

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 03/03/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00006
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)	
0001	<div style="border: 1px solid black; padding: 2px;">(b)(4)</div> <p>Period of Performance: (b)(4)</p> <div style="border: 1px solid black; padding: 2px;">(b)(4)</div> <p>INVOICING AND PAYMENT PROCEDURE:</p> <p>Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ. This procedure takes effect 03/01/08 and pertains to all invoices submitted on that date and thereafter.</p> <p>1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:</p> <p>a. By mail: (See Block 21)</p> <p>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)</p> <p>c. By e-mail at:</p> <div style="border: 1px solid black; padding: 2px;">(b)(6);(b)(7)(C)</div> <p>2. Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the System for Award Management (https://www.sam.gov/portal/public/SAM/) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or 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 invoice to (b)(6);(b)(7)(C)</p> <p>3. In accordance with Section I, Contract Clauses, 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 required with each invoice submission is as follows: An invoice must include: (i) Name and address of the Contractor; Continued ...</p>						
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					(b)(4)		

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 03/03/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00006
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(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 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 the applicable solicitation provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer; Other Than Central Contractor Registration), or applicable agency procedures. (C) EFT banking information is not required if the Government waived the requirement to pay by EFT. 4. Invoices without the above information and/or not submitted by one of the approved methods (mail, fax, or email) may be returned for resubmission. 5. Each Program Office is responsible for Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 03/03/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00006
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <p>6. For inquiring payment status, vendors can call DFC customer service at 1-877-491- [redacted] between 8:00 a.m. and 5:30 p.m., Monday thru Friday CST. Email address is [redacted] (b)(6),(b)(7)(C)</p> <p>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)</p> <p>The total amount of award: [redacted] (b)(4). The obligation for this award is shown in box 17(i).</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 08/26/2016		2. CONTRACT NO. (If any)		6. SHIP TO:			
3. ORDER NO. HSCETE-16-P-00035		4. REQUISITION/REFERENCE NO. 192116VHQ4CCC0055		a. NAME OF CONSIGNEE DHS ICE HSI HQ DIV4			
5. ISSUING OFFICE (Address correspondence to) ICE/Information Technology Division Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6);(b)(7)(C) Washington DC 20536				b. STREET ADDRESS (b)(6);(b)(7)(C) 11320 Random Hills (b)(6);(b)(7)(C)		c. CITY Fairfax	
				d. STATE VA		e. ZIP CODE 22030	
7. TO: SUSTEEN INC				f. SHIP VIA			
a. NAME OF CONTRACTOR SUSTEEN INC				8. TYPE OF ORDER			
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE		<input type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 8001 IRVINE CENTER DR SUITE 1500				REFERENCE YOUR: HSCETE-16-Q-00316		Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY IRVINE				e. STATE CA			
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE Hmlnd Sec Inv HQ Div. 4			

11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT			
<input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				Destination			
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 30 Days After Award		16. DISCOUNT TERMS	
a. INSPECTION Destination		b. ACCEPTANCE Destination				Net 30	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 797052701 This is a Firm Fixed Price Purchase Order issued to Susteen, Inc. This order incorporates Quote Numbers ICE-SV4R-32 and ICE-SVBB dated 8/05/16. Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME DHS, ICE		(b)(4)				17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4		(b)(4)				
c. CITY Williston		d. STATE VT		e. ZIP CODE 05495-1620		
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

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

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

DATE OF ORDER
08/26/2016

CONTRACT NO.

ORDER NO.

HSCETE-16-P-00035

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (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) (703) 293-(b)(6);(b)(7)(C) (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)					
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.				(b)(4)	
0003	(b)(4) Continued ...				(b)(4)	

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

(b)(4)

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 08/26/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00035
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Invoice Instructions:</p> <p>ICE - NON-ERO Contract (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (703) 293-(b)(6);(b)(7)(C)</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:</p> <p>a. Email:</p> <ul style="list-style-type: none"> • (b)(6);(b)(7)(C) • Contracting Officer Representative (COR) or Government Point of Contact (GPOC) • Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-HIS-HQ-DIV4</p> <p>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 Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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

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

DATE OF ORDER 08/26/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00035
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&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.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(v) Contract Line Item Number(s) (CLIN); Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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

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

DATE OF ORDER 08/26/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00035
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);</p> <p>(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firm Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):</p> <p>ALT 1- Time and Material Contracts</p> <p>Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 08/26/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00035
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Time-and-Materials and Labor Hour Contracts (Aug 2012).</p> <p>ALT 2 - Cost Contracts</p> <p>a. Cost Plus Award Fee:</p> <p>The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:</p> <ul style="list-style-type: none"> • 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. <p>The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 08/26/2016	CONTRACT NO.	ORDER NO. HSCETE-16-P-00035
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.</p> <p>The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee amounts not earned during a given period shall not be available in future periods.</p> <p>b. Cost Reimbursable CLIN (Other Direct Costs)</p> <p>The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:</p> <ul style="list-style-type: none"> • Item purchased • Cost • Date expensed • Documentation of prior COR approval <p>All cost presentations provided by the Contractor shall also include applicable indirect cost.</p> <p>c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER
08/26/2016

CONTRACT NO.

ORDER NO.

HSCETE-16-P-00035

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:</p> <p>d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:</p> <ul style="list-style-type: none"> • Date Expensed • Authorized Travel Event Number • Days of Travel • Documentation of COR approval prior to travel <p>Travel shall be in accordance with the Federal Travel Regulations (FTR). The contractor shall be reimbursed for actual, allowable, and reasonable cost, not to exceed the amount shown in the schedule.</p> <p>Profit shall not be applied to travel costs. Contractors may apply indirect costs to travel in accordance with the contractors usual accounting practices consistent with FAR 31.2.</p> <p>In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the COR before sending the invoice to Financial Operations Burlington.</p> <p>4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491- [redacted] or by e-mail at [redacted]</p> <p>The total amount of award: [redacted] The obligation for this award is shown in box Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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

PAGE NO
9

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

DATE OF ORDER
08/26/2016

CONTRACT NO.

ORDER NO.
HSCETE-16-P-00035

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	17 (i) .					

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

\$0.00

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

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

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 03/03/2017		2. CONTRACT NO. (If any) GS-35F-312CA		6. SHIP TO:	
3. ORDER NO. HSCETE-17-F-00004		4. REQUISITION/REFERENCE NO. 192117VHQ4CCC0025		a. NAME OF CONSIGNEE ICE HMLND SEC INV HQ DIV 4	
5. ISSUING OFFICE (Address correspondence to) ICEINFORMATION TECHNOLOGY DIVISION IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6);(b)(7)(C) WASHINGTON DC 20536				b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 11320 RANDOM HILLS ROAD (b)(6);(b)(7)(C)	
7. TO: (b)(6);(b)(7)(C)				c. CITY FAIRFAX	
a. NAME OF CONTRACTOR OXYGEN FORENSICS INC				d. STATE VA	
b. COMPANY NAME				e. ZIP CODE 22030	
c. STREET ADDRESS 901 N PITT ST STE 170				f. SHIP VIA	
d. CITY ALEXANDRIA				8. TYPE OF ORDER	
e. STATE VA				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
f. ZIP CODE 22314				Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE HMLND SEC INV HQ DIV 4	

11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT	
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB				Destination	
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT	
a. INSPECTION Destination		b. ACCEPTANCE Destination		ON OR BEFORE (Date) 30 Days After Award	
				16. DISCOUNT TERMS Net 30	

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 078884550 THIS CONTRACT REPLACES ORDER #HSCETE-16-J-00344 WHICH WAS MISTAKENLY AWARDED TO THE WRONG VENDOR. THIS AWARD IS FOR THE PURCHASE OF OXYGEN Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:						
a. NAME DHS ICE				(b)(4)		17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-HSI-HQ-DIV 4				(b)(4)		
c. CITY WILLISTON		d. STATE VT		e. ZIP CODE 05495-1620		
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 03/03/2017	CONTRACT NO. GS-35F-312CA	ORDER NO. HSCETE-17-F-00004
-----------------------------	------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>FORENSICS PROPRIETARY SOFTWARE IN SUPPORT OF DHS/ICE OPERATIONAL ACTIVITIES AT THE HOMELAND SECURITY INVESTIGATIONS, DIVISION FOUR. CONTACT THE CONTRACTING OFFICER WITH ANY QUESTIONS REGARDING THIS ORDER.</p> <p>CONTRACTING OFFICER: (b)(6);(b)(7)(C) EMAIL: (b)(6);(b)(7)(C)</p> <p>PSC: (b)(4) NAICS: (b)(4)</p> <p>Exempt Action: N Sensitive Award: NONE Accounting Info: (b)(7)(E)</p> <p>Period of Performance: (b)(4) (b)(4)</p>					
0001	<p>OXYGEN FORENSICS SUITE SOFTWARE</p> <p>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.</p> <p>A NEGOTIATED ADDITIONAL COST IN THE AMOUNT OF (b)(4) 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.</p> <p>The obligated amount of award: (b)(4) The total for this award is shown in box 17(i).</p>				(b)(4)	

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

(b)(4)

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 05/25/2017		2. CONTRACT NO. (If any) HSCEMD-13-D-00001		6. SHIP TO: a. NAME OF CONSIGNEE IMMIGRATION AND CUSTOMS ENFORCEMENT	
3. ORDER NO. HSCETE-17-J-00166		4. REQUISITION/REFERENCE NO. 192117OPRHQ160011		b. STREET ADDRESS ATTN (b)(6);(b)(7)(C) 5150 EISENHOWER AVENUE	
5. ISSUING OFFICE (Address correspondence to) ICEINFORMATION TECHNOLOGY DIVISION IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6);(b)(7)(C) WASHINGTON DC 20536		c. CITY ALEXANDRIA		d. STATE VA	e. ZIP CODE 22304
7. TO: a. NAME OF CONTRACTOR CELLEBRITE INC		b. COMPANY NAME		f. SHIP VIA	
c. STREET ADDRESS 7 CAMPUS DRIVE SUITE 210		d. CITY PARSIPPANY		e. STATE NJ	
f. ZIP CODE 07452		8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY		REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE ICE OFC OF PROFESSNL RESPONSIBILITY			

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB			12. F.O.B. POINT Destination		
13. PLACE OF a. INSPECTION Destination		b. ACCEPTANCE Destination		14. GOVERNMENT B/L NO.	
15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 30 Days After Award		16. DISCOUNT TERMS Net 30			

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 033095568 Program Office (PO) Point of Contact (POC) / Receiving Official (RO): (b)(6);(b)(7)(C) 703-557-(b)(6);(b)(7)(C) Contracting Officer: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C) Continued ...					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO: a. NAME DHS ICE (b)(4)						
b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-OPR						17(i) GRAND TOTAL
c. CITY WILLISTON		d. STATE VT	e. ZIP CODE 05495-1620 (b)(4)			
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER		

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Contract Specialist: (b)(6);(b)(7)(C) 202-732-(b)(6);(b)(7)(C)</p> <p>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.</p> <p>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)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>(b)(4)</p> <p>(b)(4)</p>					
0002	<p>(b)(4)</p> <p>Invoice Instructions: ICE - NON-ERO Contracts</p> <p>Service Providers/Contractors shall follow these procedures when submitting invoices.</p> <p>1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions [Contract Specialist and Contracting Officer to disclose if on a monthly basis or other agreed to terms"] via email, United States Postal Service (USPS) or facsimile as follows:</p> <p>Continued ...</p>					

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

(b)(4)

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>a. Email:</p> <ul style="list-style-type: none"> • (b)(6),(b)(7)(C) • Contracting Officer Representative (COR) or Government Point of Contact (GPOC) • Contract Specialist/Contracting Officer <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-OPR</p> <p>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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages. Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&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</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</p> <p>(ii) Dunn and Bradstreet (D&B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Agreement/Contract number, , if applicable, the order number;</p> <p>(v) Contract Line Item Number(s) (CLIN); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);</p> <p>(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Other than Firm Fixed Price (FFP) Type Contracts: Contract types other than Firm Fixed Priced (FFP) may require additional information as follows (tailor for your requirement):</p> <p>ALT 1- Time and Material Contracts</p> <p>Materials on T&M Orders must comply with FAR 52.232-7 Payments Under Time-and-Materials and Labor Hour Contracts (Aug 2012).</p> <p>ALT 2 - Cost Contracts</p> <p>a. Cost Plus Award Fee:</p> <p>The contractor may invoice monthly on the basis of cost incurred for the Labor CLIN. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. All hours and cost shall be reported, and shall be provided for the current billing month and in total for project to date. The contractor shall also provide the invoice in spreadsheet form with the following supporting information:</p> <ul style="list-style-type: none"> CLIN/Task Total Hours: This will <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <ul style="list-style-type: none"> 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. <p>The contracting officer must unilaterally modify the contract to fund and allow payment of the earned award fee upon receipt of the Award Fee Determining Official (AFDO) decision. The modification shall (1) include a copy of the AFDO decision, (2) obligate the earned fee amount, (3) reference the award fee of the contract as authority for payment, and (4) authorize payment of the award fee.</p> <p>The contractor shall be paid the award fee, if any, upon submittal of proper invoice to the Burlington Finance Office together with a copy of the contract modification authorizing payment of the award fee for the applicable award fee period. The contractor's invoice shall indicate the amount of the award fee earned and payable with the applicable award fee CLIN. The contractor's invoice must cite the appropriate accounting data. There will be no provisional, interim, or advance billing of the award fee.</p> <p>The award fee will be paid with funds current at the time of the AFDO decision. In many cases, that will be in the fiscal year following performance. The award fee Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>amounts not earned during a given period shall not be available in future periods.</p> <p>b. Cost Reimbursable CLIN (Other Direct Costs)</p> <p>The contractor may invoice on a monthly on the basis of cost incurred for the Other Direct Cost (ODC) CLINs. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:</p> <ul style="list-style-type: none"> • Item purchased • Cost • Date expensed • Documentation of prior COR approval <p>All cost presentations provided by the Contractor shall also include applicable indirect cost.</p> <p>c. Cost Reimbursable Travel CLIN: The contractor may invoice monthly on the basis of cost incurred. The invoice shall include the period of performance covered by the invoice and the CLIN number and name. In addition, the contractor shall provide the following detailed information for each invoice submitted, as applicable in spreadsheet form:</p> <p>d. Project Total Travel: This will identify all current and cumulative travel on the project. The listing shall include separate columns and totals for the following, at a minimum:</p> <ul style="list-style-type: none"> • Date Expensed • Authorized Travel Event Number • Days of Travel • Documentation of COR approval prior to travel <p>Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER 05/25/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-17-J-00166
-----------------------------	-----------------------------------	--------------------------------

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

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

\$0.00

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>				1. REQUISITION NUMBER 192116VSN00001610		PAGE OF 1 11	
2. CONTRACT NO.		3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER HSCEMD-16-P-00057		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE
7. FOR SOLICITATION INFORMATION CALL:		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247			10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE ICE/HSI/SAC SAN ANTO Investigation - SAC San Antonio Immigration and Customs Enforcement 40 NE Loop 410 Attn: (b)(6);(b)(7)(C) San Antonio TX 78216			16. ADMINISTERED BY CODE ICE/IOSD Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: <> Dallas TX 75247				
17a. CONTRACTOR/ OFFEROR CODE 0330955680000 FACILITY CODE CELLEBRITE USA CORP ATTN (b)(6);(b)(7)(C) 7 CAMPUS DRIVE STE 210 PARSIPPANY NJ 070544413 TELEPHONE NO. 201848855 (b)(6);(b)(7)(C)			18a. PAYMENT WILL BE MADE BY CODE ICE-HSI-SAC-SANZ DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-SAC-San Antonio Williston VT 05495-1620				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				<input type="checkbox"/> 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 033095568 Program POC: (b)(6);(b)(7)(C), 210-321-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Alt Program POC: (b)(6);(b)(7)(C), 210-321-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Contracting POC: (b)(6);(b)(7)(C), 214-905-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Exempt Action: N Delivery: 90 Days After Award Accounting Info: Continued ... <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>						
25. ACCOUNTING AND APPROPRIATION DATA See schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA				<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.			
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA				<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.			
<input type="checkbox"/> 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.				<input type="checkbox"/> 29. AWARD OF CONTRACT: _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	(b)(7)(E)				
0001	(b)(4) The total amount of award: (b)(4). The obligation for this award is shown in box 26.			(b)(4)	

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32c. DATE 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED CORRECT FOR 36. PAYMENT 37. CHECK NUMBER
 PARTIAL FINAL COMPLETE PARTIAL FINAL

38. S/R ACCOUNT NUMBER 39. S/R VOUCHER NUMBER 40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 42a. RECEIVED BY (*Print*)
 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE 42b. RECEIVED AT (*Location*)
 42c. DATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS

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

PAGE NO

3

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

DATE OF ORDER
07/27/2016

CONTRACT NO
GS-07F-355AA

ORDER NO
HSCETE-16-F-00037

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER.</p> <p>NAICS: (b)(4)</p> <p>PSC: (b)(4)</p> <p>THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/MAINTENANCE AGREEMENT.</p> <p>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.</p> <p>LIMITATION OF AUTHORITY</p> <p>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.</p> <p>Continued ...</p>					

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

\$0.00

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

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

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

PAGE NO

4

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

DATE OF ORDER
07/27/2016

CONTRACT NO.
GS-07F-355AA

ORDER NO
HSCETE-16-F-00037

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>If the Contractor makes any changes without 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.</p> <p>Exempt Action: N Accounting Info: (b)(7)(E)</p> <p>Period of Performance: (b)(4) (b)(4)</p> <p>(b)(4)</p> <p>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)</p> <p>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 ...</p>					

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

(b)(4)

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

PAGE NO

5

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

DATE OF ORDER
07/27/2016

CONTRACT NO.
GS-07F-355AA

ORDER NO.
HSCETE-16-F-00037

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

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

\$0.00

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 (Rev. 4/2005)
Prescribed by GSA FAR (48 CFR) 53.213(f)

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

PAGE NO

6

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

DATE OF ORDER 07/27/2016	CONTRACT NO. GS-07F-355AA	ORDER NO. HSCETE-16-F-00037
-----------------------------	------------------------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>c. By e-mail at: <div style="border: 1px solid black; padding: 2px;">(b)(6);(b)(7)(C)</div></p> <p>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</p> <div style="border: 1px solid black; padding: 2px;">(b)(6);(b)(7)(C)</div> <p>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:</p> <p>An invoice must include:</p> <ul style="list-style-type: none"> (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 ... 					

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

\$0.00

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 348 (Rev. 4/2008)
Prescribed by GSA FAR (48 CFR) 53.213(f)

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

PAGE NO

7

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

DATE OF ORDER
07/27/2016

CONTRACT NO.
GS-07F-355AA

ORDER NO.
HSCETE-16-F-00037

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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 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)</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>3. All other terms and conditions remain the same.</p> <p>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.</p> <p>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)</p> <p>Continued ...</p>					

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

\$0.00

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

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