18	PAGE N	0	
2			

3/03/2	016		27	HSCET	E-16-P-00006	
TEM NO.	SUPPLIES/SERVICES (b)	QUANTITY UNIT	PF	NIT RICE (e)	AMOUNT (f)	QUANTITY ACCEPTEI (g)
N778				577		
001	(b)(4)	(b)(4)				
	Period of Performance: (b)(4)					
	(b)(4)					
	24					
	INVOICING AND PAYMENT PROCEDURE:					
	Contractors, please use these procedures					,
	when you submit an invoice for all	1 1	1	1		
	acquisitions emanating from ICE/OAQ. This	1 1	i	i		
	procedure takes effect 03/01/08 and		l			
	pertains to all invoices submitted on that	1 1	1	- 1		
	date and thereafter.					
	1. In accordance with Section G, Contract		1			
	Administration Data, invoices shall now be submitted via one of the following three					4
	methods:	1	1			i i
	a. By mail: (See Block 21)	l	ł			
	b. By facsimile (fax) at: 802-288-7658					1
	(include a cover sheet with point of		İ	1		
	contact & # of pages)					
	c. By e-mail at:					
ļ	(b)(6);(b)(7)(C)					,
	2. Invoices submitted by other than these		1			1
	three methods will be returned. Contractor Taxpayer Identification Number (TIN) must					
	be registered in the System for Award					1
	Management		1			
	(https://www.sam.gov/portal/public/SAM/)			1		
	prior to award and shall be notated on					
	every invoice submitted to ICE/OAQ on or		1	- 1		
	after 03/01/08 to ensure prompt payment					
	provisions are met. The ICE program office identified in the delivery order/contract					
	shall also be notated on every invoice.					
	Please send an additional copy of the		1			
	invoice to (b)(6);(b)(7)(C)					
	3. In accordance with Section I, Contract			- 1		
	Clauses, FAR 52.212-4 (g)(1), Contract		1			
	Terms and Conditions, Commercial Items, or					
	FAR 52.232-25 (a) (3), Prompt Payment, as					
	applicable, the information required with each invoice submission is as follows:					,
	An invoice must include:		1			
	(i) Name and address of the Contractor;					
	Continued					
		1 1				

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

PAGE NO 3

03/03/20					ORDER NO. HSCETE-16-P-00006	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	LIMIT	UNIT	AMOUNT	QUANTITY
		ORDERED		PRICE	Linear Ann	ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	(iii) Invoice date and number;		ΙI			
	(iii) Contract number, contract line item number and, if applicable, the order number;		Н			2
	(iv) Description, quantity, unit of	1	Н			<i>y</i>
	measure, unit price and extended price of		1			i:
	the items delivered;					;
	(v) Shipping number and date of shipment,		ΙI			1
	including the bill of lading number and	l	H			2
	weight of shipment if shipped on Government		ΙI			
	bill of lading;		Ш			
	(vi) Terms of any discount for prompt		П			
	payment offered;		П			l _a
	(vii) Name and address of official to whom	1	Ш			
	payment is to be sent;	1	Ш			
	(viii) Name, title, and phone number of		H			
	person to notify in event of defective invoice; and		ΙI			
	(ix) Taxpayer Identification Number (TIN).		ΙI			
	The Contractor shall include its TIN on the		Н			-
	invoice only if required elsewhere in this		Н			2
	contract. (See paragraph 1 above.)	1	1 1		İ	1
	(x) Electronic funds transfer (EFT) banking	1	l l			;
	information.		П			
	(A) The Contractor shall include EFT	l	1 1			
	banking information on the invoice only if		ΙI			
	required elsewhere in this contract.		H			
	(B) If EFT banking information is not		ΙI			
	required to be on the invoice, in order for					2
	the invoice to be a proper invoice, the Contractor shall have submitted correct EFT					į.
	banking information in accordance with the		Н			0
	applicable solicitation provision, contract					2
	clause (e.g., 52.232-33, Payment by		ΙI			
	Electronic Funds Transfer; Central		ΙI			
	Contractor Registration, or 52.232-34,	İ	1 1			
	Payment by Electronic Funds Transfer; Other	l	ΙI			
	Than Central Contractor Registration), or		П			
	applicable agency procedures.	l	П			ľ
	(C) EFT banking information is not required		Ш			
	if the Government waived the requirement to		ΙI			
	pay by EFT. 4. Invoices without the above information		ΙI			
	and/or not submitted by one of the approved		Н			2
	methods (mail, fax, or email) may be		Н			9
	returned for resubmission.		1			i:
	5. Each Program Office is responsible for					7
	Continued					1
	1 220					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCETE-16-P-00006 03/03/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED ACCEPTED PRICE (d) (a) (f) (b) (c) (e) (g) receipt and acceptance of goods and/or services. Upon receipt and acceptance of goods/services, complete the applicable FFMS reports or DFC will not process the invoice for payment. (b)(6);(b)(7)(C) 6. For inquiring payment status, vendors can call DFC customer service at 1-877-491 between 8:00 a.m. and 5:30 p.m., Monday thru Friday CST. Email address is (b)(6);(b)(7)(C) Clause Incorporated by Reference: FAR 52.222-50, "Combating Trafficking in Persons" (FEB 2009) FAR 52.223-16, "IEEE 1680 Standard for the Environmental Assessment of Personal Computer Products" (DEC 2007) Section 508 Compliance 29 U.S.C. Section 508 of the Rehabilitation Act (29 U.S.C. 794d), as amended by the Workforce Investment Act of 1998 (P.L.105-220), August 7, 1998, (HSAR) 48 CFR 3009.104-75, "Prohibition on Contracts with Corporate Expatriates" (JUN 2006) The total amount of award: (b)(4) The obligation for this award is shown in box 17(i).

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

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

		O	RDER FOI	R SUP	PLIES OR	SERVI	CES					PAGE	OF PAGES	
IMPORTANT:	Mark all	packages and papers with	contract and	d/or ord	er numbers.							1		9
1. DATE OF OR	DER	2. CONTRACT NO. (If any)								6. SHIP TO:				
08/26/20	16						a. NAME (OF CO	NSIGNEE					
3. ORDER NO.	<i></i>	2025			EFERENCE NO		DHS I	CE I	HSI HQ DIV4					
HSCETE-1	.6-P-0	0035	192116	VHQ4	CCC0055									
ICE/Info Immigrat Office o	rmati ion a of Acq	ress correspondence to) on Technology D and Customs Enfo uisition Manage	rcement				b. STREET ADDRESS (b)(6);(b)(7)(C) 11320 Random Hills (b)(6);(b)(7)(C)							
		NW, (b)(6);(b)(7)(C)					c. CITY					d. STATE	e. ZIP CC)DE
Washingt	on DC	20536					Fairf	ax				VA	22030	JUL .
7. TO: SUST	7.TO: SUSTEEN INC						f. SHIP VI	A						
a. NAME OF CO SUSTEEN	ONTRACTO	ent on							8 TVE	E OF ORDER				
b. COMPANY N	AME						X a. PUF	DOLLA		E OF ORDER		L DELIVEDY		
c. STREET ADD	RESS						REFEREN					b. DELIVERY		
		ENTER DR							6-Q-00316			ept for billing i		
SUITE 15	00						-					rse, this deliv ect to instruct		
							Dlease fur	nich th	e following on the terms		this s	side only of th	is form and	lis
								pecified on both sides of			ed subject to litions of the a			
d. CITY IRVINE e. STATE f. ZIP CODE CA 926182938					38			the attached sheet, if elivery as indicated.		contr	ract.		i.	
		PROPRIATION DATA					1		NING OFFICE	D				
See Sche	201 202 122 200 / 175	CATION (Check appropriate	box(es))				ICE III	штис	d Sec Inv HQ	DIV. 4	12	2. F.O.B. POI	NT	-
X a. SMALL		b. OTHER THAN SMALL	Carried States	SADVAN	TAGED	d. WON	MEN-OWNED)	e. HUBZone		345	estinat		
f. SERVIC	E-DISABLE AN-OWNE	[10011]				h. E	DWOSB					escina	.1011	
		13. PLACE OF		1	4. GOVERNME	NT B/L N	0.		15. DELIVER TO F.O.B.			16. DISCOU	NT TERMS	
a. INSPECTION Destinat		b. ACCEPTANC Destinat							ON OR BEFORE (Date 30 Days Afte	r Award			N∈	t 30
10.		I.		110	17. SCHED	ULE (See	reverse for	Rejec	tions)		_			
		0					QUANTITY		UNIT					ANTITY
ITEM NO. (a)		SUPPLIES	OR SERVICE (b)	S			ORDERED UNIT PRICE AMOUNT (c) (d) (e) (f)						ACC	EPTED (g)
	This issue incor ICE-S	Number: 797052 is a Firm Fixed d to Susteen, I porates Quote N VBB dated 8/05/ nued	701 Price nc. Thi umbers	s or	der		(9)			,	,			(3)
	18. SHIP	PING POINT		3	19. GROSS SH	IPPING W	/EIGHT		20. INVOICE NO.			'		17(h) TOTAL (Cont.
	-			21	. MAIL INVOICE	E TO:				-				pages)
	*****				. WALL INVOICE	- 10.				(b)(4)		-		
SEE BILLING	a. NAME	DHS	S, ICE							(0)(4)	_	EW.		
INSTRUCTIONS ON REVERSE	b. STRE (or P.O.	Box) P.(D. Box	1620	ance Cer -HQ-DIV					(b)(4)		,		17(i) GRAND TOTAL
	c. CITY					d. STATE e. ZIP CODE								
Williston						VT	V.	05495-1620	1					
120 St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	22. UNITED STATES OF AMERICA BY (Signature)							23. NAME (Typed) (b)(6);(b)(7)(C)						
									TITLE: CONTRACTING	ORDERING OF	FICE	R		

ORDER FOR SUPPLIES OR SERVICES

PAGE NO

SCHEDULE - CONTINUATION 2 IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER CONTRACT NO. ORDER NO. HSCETE-16-P-00035 08/26/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) POC for program: (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 293-(b)(6);(b)(7)(C) (703)(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) POC for contracts office: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C) POC for contractor: (b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C) (949) 789-(b)(6);(b)(7)(C) PSC: (b)(4) NAICS: (b)(4) Exempt Action: N Accounting Info: (b)(7)(E)Period of Performance: (b)(4)(b)(4)(b)(4) 0001 (b)(4)DHS/ICE/HSI CYBER CRIMES CENTER, 11320 RANDOM HILLS RD., (b)(6);(b)(7)(C) FAIRFAX, VA 22030 (b)(4)0002 (b)(4);(b)(6);(b)(7)(C) CYBER CRIMES CENTER, 11320 RANDOM HILLS RD., (b)(6);(b)(7)(C), FAIRFAX, VA 22030. 0003 (b)(4)(b)(4)Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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

PAGE NO 3

DATE OF ORD 08/26/20	gr-muon.	CONTRACT NO.				ORDER NO. HSCETE-16-P-00035			
ITEM NO.	200-200 L	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED		
(a)		(b)	(c)	(d)	(e)	(f)	(g)		
	ICE (b)(6)	oice Instructions: - NON-ERO Contract);(b)(7)(C));(b)(7)(C)							
		3) 293–(b)(6);(b)(7)(C)							
		vice Providers/Contractors shall follow se procedures when submitting invoices.							
	sub wit [Co Off or Uni	Invoice Submission: Invoices shall be mitted in a ".pdf" format in accordance h the contract terms and conditions ntract Specialist and Contracting icer to disclose if on a monthly basis other agreed to terms"] via email, ted States Postal Service (USPS) or simile as follows:							
	a.	Email:							
	• C or • C Eac and on b.	ontracting Officer Representative (COR) Government Point of Contact (GPOC) ontract Specialist/Contracting Officer h email shall contain only (1) invoice the invoice number shall be indicated the subject line of the email. USPS: , ICE ancial Operations - Burlington							
	Wil	. Box 1620 liston, VT 05495-1620 N: ICE-HIS-HQ-DIV4							
	Sys act (SA and sub	Contractors Data Universal Numbering tem (DUNS) Number must be registered and ive in the System for Award Management M) at https://www.sam.gov prior to award shall be notated on every invoice mitted to ensure prompt payment tinued							
	TOTAL	CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\supset			\$0.00			

PAGE NO

	SCHEDULE - CONTINUATION	Į.				4	
IMPORTANT:	Mark all packages and papers with contract and/or order numbers.					33)	-
DATE OF ORDE					ORDER NO.		
08/26/20	16				HSCETE-	16-P-00035	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT		AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	1	(f)	ACCEPTED
8790	provisions are met. The ICE program office	(0)	(u)	(6)		(1)	(g)
	identified in the task order/contract shall						
	also be notated on every invoice.						
	arso be notated on every invoice.						/
į.	c. Facsimile:						
i i	Alternative Invoices shall be submitted to:						
	(802) -288-7658						
	Modernik massak di Sakas						
	Submissions by facsimile shall include a				1		
	cover sheet, point of contact and the						
1	number of total pages.	İ					İ
:	Submissions by facsimile shall include a						
	cover sheet, point of contact and the						
	number of total pages.						
1	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						
1	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		ı				
i	accordance with 52.212-4 (g), as						
i	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		l				
-	in the SAM;						
	(ii) Dunn and Bradstreet (D&B) DUNS number;						
	(iii) Invoice date and unique invoice number;						
	<pre>(iv) Agreement/Contract number, , if applicable, the order number;</pre>						
	<pre>(v) Contract Line Item Number(s) (CLIN); Continued</pre>						

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

PAGE NO 5

		k all packages and papers with contract and/or order numbers.					
DATE OF ORE		CONTRACT NO.				ORDER NO.	
08/26/20	016					HSCETE-16-P-00035	
ITEM NO.		SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	1	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	Des	scription; quantity; unit of measure;	3000		1989.81	1337	10/
		t price and extended price of the items		ΙI			
		ivered, period of performance (each CLIN		1 1		1	
		all be identified separately on the		1 1			2
	N						-
	inv	roice);					
				ΙI			
	000000000000000000000000000000000000000) If applicable, shipping number and		ΙI			
	100000000000000000000000000000000000000	e of shipment, including the bill of		ΙI			
	1	ling number and weight of shipment if		ΙI			
	shi	pped on Government bill of lading;		1 1			
			1	1 1			
	(vi	i) Terms of any discount for prompt		ΙI			
	pay	ment offered;		ΙI			
	1362 130			LΙ			
	(vi	ii) Remit to Address;		1 1			
				ΙI			
	(ix	Name, title, and phone number of		1 1		1	ĺ
	per	son to notify in event of an improper		1 1			Ì
	7.00	roice;		1 1		i i	1
	E.V.SEC			H			
	(x)	ICE program office designated on		ΙI			
		der/contract/agreement and		ΙI			
	100			1 1			
	(xi) Mark invoice as "Interim" (Ongoing		ΙI			
		formance and additional billing		ΙI			
	-	pected) and "Final" (performance complete		ΙI			
		no additional billing)		ΙI			
	and	ino additional billing)		ΙI			
	/ 177	i) Electronic Funds Transfer (EFT)		ΙI			
	m. (2).			1 1			4
	0.000	king information in accordance with					
	2000	232-33 Payment by Electronic Funds		ΙI			
		nsfer - System for Award Management or		ΙI			
		-232-34, Payment by Electronic Funds		ΙI			
	Tra	ansfer - Other than System for Award		ΙI			
	Mar	agement.		1 1			
				1 1			
	3.	Other than Firm Fixed Price (FFP) Type		ΙI			
	Cor	tracts: Contract types other than Firmed		LΙ			
	Fix	red Priced (FFP) may require additional		ΙI			
	inf	formation as follows (tailor for your		Ιİ		i i	İ
	rec	quirement):		ΙI			1
				1 1			-
	ALT	7 1- Time and Material Contracts					
	page Addition						
	Mat	erials on T&M Orders must comply with					
		R 52.232-7 Payments Under					
		tinued					
	001						
	TOT	LOADDIED FORWARD TO 40T DLOE (TELL 17/10)				\$0.00	
	TOTA	L CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				Ψ0.00	

001039

ORDER FOR SUPPLIES OR SERVICES

PAGE NO

	SCHEDULE - CON	TINUATION		6	
IMPORTANT: M	lark all packages and papers with contract and/or order numbers.		El-	95	
DATE OF ORDER	CONTRACT NO.		0	RDER NO.	
08/26/201	6		Н	SCETE-16-P-00035	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	Section is controlled from Algorithms	ORDERED	(d)	PRICE	Composition	ACCEPTED
(a)	(b) Time-and-Materials and Labor Hour Contracts	(c)	(u)	(e)	(f)	(g)
	(Aug 2012).					
	ALT 2 - Cost Contracts					
	a. Cost Plus Award Fee:					
	The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting					
	information:					
	• CLIN/Task Total Hours: This will identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date.					
	• CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date.					
	The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee. Continued					
					\$0.00	
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	

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

PAGE NO

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HSCETE-16-P-00035

IMPORTANT: Mark	all packages and papers with contract and/or order numbers.	105
DATE OF ORDER	CONTRACT NO.	ORDER NO.

ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (b) (c) (e) (g) The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee. The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods. b. Cost Reimbursable CLIN (Other Direct Costs) The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form: · Item purchased Cost · Date expensed · Documentation of prior COR approval All cost presentations provided by the Contractor shall also include applicable indirect cost. c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis Continued ... \$0.00 TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

08/26/2016

ORDER FOR SUPPLIES OR SERVICES PAGE NO **SCHEDULE - CONTINUATION** 8 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCETE-16-P-00035 08/26/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (f) (b) (c) (e) (g) of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form: d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum: · Date Expensed · Authorized Travel Event Number · Days of Travel · Documentation of COR approval prior to travel Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule. Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2. In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington. 4. Invoice Inquiries: Questions regarding (b)(6);(b)(7)(C) invoice submission or payment, please contact ICE Financial Operations at 1-877-491or by e-mail at (b)(6);(b)(7)(C)

The total amount of award: (b)(4) obligation for this award is shown in box Continued ...

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

PAGE NO 9

IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. HSCETE-16-P-00035 08/26/2016 QUANTITY UNIT ITEM NO. SUPPLIES/SERVICES UNIT **AMOUNT** QUANTITY PRICE (e) ACCEPTED (g) ORDERED (d) (a) (b) (f) (c) 17(i).

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

		C	ORDER FOR SI	JPPLIES OR SERV	ICES				PAGE	OF PAGES
IMPORTANT:	Mark all p	ackages and papers wi	th contract and/or o	order numbers.					1	2
1. DATE OF OR	DER	2. CONTRACT NO. (If any, GS-35F-312CA)					6. SHIP TO:		
03/03/20		35 331 312CN			a. NAME	OF CO	NSIGNEE			
3. ORDER NO. HSCETE-1	7-F-00	0004		REFERENCE NO.	ICE H	MLNI	O SEC INV HQ	DIV 4		
ICEINFOR IMMIGRAT OFFICE O	RMATION TION AN OF ACQU	iss correspondence to) I TECHNOLOGY D ID CUSTOMS ENF	ORCEMENT			RAT: RAI	ION AND CUSTON		CEMENT	
WASHINGT		IW (b)(6);(b)(7)(C) 20536			c. CITY FAIRF	'AX			d. STATE VA	e. ZIP CODE 22030
7. TO: (b)(6);(b			f. SHIP VI	Α						
a. NAME OF CONTRACTOR OXYGEN FORENSICS INC					-		8. TYF	PE OF ORDER		
b. COMPANY N	AME				a. PU	RCHAS	SE.		X b. DELIVERY	,
c. STREET ADD		amountain session			REFERE					
901 N PI	TT ST	STE 170							Except for billing reverse, this deliv	instructions on the
										ions contained on
d. CITY e. STATE f. ZIP CODE					and condi this order	tions s and or	e following on the terms pecified on both sides of the attached sheet, if	100	this side only of the issued subject to conditions of the contract.	the terms and
ALEXANDR:	IA		VA	22314	any, inclu	ding de	elivery as indicated.			
9. ACCOUNTING		ROPRIATION DATA					NINGOFFICE D SEC INV HQ :	DTV 4		
11. BUSINESS (200 200 200 200 200	ATION (Check appropriate b. OTHER THAN SMALL D g. WOMEN-OW	e box(es)) c. DISAD\	Sec (MOSB)	MEN-OWNED		e. HUBZone		12. F.O.B. PO	
	AN-OWNED	것 '	ER THE WOSB PRO	GRAM	EDWOSB					
a. INSPECTION		b. ACCEPTAN		14. GOVERNMENT B/L N	Ю.		15. DELIVER TO F.O.B. ON OR BEFORE (Date 30 Days Afte)	16. DISCOU	
Destinat	.10n	Destina	tion	47 COUEDINE (C-		D-1				Net 30
				17. SCHEDULE (See	E	1		i		0111111111
ITEM NO. (a)		SUPPLIE	S OR SERVICES (b)		QUANTITY ORDERED (c)	100000000000000000000000000000000000000	UNIT PRICE (e)	AMOI (f)	\$2000E	QUANTITY ACCEPTED (g)
	THIS C #HSCET AWARDE THIS A	Number: 07888 CONTRACT REPLA CE-16-J-00344 D TO THE WRON WARD IS FOR T	CES ORDER WHICH WAS M G VENDOR.							
,	18. SHIPP	ING POINT		19. GROSS SHIPPING V	WEIGHT		20. INVOICE NO.		'	17(h) TOTAL (Cont.
				21. MAIL INVOICE TO:			1			pages)
SEE BILLING	a. NAME	DI	HS ICE					(b)(4)		•
INSTRUCTIONS ON REVERSE	b. STREE (or P.O. B	PO	JRLINGTON F D BOX 1620 FTN ICE-HSI	INANCE CENTER -HQ-DIV 4				(b)(4)		17(i) GRAND TOTAL
	c. CITY				d. STATE e. ZIP CODE					
	WI	LLISTON			VI	1	05495-1620			
50.5 (0.5 (0.5 (0.5 (0.5 (0.5 (0.5 (0.5	22. UNITED STATES OF AMERICA BY (Signature)						23. NAME (Typed) (b)(6);(b)(7)(C)	OPDERING OF	SICER	,
		<u> </u>					TITLE: CONTRACTING	OKDERING OFF	ICER	

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

PAGE NO

2

DATE OF ORDER CONTRACT NO. ORDER NO. GS-35F-312CA HSCETE-17-F-00004 03/03/2017 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ACCEPTED ORDERED PRICE (d) (b) (f) (a) (c) (e) (g) FORENSICS PROPRIETARY SOFTWARE IN SUPPORT OF DHS/ICE OPERATIONAL ACTIVITIES AT THE HOMELAND SECURITY INVESTIGATIONS, DIVISION FOUR. CONTACT THE CONTRACTING OFFICER WITH ANY OUESTIONS REGARDING THIS ORDER. CONTRACTING OFFICER: (b)(6);(b)(7)(C) EMAIL: (b)(6);(b)(7)(C) PSC: (b)(4) NAICS: Exempt Action: N Sensitive Award: NONE Accounting Info: (b)(7)(E) Period of Performance: (b)(4) (b)(4)0001 OXYGEN FORENSICS SUITE SOFTWARE (b)(4)THIS IS A REPLACEMENT CONTRACT #HSCETE-17-F-00004, WHICH SUPERSEDES ORDER #HSCETE-16-J-00344, WHICH WAS AWARDED DURING FISCAL YEAR 2016. THE CORRECT VENDOR NAME (OXYGEN FORENSICS) ON CONTRACT. A NEGOTIATED ADDITIONAL COST IN THE AMOUNT WILL BE ADDED TO THIS ORDER VIA A MODIFICATION. THIS AMOUNT REPRESENTS CONSIDERATION TO OXYGEN FORENSICS FOR THE FACT THAT THEY DELIVERED ON THE ORIGINAL ORDER IN SEPTEMBER OF 2016 (ALBEIT UNDER THE WRONG AWARD) AND HAVE BEEN WAITING TO BE PAID FOR APPROXIMATELY FIVE (5) MONTHS. The obligated amount of award: (b)(4) The total for this award is shown in box 17(i). (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

			ORDER	FOR SUF	PLIES OR S	ERVI	CES				PAGE (OF PAGES		
IMPORTANT:	Mark all	packages and papers	with contrac	t and/or ord	er numbers.						1	15		
1. DATE OF OR	DER	2. CONTRACT NO. (If a HSCEMD-13-D-	ny)							6. SHIP TO:		2400		
05/25/20	17	HSCEMD-13-D-	00001				a. NAME (OF CO	NSIGNEE					
THE PROPERTY OF STREET			Table Sec											
3. ORDER NO.	ORDER NO. 4. REQUISITION/REFERENCE NO. 1921170PRHQ160011 ISSUING OFFICE (Address correspondence to) CCEINFORMATION TECHNOLOGY DIVISION						IMMIG	RAT	ION AND CUSTO	MS ENFORC	CEMENT			
HSCETE-1	7-J-0	00166	1921	1170PRE	Q160011									
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WASHINGT							c. CITY				d. STATE	e. ZIP CODE		
,,,,,,,,,,,,,,							ALEXA	NDR	IA		VA	22304		
7. TO:							f. SHIP VI	A			-			
a. NAME OF CO									8 TV	PE OF ORDER				
b. COMPANY NAME								(II)	T .	V	7			
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c. STREET ADD 7 CAMPUS		Æ.					REFEREN	NCE Y	OUR:	I		nstructions on the		
SUITE 21	0						-				reverse, this delive subject to instructi			
							-				this side only of th	is form and is		
									ne following on the terms pecified on both sides of		issued subject to t conditions of the a			
d. CITY				e. STATE	f. ZIP CODE				the attached sheet, if	100	contract.	bove-numbered		
PARSIPPA	/JA			NJ	07452		any, includ	ding de	elivery as indicated.					
9. ACCOUNTING	G AND AP	PROPRIATION DATA					10. REQU	ISITIO	NING OFFICE	13				
See Sche	CT_20071770777						ICE O	FC (OF PROFESSNL	RESPONSIE				
a. SMALL	CLASSIFI	CATION (Check appropriate b. OTHER THAN SMAL	Contract Con	BIOLEVIA	T4.0FD	4 14/04	IEN OWNER		1907		12. F.O.B. POII	NT		
_				c. DISADVAN		a. WOW	MEN-OWNED)	e. HUBZone		Destinat	ion		
f. SERVICI	E-DISABL AN-OWNE	맛있다"	WNED SMAL			h. El	DWOSB							
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a. INSPECTION		b. ACCEPTA	ANCE		14. GOVERNMEN	I B/L NC	J.		ON OR BEFORE (Date 30 Days Afte	e)	16. DISCOUI	NI TERMS		
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		10			17. SCHEDUL	LE (See	reverse for	Rejec	tions)					
							QUANTITY		UNIT	1		QUANTITY		
ITEM NO.		SUPPL	JES OR SER	/ICES			ORDERED		PRICE	AMOI	\$1000E	ACCEPTED		
(a)	DIING	Number: 0330	(b)				(c)	(d)	(e)	(f))	(g)		
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	Contr	57-(b)(6);(b)(7)(C) acting Office	er: (b)(6):((b)(7)(C)	,									
		32-(b)(6);(b)(7)(C)												
	Conti	nued												
	18 SHIE	PPING POINT			19. GROSS SHIP	DING W	EIGHT		20. INVOICE NO.	1		₁ 17(h)		
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	-				I. MAIL INVOICE T					_		(Cont. pages)		
				2	I. MAIL INVOICE I	0:				- 17.0	25			
	a. NAME		DHS ICE							(b)(4)				
SEE BILLING			andreas assessmen											
INSTRUCTIONS ON REVERSE	b. STRE (or P.O.	Box\			NANCE CENT	rer								
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	c. CITY						d. STA		e. ZIP CODE					
	J W.	ILLISTON					VT	i i	05495-1620					
22. UNITED S	STATES C)F							23. NAME (Typed)					
AMERIC	ABY (Sig	nature)							(b)(6);(b)(7)(C)					
									TITLE: CONTRACTING	ORDERING OFF	FICER			

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

PAGE NO

DATE OF ORDER CONTRACT NO. ORDER NO. HSCEMD-13-D-00001 HSCETE-17-J-00166 05/25/2017 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (d) (a) (f) (c) (e) (g) Contract Specialist: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C) The purpose of this Firm-Fixed Price (FFP) Delivery Order (DO) against Indefinite Delivery Indefinite Quantity (IDIQ) HSCEMD-13-D-00001 is to purchase Cellebrite, Inc. Universal Forensic Extraction Devices (UFEDs) for the U.S. Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE) ICE Agents. Delivery shall be made within 30 days after receipt of order. All ICE HSCEMD-13-D-00001 terms and conditions apply. Exempt Action: N Sensitive Award: NONE Accounting Info: (b)(7)(E) Period of Performance: (b)(4)(b)(4) (b)(4)0001 (b)(4)0002 (b)(4)(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 facsimile as follows: Continued ... (b)(4)TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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

PAGE NO

3

05/25/20	17 HSCEMD-13-D-00001				HSCETE-17-J-00166	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT		AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	(b) a. Email: (b)(6)(b)(7)(C) Contracting Officer Representative (COR or Government Point of Contact (GFOC) Contract Specialist/Contracting Officer Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email. b. USPS: DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620 ATTN: ICE-OPR The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice. c. Facsimile: Alternative Invoices shall be submitted to: (802)-288-7658 Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on Continued)	(d)	(e)		(g)
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	\geq	_	•	\$0.00	
ALITHODIZED EO	DR LOCAL REPODUCTION				OPTION	VAL EOPM 348 (Part 4/2008)

PAGE NO

4

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

DATE OF ORDER CONTRACT NO.

05/25/2017 HSCEMD-13-D-00001

ORDER NO. HSCETE-17-J-00166

M NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTIT
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTE (g)
300	every invoice submitted to ensure prompt	338.1		1000000		
	payment provisions are met. The ICE program					
	office identified in the task					
	order/contract shall also be notated on				1	
	every invoice.					
					1	7
	2. Content of Invoices: Each invoice					
	shall contain the following information in					
	Service of the Contract of the					
	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					
	10 CH CAR CARRIED W 500					
	in the SAM;					
	(ii) Dunn and Bradstreet (D&B) DUNS number;					
	2004 (2000) 1 (85) 10 80() \$7					
	(iii) Invoice date and unique invoice					
	number;	l				
	(iv) Agreement/Contract number, , if					
	applicable, the order number;					
	The state of the s					
	<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);					
	The state of the s					
	(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				1	
	payment offered;					
		l			İ	
	(viii) Remit to Address;					
	All and the process of the contract of the con					
	(ix) Name, title, and phone number of					
	person to notify in event of an improper					
	The second secon		1			
	invoice;					
	Continued				1	
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			1			
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))		1	l .	\$0.00	I .

PAGE NO 5

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

DATE OF ORDER CONTRACT NO.

05/25/2017 HSCEMD-13-D-00001

ORDER NO. HSCETE-17-J-00166

M NO.	SUPPLIES/SERVICES	QUANTITY	100	UNIT PRICE	AMOUNT	QUANTIT' ACCEPTE
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	(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)					
	41 JANSAN 4035 IR 68 000 40 000 Med 988478999					
	(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	İ				
	Firmed Fixed Priced (FFP) may require					
	additional information as follows (tailor	l				
	for your requirement):					
	ALT 1- Time and Material Contracts					
	India in Time and Indecinal Solicidors					
	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:					
	CITM/meels metal trainer mission 12					
	• CLIN/Task Total Hours: This will Continued					
	concinued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	l .

PAGE NO 6

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

DATE OF ORDER CONTRACT NO.

HSCEMD-13-D-00001 05/25/2017

ORDER NO. HSCETE-17-J-00166

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)		PRICE (e)	(f)	ACCEPTED (a)
ITEM NO. (a)	identify all current and cumulative contractor employees by labor category on the project and their total CLIN/Task hours billed. The listing shall include separate columns and totals for the current invoice period and the project to date. • CLIN/Task Total Costs: This will identify all current and past contractor employees by labor category, and rate on the project and their total CLIN/task cost billed. The rate for each labor category shall also be shown. The listing shall include separate columns and totals for the current invoice period and the project to date. 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				AMOUNT (f)	
	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 Continued					
kt	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			\$0.00	VAL CODM 246

PAGE NO

7

DATE OF ORE	: Mark all packages and papers with contract and/or order numbers. DER CONTRACT NO.				ORDER	NO.		
05/25/20	017 HSCEMD-13-D-00001			2	E-17-J-00166	-00166		
ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE		AMOUNT	QUANTITY ACCEPTED	
(a)	(b)	(c)	(d)	(e)		(f)	(g)	
	amounts not earned during a given period shall not be available in future periods.							
	b. Cost Reimbursable CLIN (Other Direct Costs)							
	The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:							
	Item purchased Cost							
	Date expensed Documentation of prior COR approval							
	All cost presentations provided by the Contractor shall also include applicable indirect cost.							
	c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:							
	d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:							
	 Date Expensed Authorized Travel Event Number Days of Travel Documentation of COR approval prior to travel Continued 							

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

PAGE NO

8 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 05/25/2017 HSCEMD-13-D-00001 HSCETE-17-J-00166

ITEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
	Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule. Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2. In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington. 4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491 or by e-mail at (b)(6)(b)(7)(C) The obligated amount of award: (b)(4) The total for this award is shown in box 17(i).			(b)(6);(b)(7)(C)	\$0.00	

- 5		ONTRACT/ORDE			70.4250	DUISITION NU		Presentation Mexico	PAGE OF				
2. CONTRACT N	FIRST COLUMN STATE	R TO COMPLETE BLO	3. AWARD/	4. ORDER NUMBER	192	110021	0000.	5. SOLICITATION NUM	1 1	11	SOLICITATION		
2. CONTRACT IV	0.		EFFECTIVE DA		1194				00000000	ISS	SUE DATE		
	R SOLICITATION PRMATION CALL:	a. NAME (b)(6);(b)(7))(C)			14-905			8. OFFER D	UE DATE/LC	OCAL TIME		
9. ISSUED BY		10.	CODE	ICE/IOSD	10. THIS ACQU	SITION IS	X U	NRESTRICTED OR	SET ASIDE:		% FOR:		
Immigrat Office of 7701 N.	tion and Cu of Acquisit	Support Da stoms Enfor ion Managem reeway, (b)(6)	cement ent	Ĭ	SMALL BUSINESS HUBZONE SMALL BUSINESS SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS RAIL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (D)(4)								
11. DELIVERY F	FOR FOB DESTINA-	12. DISCOUNT TERMS						13b. RATING			-		
MARKED	TION UNLESS BLOCK IS MARKED SEE SCHEDULE Net 30					CONTRACT IS D ORDER UNI (15 CFR 700)		14. METHOD OF S		RFP			
15. DELIVER TO		CODE	ICE/HSI	/SAC SAN ANTO	16. ADMINISTE	RED BY		_ INIG		CE/IOS	D		
Investigation - SAC San Antonio Immigration and Customs Enforcement 40 NE Loop 410 Attn: (b)(6);(b)(7)(C) San Antonio TX 78216						tion a of Acq	nd Cu uisit ons I	s Support Dustoms Enfo sion Manage Freeway, (b)(rcement ment	ļ			
17a. CONTRACT OFFEROR		03309556800	0 0 FACILITY		18a. PAYMENT	WILL BE MAD	E BY		CODE I	CE-HSI	-SAC-SANA		
CELLEBRITE USA CORP ATTN (b)(6);(b)(7)(C) 7 CAMPUS DRIVE STE 210 PARSIPPANY NJ 070544413					DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-San Antonio Williston VT 05495-1620								
TELEPHONE NO	(e 27.50ToTc5	8855(b)(6);(b)(7)	Acces 1	-D	40h CLIDMIT IN	VOICES TO A	DDBESS	SHOWN IN BLOCK 18a	IIIII ECC DI OOV D	EL OW			
17B. CHECK II	F REMIT IANCE IS DIFF	ERENT AND PUT SUCH A	ADDRESS IN OFFI	=R	IS CHECK		SEE ADD		UNLESS BLOCK B	ELOW			
19. ITEM NO.		SCHEDU	20. LE OF SUPPLIES/	SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT	ŕ		
	(b)(6);(b)(7)(C) Alt Progra (b)(6):(b)(7)(C) Contractin (b)(6);(b)(7)(C) Exempt Act Delivery: Accounting Continued	DC: [b)(6);(b)(7)(6); am POC: [b)(6);(ang POC: [b)(6);(cion: N 90 Days Aft g Info:	b)(7)(C) b)(7)(C) er Award);(b)(7)(C)								
25. ACCOUNT	ING AND APPROPRI						-	26. TOTAL AWARD A	MOUNT (For Gov	t. Use Only	1)		
See sche	edule							(b)(4)					
F7				52.212-4. FAR 52.212-3 A				DDENDA		ARE NO	OT ATTACHED.		
				NCE FAR 52.212-4. FAR 52.	I ==	5 - 0.0 - 0.0 EAST 1	ADDEN		ARE	ARE NO	OT ATTACHED.		
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED. 30a. SIGNATURE OF OFFEROR/CONTRACTOR) 	HEREIN, IS A	ANY ADE		elle i diamber betomber	SET FORT	2 60		
2	ID TITLE OF SIGNER	0.00		30c. DATE SIGNED	31b. NAME (b)(6);(b)(7		CTING	OFFICER (Type or pri		31c. DATE			
ALITHODIZED I	FOR LOCAL REPRO	DUCTION						CTAN	DARD FORM 144	0 /DEV 2/2	042)		

19. ITEM NO.		20. SCHEDULE OF SUPPLIES	S/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PI		24. AMOUNT		
	(b)(7)(E)											
0001	(b)(4)					(b)	(4)	10				
0001	T98-00 - 20						1,00					
		amount of award: (b)		The in box 26.								
32a OLIANTITY	/ IN COLUMN 21 HAS	BEEN										
RECEIVI), AND CON	FORMS TO THE COM	NTRACT, E	EXCEPT AS N	OTE	D:				
32b. SIGNATUF	RE OF AUTHORIZED	GOVERNMENT REPRESENTATIV	E	32c. DATE	32d. PRIN	ITED NAME	AND T	TITLE OF AUTH	ORIZED G	OVERNMENT REPRESENTATIVE		
32e. MAILING A	DDRESS OF AUTHOR	RIZED GOVERNMENT REPRESEN	NTATIVE	,	32f. TELE	PHONE NUM	MBER	OF AUTHORIZ	ED GOVER	NMENT REPRESENTATIVE		
					32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE							
33. SHIP NUMB	BER	34. VOUCHER NUMBER		IT VERIFIED	36. PAYMENT 37. CHECK NUMBER							
			CORRECT	FOR	COMPLETE PARTIAL FINAL							
PARTIAL	FINAL			on ·	THAT THE							
38. S/R ACCOU	INT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY	6								
-		CORRECT AND PROPER FOR PAY	1º hinese	200220	42a. RE	ECEIVED BY	(Print	")				
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE						ECEIVED AT	(Loca	ntion)				
					42c. DA	ATE REC'D (Y/MN	M/DD)	42d. TOTA	L CONTAINERS		
2												

-			ORI	DER FOR SI	JPPLIES OR SE	RVICES				PAGE	OF PAGES
IMPORTANT	T: Mark all	packages	and papers with c	ontract and/or o	order numbers.					1	8
1. DATE OF O	ORDER	2 CONTE	RACT NO. (If any) F-355AA						6. SHIP TO		
07/27/2	016	00 07	200141			a. NAM	OF C	ONSIGNEE			
3. ORDER NO HSCETE-		0037		4 REQUISITION 192116VHQ	REFERENCE NO. 24CCC0047	ICE	HMLN	ID SEC INV HQ	DIV 4		
IMMIGRA OFFICE	RMATIO TION A OF ACQ	ND CUS UISITI	HNOLOGY DIV STOMS ENFOR ION MANAGEM	CEMENT		100000000000000000000000000000000000000	GRAT O RA	TION AND CUST		CEMENT	
WASHING			6);(b)(7)(C)			c CITY FAIR	FAX			d STATE	e ZIP CODE 22030
7. TO: (b)(6));(b)(7)(C)					f. SHIP \	/IA				
a NAME OF C			_					8. TY	PE OF ORDER		
b. COMPANY	NAME					a Pi	JRCHA	SE		X b DELIVER	Υ
c STREET AD 2001 JE		N DAVI	S HWY			REFERI Quote	T.	(OUR:		Except for billing reverse, this deli	instructions on the
SUITE 8	01										ctions contained on
								he following on the terms specified on both sides of		issued subject to conditions of the	the terms and above-numbered
d CITY ARLINGTO	ON		4	e STATE VA	f ZIP CODE 22202	100000000000000000000000000000000000000		n the attached sheet, if elivery as indicated		contract	
9 ACCOUNTING		PROPRIATI	ON DATA			10000		NING OFFICE D SEC INV HQ	DIV 4		
11 BUSINESS			heck appropriate box		NTA CED	WOMEN-OWNE		e. HUBZone		12. F.O.B. PO	INT
f. SERVIC	CE-DISABLE	D	g. WOMEN-OWNED ELIGIBLE UNDER T		SS (WOSB)	h. EDWOSB	.0	e. HUBZUNE		Destina	tion
		13. PLA	17:17:17:17:11:		14. GOVERNMENT B	/L NO.		15. DELIVER TO F.O.B ON OR BEFORE (Da		16 DISCOL	INTTERMS
Destinat			b ACCEPTANCE Destination	n				09/01/2016			Net 30
					17. SCHEDULE		1	tions)			
ITEM NO.			SUPPLIES OR			ORDERED (c)		UNIT PRICE (e)	AMO!	20.72	QUANTITY ACCEPTED (g)
		Number	: 83130176	52							
	(b)(4)	nued .									
		HONEST: NO					L				₍ 17(h)
	18 SHIPF	ING POIN	T:		19. GROSS SHIPPIN	G WEIGHT		20. INVOICE NO.			TOTAL (Cont.
				2	1. MAIL INVOICE TO:						pages)
ver will be	a. NAME		DHS	ICE					(b)(4)		•
SEE BILLING INSTRUCTIONS ON REVERSE	b. STREE (or P.O. B	ET ADDRES Box)	PO Bo	INGTON FI OX 1620 ICE-HSI-	NANCE CENTE	3					17(i) GRAND TOTAL
	c. CITY	LLISTO	N N			d STA		e ZIP CODE	(b)(4)		4
22 LINITED				1/71/01				05495-1620 23. NAME (Typed)	1		
22 UNITED :	A BY (Signa		(b)(6);(b)(/)(C)				(b)(6);(b)(7)(C) TITLE CONTRACTING	ORDERING OFF	ICER	
AUTHORIZED FO			ON								ORM 347 (Rev. 2/2012) SA/FAR 46 CFR 53 213(f)

SUPPLEMENTAL INVOICING INFORMATIO

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$_ other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged. RECEIVING REPORT inspected. accepted. received by me Quantity in the "Quantity Accepted" column on the face of this order has been: and conforms to contract. Items listed below have been rejected for the reasons indicated. PARTIAL SHIPMENT DATE RECEIVED SIGNATURE OF AUTHORIZED U.S. GOV'T REP. DATE NUMBER FINAL TOTAL CONTAINERS GROSS WEIGHT RECEIVED AT TITLE REPORT OF REJECTIONS QUANTITY ITEM NO. SUPPLIES OR SERVICES UNIT REASON FOR REJECTION REJECTED

OPTIONAL FORM 347 (Rev. 2/2012) (BACK)

PAGE NO

3

07/27/2	O16 GS-07F-355AA			1.5	HSCETE-16-F-00037			
ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY		
(a)	CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER. NAICS: (b)(4) PSC: (b)(4)	(c)	(d)	(e)	(f)	(g)		
	THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/MAINTENANCE AGREEMENT.							
	THE GOVERNMENT WILL NOT BE OBLIGATED TO PAY THE CONTRACTOR ANY AMOUNT IN EXCESS OF THE FIXED-PRICE AMOUNT COVERING THE EFFECTIVE PERIOD OF PERFORMANCE IN THE ORDER, AND THE CONTRACTOR SHALL NOT CONTINUE PERFORMANCE UNLESS AND UNTIL THE CONTRACTING OFFICER NOTIFIES THE CONTRACTOR VERBALLY OR BY WRITTEN MODIFICATION THAT A NEW PERIOD OF PERFORMANCE HAS BEEN ESTABLISHED AND APPROVED.							
	LIMITATION OF AUTHORITY							
	No person in the Government, other than a Contracting Officer, has the authority to provide direction to the Contractor, which alters the Contractor's obligations or changes this contract in any way. If any person representing the Government, other than a Contracting Officer, attempts to alter contract obligations, change the contract specifications/statement of work or tells the contractor to perform some effort which the Contractor believes to be outside the scope of this contract, the Contractor shall immediately notify the Procuring Contracting Officer (PCO). Contractor personnel shall not comply with any order or direction which they believe to be outside the scope of this contract unless the order or direction is issued by a Contracting Officer. Continued							

PAGE NO

	T: Mark all packages and papers with contract and/or order numbers					
DATE OF OR	DER CONTRACT NO. 016 GS-07F-355AA				ORDER NO. HSCETE-16-F-00037	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
	1922	ORDERED		PRICE	1000	ACCEPTED
(a)	(b) If the Contractor makes any changes without	(c)	(d)	(e)	(f)	(9)
	the authorization of the Contracting Officer, by modifying this order to include increasing devices or services, the					
	Contractor is performing at its own risk. A funded G-514 is required before any goods or services are provided by the Contractor					
	and no one is authorized to make any changes to this order that will increase the obligated amount, other than the Contracting Officer. Any Government					
	individual other than Contracting Officer who directs the Contractor to change this order by increasing of quantities is committing an unauthorized commitment and					
	shall complete the ratification process to resolve that matter.					
	Exempt Action: N Accounting Info:					
	(b)(7)(E)					
	Period of Performance:(b)(4) (b)(4)				,	
0001	(b)(4)	(b)(4)			
	SHIP TO: DHS/ICE/HSI CYBER CRIMES CENTER 11320 RANDOM HILLS RD., (b)(6);(b)(7)(C)					
	FAIRFAX, VA 22030 (b)(4);(b)(6);(b)(7)(C)					
:						
	SECTION 508 COMPLIANCE 29 U.S.C. SECTION 508 OF THE REHABILITATION					
	ACT (29 U.S.C. 794D), AS AMENDED BY THE WORKFORCE INVESTMENT ACT OF 1998 (P.L. Continued					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	>			(b)(4)	NAL EODM 348 III. 40000

001059

PAGE NO

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

CONTRACT NO. DATE OF ORDER

GS-07F-355AA 07/27/2016

ORDER NO.

HSCETE-16-F-00037

TEM NO.	SUPPLIES/SERVICES	QUANTITY	- A - A	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTE (g)
	105-220), AUGUST 7, 1998, REQUIRES THAT			4.00		
	WHEN FEDERAL AGENCIES DEVELOP, PROCURE,					
	MAINTAIN, OR USE ELECTRONIC AND INFORMATION		1 1			
	TECHNOLOGY (EIT), THEY MUST ENSURE THAT IT					
	IS ACCESSIBLE TO PEOPLE WITH DISABILITIES.					
	FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC					
	WHO HAVE DISABILITIES MUST HAVE ACCESS TO		1 1			
	AND USE OF INFORMATION AND SERVICES THAT IS		1			
	COMPARABLE TO THE ACCESS AND USE AVAILABLE					
	TO NON-DISABLED FEDERAL EMPLOYEES AND					i
	MEMBERS OF THE PUBLIC. ALL EIT WILL COMPLY		1			
	WITH THE APPLICABLE TECHNICAL AND					
	FUNCTIONAL PERFORMANCE CRITERIA OF SECTION					1
	508, UNLESS EXEMPT.					1
	FAR 52.223-16 IEEE 1680 STANDARD FOR THE					i
	ENVIRONMENTAL ASSESSMENT OF PERSONAL					1
	COMPUTER PRODUCTS IS HEREBY INCORPORATED BY					
	REFERENCE.					
				-		
	Included by reference IAW FAR 52.222-50,					
	Combating Trafficking in Persons (FEB					
	2009); FAR 52.232-39 Unenforceability of					1
	Unauthorized Obligations (JUN 2013)					
	ADVANCE PAYMENTS ARE NOT AUTHORIZED.					
	CONTRACTOR SHALL SUBMIT INVOICE MONTHLY OR					
	QUARTERLY IN ARREARS.					
	THUSTOR DAVMENT INCORPLICATIONS					
	INVOICE PAYMENT INSTRUCTIONS					
	Please use these procedures when you submit					
	an invoice for all acquisitions emanating					
	from ICE/OAQ.					
				1		
	1. Invoices shall now be submitted via one					
	of the following three methods:					
	Primality Com Plant 21	- 1				
	a. By mail: See Block 21.					
	b. By facsimile (fax) at: 802-288-7658					
	(include a cover sheet with point of					
	contact & # of pages)	- 1		1		
	Continued					
1						
				1		
				- 1		
				- 1		
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	> '			\$0.00	

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers DATE OF ORDER CONTRACT NO ORDER NO GS-07F-355AA HSCETE-16-F-00037 07/27/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (f) (C) (e) (g) c. By e-mail at: (b)(6);(b)(7)(C)Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or after 01 March 2008 to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice. Please send an additional copy of the invoice to (b)(6);(b)(7)(C) 2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions, Commercial Items, the information required with each invoice submission is as follows: An invoice must include: (i) Name and address of the Contractor; (ii) Invoice date and number; (iii) Contract number, contract line item number and, if applicable, the order number: (iv) Description, quantity, unit of measure, unit price and extended price of the items delivered; (v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vi) Terms of any discount for prompt payment offered; (vii) Name and address of official to whom payment is to be sent; (viii) Name, title, and phone number of person to notify in event of defective invoice; and (ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this Continued ...

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

OPTIONAL FORM 348 (Rev. 4/2006)

IMPORTANT: Mark all packages and papers with contract and/or order numbers CONTRACT NO. DATE OF ORDER ORDER NO GS-07F-355AA HSCETE-16-F-00037 07/27/2016 ITEM NO. SUPPLIES/SERVICES QUANTITY UNIT UNIT AMOUNT QUANTITY ORDERED PRICE ACCEPTED (a) (c) (e) (g) contract. (See paragraph 1 above.) (x) Electronic funds transfer (EFT) banking information. (A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract. (B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration. (C) EFT banking information is not required if the Government waived the requirement to pay by EFT. DHS / ICE (b)(6);(b)(7)(C) Financial Operations - Burlington Customer Service Inquiry Center @ 1-877-491 - Monday through Friday 8:00 AM -5:30 PM EST or at e-mail address (b)(6);(b)(7)(C) Invoices without the above information may be returned for resubmission. 3. All other terms and conditions remain the same. Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment. For questions regarding this order: Contract Officer: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C) Receiving Officer: (b)(6);(b)(7)(C) 703-293-(b)(6);(b)(7)(C) Technical POC: (b)(6);(b)(7)(C) 703-293-(b)(6);(b)(7)(C) Vendor POC: (b)(6);(b)(7)(C) 703-750 (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Continued ... \$0.00 TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

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