(4) DDENDA	DUNT (For Govi	24. AMOUNT
17b. CHECK II 19. ITEM NO. (b)(6 5. ACCOUNT ee sche 27a. SOLICI	DUNS Number Receiving O );(b)(7)(C) (703) Alternate R (703) 293-(t Procurement 905-(b)(6);(b)(7) Exempt Acti Delivery: 3 Period of P Continued . (Use Reve ING AND APPROPRIAT edule	SCHEDULE : 01381442 official Poi 293-(b)(6);(b)( ecceiving Of (b)(6);(b)(7)(C) POC: (b)(6);(t) POC: (b)(6);(t) (C) on: Y 0 Days Afte erformance:  rse and/or Attach A ION DATA ES BY REFERENCE	20. E OF SUPPLIES/SER 2 6 int-of-Cor 77)(C) Efficial P( 0)(7)(C) er Award : (b)(4) Additional Sheet FAR 52.212-1, 52.	ntact (POC) DC: (b)(6);(b)(7) (214) s as Necessary) 212-4. FAR 52.212-	Willis	ARE ATTACH	DDRESS SEE ADD 22. UNIT	5-1620 SHOWN IN BLOCK 18a UN ENDUM 23. UNIT PRICE 26. TOTAL AWARD AM (b)(4) DDENDA DA	DUNT (For Govi	24. AMOUNT
5. ACCOUNT ee sche 27a. SOLICI 27b. CONTR COPIES TO ALL ITEMS SHEETS SU	DUNS Number Receiving O );(b)(7)(C) (703) Alternate R (703) 293- (1) Procurement 905-(b)(6);(b)(7) Exempt Acti Delivery: 3 Period of P Continued . (Use Reve ING AND APPROPRIAT edule ING AND APPROPRIAT edule ACTOR IS REQUIRED TO DISSUING OFFICE. CO SET FORTH OR OTHER JBJECT TO THE TERMS	SCHEDULE : 01381442 ifficial Poi 293-(b)(6);(b)( ecceiving Of poi(6);(b)(7)(C) POC: (b)(6);(b)(7)(C) POC: (b)(7)(C) POC: (b)(7)(C) POC: (b)(7)(C) POC:	20. E OF SUPPLIES/SER 2 6 int-of-Cor 7)(C) Efficial P( b)(7)(C) er Award : (b)(4) Additional Sheet FAR 52.212-1, 52. S BY REFERENCE MENT AND RETU S TO FURNISH AL ABOVE AND ON A	ntact (POC) DC: (b)(6);(b)(7) (214) (214) s as Necessary) 212-4. FAR 52.212- FAR 52.212-4. FAR RN ND DELIVER	Willis 18b. SUBMIT IS CHEC (C) 3 AND 52.212-5 52.212-5 IS ATT/	ARE ATTACH ACHED.	DDRESS SEE ADD 22. UNIT ED. AI ADDEN DF CONT	26. TOTAL AWARD AM (b)(4) 20. TOTAL AWARD AM	DUNT (For Govi ARE ARE FER ON SOLIC S WHICH ARE S	24. AMOUNT  t. Use Only)  ARE NOT ATTACHED ARE NOT ATTACHED OFFE ITATION (BLOCK 5),
5. ACCOUNT ee sche 27a. SOLICI 27b. CONTR COPIES TO ALL ITEMS SHEETS SU	DUNS Number Receiving O );(b)(7)(C) (703) Alternate R (703) 293- (1) Procurement 905-(b)(6);(b)(7) Exempt Acti Delivery: 3 Period of P Continued . (Use Reve ING AND APPROPRIAT edule ING AND APPROPRIAT edule Continued Second	SCHEDULE : 01381442 ifficial Poi 293-(b)(6);(b)( ecceiving Of poi(6);(b)(7)(C) POC: (b)(6);(b)(7)(C) POC: (b)(7)(C) POC: (b)(7)(C) POC: (b)(7)(C) POC:	20. E OF SUPPLIES/SER 2 6 int-of-Cor 7)(C) Efficial P( b)(7)(C) er Award : (b)(4) Additional Sheet FAR 52.212-1, 52. S BY REFERENCE MENT AND RETU S TO FURNISH AL ABOVE AND ON A	ntact (POC) DC: (b)(6);(b)(7) (214) (214) s as Necessary) 212-4. FAR 52.212- FAR 52.212-4. FAR RN ND DELIVER	Willis 18b. SUBMIT IS CHEC (C) 3 AND 52.212-5 52.212-5 IS ATT/	ARE ATTACH ACHED.	DDRESS SEE ADD 22. UNIT ED. AI ADDEN DF CONT	26. TOTAL AWARD AM (b)(4) 20. 20. 20. 20. 20. 20. 20. 20. 20. 20.	DUNT (For Govi ARE ARE FER ON SOLIC S WHICH ARE S	24. AMOUNT  t. Use Only)  ARE NOT ATTACHED ARE NOT ATTACHED OFFE ITATION (BLOCK 5),

19. ITEM NO.		20. SCHEDULE OF SUPPLIE	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PI		24. AMOUNT	
0001	1 (b)(4);(b)(6);(b)(7)(C)						i -			]	
	Requisition	n No: 192116VHQ4CC	C0004								
	Accounting (b)(7)(E)	Info:									
	Funded: (b)(4	)									
0002	(b)(4);(b)(6);(b)(7)(	(C)				(b)(4)	8	0			
	Requisition	n No: 192116VHQ4CC	C0004								
	Accounting (b)(7)(E)	Info:									
	Funded: (b)(4 (b)(4)				1						
	Invoice Ins ICE - NON-H Continued	ERO Contracts									
32a. QUANTIT	TY IN COLUMN 21 HAS				UTRACT C	VOEDTION	075		10		
		GOVERNMENT REPRESENTATIV	-	ORMS TO THE CO					ORIZED GC	VERNMENT REPRESENTATIVE	
32e. MAILING	ADDRESS OF AUTHO	RIZED GOVERNMENT REPRESE	NTATIVE	,,	32f. TELE	PHONE NUM	BER	OF AUTHORIZ	ED GOVERI	NMENT REPRESENTATIVE	
					32g. E-MA	IL OF AUTHO	ORIZE	ED GOVERNME	ENT REPRE	SENTATIVE	
33. SHIP NUMBER 34. VOUCHER NUME		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR		36. PAYM	ENT		PARTIAL	FINAL	37. CHECK NUMBER	
9ARTIAL 38. S/R ACCO	UNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY								
41a. I CERTIF	Y THIS ACCOUNT IS C	CORRECT AND PROPER FOR PAY	MENT	n all Mallace	42a. RE	CEIVED BY	(Print	)			
41b. SIGNATU	JRE AND TITLE OF CE	RTIFYING OFFICER	41c.	DATE	42b. RI	2b. RECEIVED AT (Location)					
<u> </u>					42c. DA	TE REC'D (Y	Y/MN	1/DD)	42d. TOTAL	CONTAINERS	

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