wormon eaged in cc.

Commissioners Court

					PLIES OR SERV	ICES				PAGE 1	EB PAGES	2015
1 DATE OF OF		packages and pape 2. CONTRACT NO. (····	and/or ord	ler numbers.	1			6 SHIP TO:		L	<u></u>
01/09/20		DROIGSA-09-	-0014			a NAME	OF CO	NSIGNEE			 	
3. ORDER NO.		<u> </u>	4. REC	QUISITION/R	EFERENCE NO.	=						
HSCEDM-	15-F-I	G034	192	115FDAD	AL00057	ICE ENFORCEMENT REMOVAL						
		ress correspondence to	o) REMOVAL	3		b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT						
		ND CUSTOMS		ΣΝΤ		801 I STREET NW SUITE 900						
		UISITION MA NW SUITE 93				SULTE	900	,				
WASHING			U			c. CITY				d. STAT	E e. ZIP COI	DE
W.O.Z.		20000				WASHI	NGT	NC		DC	20536	
7. TO:	orde :					f. SHIP VI	Α					,
a NAME OF CO								120,000				
b. COMPANY N		1 OF				- 			PE OF ORDER	5F)		
c. STREET ADI			·····			a PU				X b. DELIVE	RY	
2 N MAIN		THOUSE				REFERE	NCE Y	OUR:		Except for billin reverse, this de		
										to instructions only of this form		is side
								e following on the terms		subject to the to	erms and condi	
d CITY				e, STATE	f. ZIP CODE	1		pecified on both sides of the attached sheet, if an	ıy.	01 (110 20010-11)	intoored contra	Ю.
CLEBURNE	;			TX	760335500	including	deliven	y as indicated.				
		PROPRIATION DATA		_		10. REQUISITIONING OFFICE						
See Sche		CATION (Check appr	onriate box(es))			ICE E	NFO	RCEMENT REMO	DVAL	12. F.O.B. POINT		
a. SMALL		b. OTHER THAN S		c. DISADVAI	NTAGEDd. W	MEN-OWNE	D	e. HUBZone		Destin		
	CE-DISABLI		N-OWNED SMAI E UNDER THE W			EDWOSB				Descri	2011	
		13, PLACE OF	,		14. GOVERNMENT B/L	NO.		15. DELIVER TO F.O.B	POINT	16. DISC	OUNT TERMS	
a INSPECTION	٧	b. ACCE	PTANCE					ON OR BEFORE (Da 30 Days Afte	<i>te)</i> er Award			
Destinat	tion	Dest	ination	·								
		·····			17. SCHEDULE (S							
ITEM NO. (a)		su	PPLIES OR SER (b)	VICES		QUANTITY ORDERED (c)		UNIT PRICE (e)	1	DUNT f)	ACC	NTITY EPTED (g)
	ŧ		6286787				<u> </u>			· · · · · · · · · · · · · · · · · · ·	1	···
		CT INFORMAT Office and		ahamd C	enille.		İ					
		24-7833	COR: RIC	illard C	asilias							
		acting Offi	cer: Gre	gory An	derson							
	1	32-2559 nued										
		naca										
-	18. SHIP	PING POINT			19. GROSS SHIPPING	WEIGHT	-1	20. INVOICE NO	1			17(h) TOTAL
				İ								(Cont.
				2	1. MAIL INVOICE TO:			- 				pages)
	a NAME		·						\$407	726.80		
SEE BILLING			DHS ICE									
INSTRUCTIONS ON REVERSE	b. STRE (or P O.	ET ADDRESS			NANCE CENTER							
	1000	JOX,	PÓ BOX									17(i) GRAND
	İ		ATTN IC	E-EROF	OD-FDA							TOTAL
	c CITY					Ja. \$17	ATE	e. ZIP CODE	\$407	,726.80		
	l wi	LLISTON				V		05495-1620				
22 UNITED	STATES C)F						23. NAME (Typed)				.1
AMERIC	CABY (Sig	nature)	· M.	· MAT	A. Joseph			Gregory A		EEIGED		
			مقالسكيسي	2 Ems	Inversory /	-		TITLE: CONTRACTIN	G/ORDERING O	FFICER		

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

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

DATE OF ORDER CONTRACT NO.

01/09/2015 DROIGSA-09-0014

ORDER NO.

HSCEDM-15-F-IG034

(a) (b) Contract Specialist: Rubina Satar 202-732-2682 The purpose of this task order is for Detention Services (CLIN 0001) and Transportation Service (CLIN 0002) at Johnson County, TX. Funding is provide in the total amount of \$407,726.80. Please see CLIN for funding period of performance. The funding provided in this order is the
The purpose of this task order is for Detention Services (CLIN 0001) and Transportation Service (CLIN 0002) at Johnson County, TX. Funding is provide in the total amount of \$407,726.80. Please see CLIN for funding period of performance. The funding provided in this order is the
amount presently available for payment and allotted to this task order: The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. Exempt Action: Y Period of Performance: 02/01/2015 to 02/27/2015 Detention Services: Unit Rate \$59.72 Funding period of performance is from February 1 through February 27, 2015. The amount for this CLIN has increased: From: \$0.00 By: \$250,226.80 To: \$250,226.80 To: \$250,226.80 The quantity has increased: From: 0 By: 4,190 Accounting Info: ERODETN-002 BA 31-12-00-000 18-62-0200-20-00-00-00 GE-25-72-00

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 CONTRACT NO.

01/09/2015 DROIGSA-09-0014

ORDER NO.

HSCEDM-15-F-IG034

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(1)	ACCEPTED (g)
002	Transportation Services: Funding period of performance from February 1 through February 27, 2015.	1	EA	157,500.00	157,500.00	
	The amount for this CLIN has increased: From: \$0.00 By: \$157,500.00 To: \$157,500.00					
	Accounting Info: RMD10LT-000 BA 32-23-00-000 18-62-0200-20-00-00-00 GE-21-31-00- 000000 Funded: \$157,500.00					
	The amount for this task order has increased: From: \$0.00 By: \$407,726.80 To: \$407,726.80					
	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-FOD-FDA Williston, VT 05495-1620 Continued					
	, ,					
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))			<u> </u>	\$157,500.00	'.

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

PAGE NO

	OUNEDULE - CON	THOATION			
IMPORTANT: Mar	k all packages and papers with contract and/or order numbers.				
DATE OF ORDER	CONTRACT NO		ORDER	NO.	
01/09/2015	DROIGSA-09-0014		HSCE	DM-15-F-IG034	
(TEM NO	CLIDDLIEC/SED/II/CEC	CHANTITYLINIT	INIT	AMOUNT	QUANTITY

M NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(1)	(9)
		1				
	Note: the Service Providers or Contractors	İ				
	Dunn and Bradstreet (D&B) DUNS Number must]			
	be registered in the System for Award	1	İ			1
	Management (SAM) at https://www.sam.gov	ļ				Ì
	prior to award and shall be notated on					
	every invoice submitted to ensure prompt	l				1
	payment provisions are met. The ICE program		l			
	office identified in the task		l			
	order/contract shall also be notated on	1				
	every invoice.					
	2. Content of Invoices: Each invoice					
	submission shall contain the following	1	l			
	information:		ļ			
	(i) Name and address of the Service					
	Provider/Contractor. Note: the name,	1	1	1		
	address and DUNS number on the invoice MUST					1
	match the information in both the	1	1			
	Contract/Agreement and the information in	1				
	the SAM. If payment is remitted to another				1	
	entity, the name, address and DUNS	1	1		1	
	information of that entity must also be	1	1			į
	provided which will require Government					
	verification before payment can be		1			
	processed;		1			
	(ii) Dunn and Bradstreet (D&B) DUNS Number;		1			
	(iii) Invoice date and invoice number;					1
	(iv) Agreement/Contract number, contract					
	line item number and, if applicable, the					
	order number;	1	1			İ
	(v) Description, quantity, unit of measure,	ŀ			İ	
	unit price, extended price and period of					
	performance of the items or services		1	İ		
	delivered;		1			
	(vi) Shipping number and date of shipment,	1				
	including the bill of lading number and	İ			İ	1
	-					1
	weight of shipment if shipped on Government bill of lading;					
	(vii) Terms of any discount for prompt	İ				
			ł			
	payment offered;					
	(viii) Remit to Address;	1		1		
	(ix) Name, title, and phone number of	1				
	person to notify in event of defective		1			
	invoice; and		ı			
	Continued			1		
					1	
			<u></u>		40.00	
-	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

5

IMPORTANT:	RTANT: Mark all packages and papers with contract and/or order numbers						
DATE OF ORD	· · · · · · · · · · · · · · · · · · ·				ORDER		
01/09/20	15 DROIGSA-09-0014				HSCE	DM-15-F-IG034	
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT			AMOUNT	QUANTITY ACCEPTED
(a)	(b)	ORDERED (c)	(d)	PRICE (e)		(1)	(g)
	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						
1	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		İ				
	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	ļ					
	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	1					
	allowable incurred costs, such as detention and/or transportation services with no						
	defined minimum quantities, stationary						
	guard or escort services, transportation						
	mileage or other Minor Charges such as sack	1					
	lunches and detainee wages): shall be fully supported with documentation substantiating		1				
	the costs and/or reflecting the established						
	price in the contract and submitted in .pdf						
	format.						
	(iii). Detention Services:						
	(1) Bed day rate;						
	(2) Residents/detainees check-in and check-out dates;						
	Continued						
			1				

\$0.00

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

6

ATE OF ORD	1			I .	ORDER NO. ISCEDM-15-F-IG034	
	DROIGSA-09-0014	Tau	l.n1		AMOUNT AMOUNT	QUANTITY
ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE		ACCEPTE
(a)	(b)	(c)	(d)	(e)	(1)	(g)
	(3) Number of bed days multiplied by the					
	<pre>bed day rate; (4) Name of each detainee;</pre>		1 1			
	(4) Name of each detainee; (5) Residents/detainees identification					
	Y in the second	1	1			
	information	1				
	(iv). Transportation Services:		1			
	(1) The mileage rate being applied for that	1	1			
	linvoice.		1		1	
	(2) Monthly billing reports listing		1			
	transportation services provided; number of					
	miles; transportation routes provided;		1 1			
	locations serviced and/or names/numbers of		1 1			
	detainees transported; an itemized listing					
	of all other charges; and, for reimbursable					
	expenses (e.g. travel expenses, special					
	meals, etc.) copies of all receipts.					
	imeals, etc., copies of all receipts.					İ
	(v). Stationary Guard Services:		1 1			1
	(1) The itemized monthly invoice shall		1 1			
	state the number of hours being billed, the					
	duration of the billing (times and dates)					
	and the name of the resident(s)/detainee(s)					
	that was/were guarded.	İ	1			
	Jonas Mas, Mozo gunzare					
	(vi). Other Direct Charges:	1				
	The invoice shall include appropriate	1	1 1			
	supporting documentation for any direct					
	charge billed for reimbursement.		1 1			
	4. Safeguarding Information: As a		1 1			
	contractor or vendor conducting business				1	
	with Immigration and Customs Enforcement		1 1			ŀ
	(ICE), you are required to comply with DHS		1 1			
	Policy regarding the safeguarding of					
	Sensitive Personally Identifiable					1
	Information (PII). Sensitive PII is					
	information that identifies an individual,					
	including an alien, and could result in		1 1			
	harm, embarrassment, inconvenience or		1 1			
	unfairness. Examples of Sensitive PII					
	include information such as: Social		1 1			
	Security Numbers, Alien Registration	1	1 1			
	Numbers (A-Numbers), or combinations of		1 1			
	information such as the individual; s name		1 1			
	or other unique identifier and full date of		1 1			
	Continued					
					1	
						- 1
		45			\$0.00	

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

7

DATE OF OR 01/09/2	DER CONTRACT NO 015 DROIGSA-09-0014			н	SCEDM-15-F-IG034	
ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(1)	(9)
	birth, citizenship, or immigration status.					
	As part of your obligation to safeguard					
	information, the follow precautions are					
	required: Email supporting documents containing				1	
	Sensitive PII in an encrypted attachment					
	with password sent separately.					
	Never leave paper documents containing					
	Sensitive PII unattended and unsecure.		İ		-	
	When not in use, these documents will be					
	locked in drawers, cabinets, desks, etc. so		Ì			
	the information is not accessible to those without a need to know.			l		
	Use shredders when discarding paper					
	documents containing Sensitive PII.					
	Refer to the DHS Handbook for Safeguarding					
	Sensitive Personally Identifiable					
	Information (March 2012) found at					
	http://www.dhs.gov/xlibrary/assets/privacy/d					1
	hs-privacy-safeguardingsensitivepiihandbook-	1				
	march2012.pdf for more information on and/or examples of Sensitive PII.	1				
	and/of examples of bensitive iii.					- [
	•					
	5. If you have questions regarding payment,			1		
	please contact ICE Financial Operations at					
	1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov					
	octo.customerservicegice.ans.gov		1		İ	
	The total amount of award: \$407,726.80. The			1		
	obligation for this award is shown in box					
	17(i).		1			
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		1				
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))	15			\$0.00	

>

AMENDMEN	T OF SOLICITATION/MODIFIC	ATION OF CONTRACT	····	1. CONTRACT ID CODE		PAGE OF	PAGES
				0.0000000000000000000000000000000000000	16.55	1	(If applicable)
	T/MODIFICATION NO.	3. EFFECTIVE DATE	l l	QUISITION/PURCHASE REQ. NO. 115FDADAL00017.1	5. PK	OJECT NO	(п аррисавіе)
P00011 6 ISSUED BY	CODE ·	See Block 16C	1 -	OMINISTERED BY (If other than Item 6)	CODE	E ICE/	DCD
ICEDETEN IMMIGRAT OFFICE O 801 I ST			ICE IMN OFF	·	REMOV ENFORC NAGEME	VALS CEMENT	
8 NAME AND A	ADDRESS OF CONTRACTOR (No), street	, county, State and ZIP Code)	(v) 9	A, AMENDMENT OF SOLICITATION NO.			
N MAIN	COUNTY OF . COURTHOUSE TX 760335500			B DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDE	P NO		
	•		X E	OR MODIFICATION OF CONTRACTION DE PROIGSA-09-0014 ISCEDM-14-F-IG015 OB. DATED (SEE ITEM 13)	K NO.		
CODE 046	52867870000	FACILITY CODE		02/18/2014			
	,200,000	11. THIS ITEM ONLY APPLIES	1 1				
to the solicita	tion and this amendment, and is received NG AND APPROPRIATION DATA (If received the control of t	d prior to the opening hour and date quired)	Net In	e by telegram or letter, provided each telegra Crease: MODIFIES THE CONTRACT/ORDER NO. AS	\$81,	400.00	
	•	CT/ORDER IS MODIFIED TO REFI H IN ITEM 14, PURSUANT TO THE IT IS ENTERED INTO PURSUANT	LECT THE A	NGES SET FORTH IN ITEM 14 ARE MADE INCOMINISTRATIVE CHANGES (such as changry OF FAR 43.103(b).			
x	Unilateral Administr	ative Modificatio	n				
E. IMPORTANT		is required to sign this docume				ж.	
DUNS Num CONTACT Field PO Contract Contract	ber: 046286787 INFORMATION: . C and COR: Richard C ing Officer: Gregory Specialist: Rubina	asillas (214)424- Anderson (202)73 Satar (202)732-2	7833 2-2559 682			ni ces	(CLIN
	the total amount of			ing for Transportation e CLINs for funding pe			COLIN
Continue	d			ount presently availab			
	ided herein, all terms and conditions of the DTTLE OF SIGNER (Type or print)	ne accument referenced in tiem 9A	16	heretofore changed, remains unchanged and A. NAME AND TITLE OF CONTRACTING O regory Anderson	OFFICER	(Туре or pr	int)
15B. CONTRA	CTOR/OFFEROR	15C. DATE SIGN	NED 16	B UNITED STATES OF AMERICA	n		16C. DATE SIGNED
NSN 7540-01-	Signature of person authorized to sign)			(Signature of Contracting Officer)	STAN	DARD FOR	M 30 (REV 10-83)

NSN 7540-01-152-8070 Previous edition unusable Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION CHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	DROIGSA-09-0014/HSCEDM-14-F-IG015/P00011	2	3

NAME OF OFFEROR OR CONTRACTOR JOHNSON COUNTY OF

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	(B) allotted to this task order. The service	(C)	(0)	(E)	(1)
	provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted. Exempt Action: Y FOB: Destination				
	Period of Performance: 02/01/2014 to 01/31/2015				
	Change Item 0001 to read as follows(amount shown is the total amount):				
0001	Detention Services: Bed Day Rate \$59.72	93245	EA	59.72	5,568,591.4
	Funding Period of Performance is through January 31, 2015.				
	The amount for this CLIN has remained the same: Total: \$5,568,591.40				
	The quantity for this CLIN has remained the same: Total: 93,245 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
	Accounting Info: ERODETN-D02 BA 31-12-00-000 18-62-0200-20-00-00-00 GE-25-72-00				
	Funded: \$0.00 Accounting Info: ERODETN-D02 BA 31-12-00-000				
	18-62-0200-20-00-00 GE-25-72-00 000000 Funded: \$0.00				
	Accounting Info: ERODETN-D02 EA 31-12-00-000 18-62-0200-20-00-00-00 GE-25-72-00				
	Funded: \$0.00 Accounting Info: ERODETN-D02 BA 31-12-00-000				
	18-62-0200-20-00-00 GE-25-72-00 000000				
	Funded: \$0.00 Continued				
			1 1		

CONTINUATION SUSET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C)F
CONTINUATION SHEET	DROIGSA-09-0014/HSCEDM-14-F-IG015/P00011	3	3

NAME OF OFFEROR OR CONTRACTOR JOHNSON COUNTY OF

EM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0002 to read as follows(amount shown				
	is the total amount):				
02	Transportation Services				1,719,750.
			1 1		
	The funding period of performance is through		1 1		
	January 31, 2015:			:	
	The amount for this CLIN has increased:				
	From: \$1,638,350.00	·	1 1		
	By: \$81,400.00				
	To: \$1,719,750.00	1	1 1		
	Product/Service Code: s206				
	Accounting Info:]	
	RMD10LT-000 BA 32-23-00-000		1 1		
	18-62-0200-20-00-00 GE-21-31-00		1 1		
	000000		1 1		
	Funded: \$0.00				
	Accounting Info:			İ	
	RMD10LT-000 EA 32-23-00-000	1	1		
	18-62-0200-20-00-00 GE-21-31-00		1 1		
	000000				
	Funded: \$0.00		1 1		
	Accounting Info:		1 1		
	RMD10LT-000 BA 32-23-00-000				
	18-62-0200-20-00-00 GE-21-31-00				
	000000		1 1		
	Funded: \$0.00				
	Accounting Info:				
	RMD10LT-000 BA 32-23-00-000		1 1		
	18-62-0200-20-00-00 GE-21-31-00		1 1		
	000000 . •		1 1		
	Funded: \$81,400.00		1		
	The amount for this task order has increased:				
	From: \$7,206,941.40				
	By: \$81,400.00		1 1		
	To: \$7,288,341.40				
	All remaining terms and condititions are				
	unchanged and in full force and effect.		1 1		
	anchanged and in fall force and effect.				
	•				
			1		
				, [