AMENDMENT OF SOLICITATION/MODIF	CATION OF CONTRACT		1. CONTRACT ID CODE	PAGE	OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 R	EQUISITION/PURCHASE REQ. NO.	15 000 500	5 NO. (If applicable)
P00006	See Block 16C	""		o. PROJECI	:*v. (# appil080f8)
6. ISSUED BY CODE		7. A	DMINISTERED BY (If other then Item 6)	CODE	
ICE/Detent Mngt/Detent Cont		$\dashv$	The same area of	-	
Immigration and Customs Enf	orcement	1	-		
Office of Acquisition Manag			*		•
801 I Street NW, Suite 910	-				
Washington DC 20536					÷
8. NAME AND ADDRESS OF CONTRACTOR (No., stre	et, county, State and ZIP Code)	00 8	A. AMENDMENT OF SOLICITATION NO.	<del> </del>	,
JOHNSON COUNTY OF		Ħ			
2 N MAIN COURTHOUSE		j	B. DATED (SEE ITEM 11)		
CLEBURNE TX 760335500			, , , , , , , , , , , , , , , , , , ,		
		x i	OA. MODIFICATION OF CONTRACT/ORDER PROIGSA-09-0014	NO.	
CODE 0462067070000		_  №	OB. DATED (SEE ITEM 13)		
O462867870000	FACILITY CODE	1 1	05/21/2009		
	11. THIS ITEM ONLY APPLIES TO				
The above numbered solicitation is amended as set fit Offers must acknowledge receipt of this amendment	ज्ञाता शक्ता 14. Ine hour and date spec	cried for	receipt of Offers 🔲 is ext	ended, 🔲 is no	ot extended.
A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TH	E CHAN	ODIFIES THE CONTRACTIORDER NO. AS D GES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRAC	Г
B. THE ABOVE NUMBERED CONTRAC appropriation data, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLECT I IN ITEM 14, PURSUANT TO THE AUT	THE A	DMINISTRÁTIVE CHANGES (such as change) ( OF FAR 43.103(b).	s in paying office	
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO 7	AUTHOR	ITY OF:		
0.0000			·		
D. OTHER (Specify type of modification  X Unilateral Modificat	**				
					<del></del>
EIMPORTANT: Contractor (X) is not,  14. DESCRIPTION OF AMENDMENT/MODIFICATION (	is required to sign this document an				
UNS Number: 046286787	Organizaci by OGF satistic Heatings, In	cavousy :	CONCREDON/CONTRACT SUBject matter where lead	ible.)	
he purpose of this administr	cative modification	is t	o identify the warious	prices i	n the
able below and incorporate m	new invoice instruct	ions	- All other terms and o	ondition	n che
nchanged.			. HIL Other terms and t	OHUL CLOH	2 Temain
•	• .				
ncorporate the following uno	ier Article I. Purpo	se			
GSA Prices:					
rticle I: Bed Rate:	\$59.72				
rticle XVI: Escort/Stationar	y/Transport Rate:		\$23.34		
rticle XVI: Mileage Rate:	_	ent (	GSA federal travel allo	wance ra	tes
ontinued					
except as provided herein, all terms and conditions of the	document referenced in item 9A or 10A	A, as hen	stofore changed, remains unchanged and in fo	ull force and elle	<b>z</b> t.
5A. NAME AND TITLE OF SIGNER (Type or print)		16A. I	VAME AND TITLE OF CONTRACTING OFFI	CER (Type or pri	nt) .
1 10 signature reg	fund	Bra	ndiss Smith	1	
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	199	NITED STATES OF AMERICA	1	6C. DATE SIGNED
	_   /	1_1	mukantikal		B/12/12
(Rignature of person selfentred to sign) SN 7540-01-152-8070			(Signature of plantraffyle plates)		VIVIU
revious edition unusable				FANDARD FORM Escribed by GSA	4 30 (REV. 10-83)
				VR (48 CFR) 53.	

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	DIGIGOR 05-00147 F00000	2	- 1	5

NAME OF OFFEROR OR CONTRACTOR
JOHNSON COUNTY OF

EM NO.	SUPPLIES/SERVICES	QUANTIT	V : 24-	UNIT PRICE	*****
(A)	(B)	(C)	(D)		AMOUNT (F)
	Replace Article XIII, Enrollment, Invoicing and Payment, paragraph B - Invoicing, with the following:				
	Invoicing Instructions:				
	Service Providers/Contractors shall use these procedures when submitting an invoice.				
	1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email to:			·	
	Invoice.Consolidation@ice.dhs.gov				
-	Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the bill to address shown below:			-	
	DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ERO/DRO-FOD-FDA Williston, VT 05495-1620				
	Note: the Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.				
	2. Content of Invoices: Each invoice submission shall contain the following information:				
i i t	(i) Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another entity, the name, address and DUNS information of that entity must also be				
P	provided which will require Government rerification before payment can be processed; continued				

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NAME OF OFFEROR OR CONTRACTOR
JOHNSON COUNTY OF

A) (B)	1 404411111	UNIT	UNIT PRICE	AMOUNT
	(C)	(D)	(E)	(F)
(iii) Dunn and Bradstreet (D&B) DUNS Number; (iiii) Invoice date and invoice number; (ivi) Agreement/Contract number, contract line item number and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered; (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii) Terms of any discount for prompt payment offered; (viii) Remit to Address; (ix) Name, title, and phone number of person to notify in event of defective invoice; and  3. Invoice Supporting Documentation. In order to ensure payment, the vendor must also submit supporting documentation to the Contracting Officers Representative (COR) identified in the contract as described below. Supporting documentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or task order with all invoices, as appropriate. See paragraph 4 for details regarding the safeguarding of information. Invoices without documentation to support invoiced items, containing charges for items outside the scope of the contract, or not based on the most recent contract base or modification rates will be considered improper and returned for resubmission. Supporting documentation requirements include:  (i). Firm Fixed Price Items (items not subject to any adjustment on the basis of the contractors cost experience, such as pre-established monthly guaranteed minimums for detention or transportation): do not require detailed supporting documentation unless specifically requested by the Government.  (ii). Fixed Unit Price Items (items for allowable incurred costs, such as detention and/or transportation services with no defined minimum quantities, stationary quard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation	1	1		14.00.11
be fully supported with documentation substantiating the costs and/or reflecting the Continued				

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NAME OF OFFEROR OR CONTRACT		-9	3

JOHNSON COUNTY OF

M NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	4140
A)	(B)	(C)	(D)	(E)	AMOUNT (F)
	established price in the contract and submitted	<del>                                     </del>	+ +	\-/	(1)
	in .pdf format.	l	1 1		
			1 1		
	(iii). Detention Services:	ĺ	1 1		1
	(1) Bed day rate;	1	1 1		ŀ
	(2) Residents/detainees check-in and check-out	i ·			
	dates;		1 1		
	(3) Number of bed days multiplied by the bed day		1 1		
	rate;		1 [		
i	(4) Name of each detainee;		1 1	_	
	(5) Residents/detainees identification information				Ì
	to, hebidenes/decainees identification information		1 1		
- 1	(iv). Transportation Services:		1 1		
	(1) The mileges mate being and the		1		
	(1) The mileage rate being applied for that invoice.		1 1		
- 1	(2) Monthly billing reports listing		ł I		
	transportation services provided; number of		1 1		
ľ	miles; transportation routes provided; locations		!		1
1.	serviced and/or names/numbers of detainees				
ĺ.	transported; an itemized listing of all other				
	charges; and, for reimbursable expenses (e.g.		1 I		
1	travel expenses, special meals, etc.) copies of	:		·	
- 1	all receipts.		1 1		
- 1	(m) Object		l		
	(v). Stationary Guard Services:				
	(1) The itemized monthly invoice shall state the				
Ľ	number of hours being billed, the duration of the				
- 15	oilling (times and dates) and the name of the		]		
1	resident(s)/detainee(s) that was/were guarded.			·	
	wil Other Division of			i	
- 1,	vi). Other Direct Charges:			j	
	he invoice shall include appropriate supporting			i	
10	ocumentation for any direct charge billed for eimbursement.	i			
	eimbursement.		- 1		
١	Sofomondina Turk	1	ı	ı	
	. Safeguarding Information: As a contractor or	ļ	[		
۲	endor conducting business with Immigration and		ı		
	ustoms Enforcement (ICE), you are required to		- 1	1	
	omply with DHS Policy regarding the safeguarding	1	- 1	1	
10	f Sensitive Personally Identifiable Information			į	
-1.	PII). Sensitive PII is information that	ı		ł	
110	dentifies an individual, including an alien, and	- 1		ļ	
C	ould result in harm, embarrassment,	}		l	
111	nconvenience or unfairness. Examples of			. I	
Se	ensitive PII include information such as:	I	- 1		
Sc	ocial Security Numbers, Alien Registration	j	1	. 1	
Nı	umbers (A-Numbers), or combinations of	- 1		1	
ir	formation such as the individual; s name or	- 1	1	ļ	
ot	ther unique identifier and full date of birth.	1	1	ĺ	
Ci	tizenship, or immigration status.	. 1		.]	
Co	entinued				
		]		i	
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NAME OF OFFEROR OR CONTRACTOR
JOHNSON COUNTY OF

ITEM NO. (A)					
(A)	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
	(B)	(C)	(D)	(E)	(F)
	As part of your obligation to safeguard				
į	information, the follow precautions are required:				·
	Email supporting documents containing Sensitive	İ			
	PII in an encrypted attachment with password sent		1 1		
	separately.	•	1 1		
	Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use,				
- 1	these documents will be locked in drawers,		1 1		
	cabinets, desks, etc. so the information is not	1			
l	accessible to those without a need to know.	Î	1 1		
1	Use shredders when discarding paper documents		1 1		
- 1	containing Sensitive PII.	l			·
ı	Refer to the DHS Handbook for Safeguarding	j	1 1		
- 1	Sensitive Personally Identifiable Information	İ	1 1		
1	(March 2012) found at		1 1		
I					
	http://www.dhs.gov/xlibrary/assets/privacy/dhs-pri				
- 1	vacy-safeguardingsensitivepiihandbook-march2012.pd f for more information on and/or examples of		1 1		
	Sensitive PII.				1
- 1	behaltive fil.			•	
l l					<u>'</u>
	5. If you have questions regarding payment,				
	please contact ICE Financial Operations at				
] ;	1-877-491-6521 or by e-mail at				,
	OCEO Customoreowicesian at a				
	OCFO.CustomerService@ice.dhs.gov Exempt Action: Y		1		
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## Kimber S. Zorn

From:

Acemyan, Aubrey < Aubrey. Acemyan@ice.dhs.gov>

Sent:

Wednesday, June 19, 2013 7:28 AM

To:

County Judge; Bill Moore; Jimmy Johnson; Bob L. Alford; Jim Simpson

Cc:

Casillas, Richard D

Subject:

DROIGSA-09-0014, P00006

**Attachments:** 

DROIGSA-09-0014, P00006.pdf

## Good morning,

Please see the attached fully executed modification to the subject contract. This administrative modification identifies various prices listed in the contract as well as incorporates new invoicing instructions.

<u>Please review the updated invoicing language</u>. Failure to correctly submit invoices may result in rejection. Please verify that the information in SAM (<u>www.sam.gov</u>) is current, correct, and consistent with the information listed on your invoice. Any inconsistencies may cause rejection of your invoice.

Please don't hesitate to contact me should you have any questions or concerns.

Respectfully,

**Aubrey** 

Aubrey Acemyan

Detention Management - DC | Contract Specialist DHS | ICE | Office of Acquisition Management (OAQ)

Phone: 202-732-2564

Email: Aubrey.Acemyan@ice.dhs.gov

## **Your First Partner in Acquisitions!**

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