

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 05/13/2020		2. CONTRACT NO. (If any) 70CDCR19DIG000009		6. SHIP TO:	
3. ORDER NO. 70CDCR20FIGR00237		4. REQUISITION/REFERENCE NO. 192120FEP00000095		a. NAME OF CONSIGNEE	
5. ISSUING OFFICE (Address correspondence to) ICE/DETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW SUITE 930 WASHINGTON DC 20536				b. STREET ADDRESS	
				c. CITY	e. ZIP CODE
7. TO: CHERYL ALLEN				f. SHIP VIA	
a. NAME OF CONTRACTOR TORRANCE COUNTY OF				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE	
c. STREET ADDRESS PO BOX 48				REFERENCE YOUR:	
d. CITY ESTANCIA				e. STATE NM	
				f. ZIP CODE 870160048	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL	

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		
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
a. INSPECTION Destination	b. ACCEPTANCE Destination			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: 095746517 CONTACT INFORMATION Contracting Officer's Representative (COR): Glenn E. Westcott, 915-856-5519 Glenn.E.Westcott@ice.dhs.gov Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME DHS ICE						\$11,481,624.08
	b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-EROFOD-FEP						\$11,481,624.08
c. CITY WILLISTON		d. STATE VT	e. ZIP CODE 05495-1620				

22. UNITED STATES OF AMERICA BY (Signature)			23. NAME (Typed) MONALI PARIKH TITLE: CONTRACTING/ORDERING OFFICER		
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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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DATE OF ORDER 05/13/2020	CONTRACT NO. 70CDCR19DIG000009	ORDER NO. 70CDCR20FIGR00237
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Alternate Contracting Officer's Representative (COR): Tonya M. Sims, 915-856-5540 Tonya.M.Sims@ice.dhs.gov</p> <p>Program POC: Bernadette Davis, 915-856-5513 Bernadette.D.Davis@ice.dhs.gov</p> <p>Contracting Officer: Mona Parikh, 202-732-2392, Monali.Parikh@ice.dhs.gov</p> <p>Contract Specialist: Andrew Hadden, 202-732-2832 Andrew.Hadden@ice.dhs.gov</p> <p>The purpose of this FY20 Task Order is to provide funding for detention services and transportation services for ICE detainees at Torrance County Detention Facility, 209 County Road A049, Estancia, NM 87016. The period of performance of this task order is from May 15, 2020 through May 14, 2021 under the provisions of ICE/ERO Intergovernmental Service Agreement (IGSA) no. 70CDCR19DIG000009 with Torrance County, NM.</p> <p>The total amount funded for this order is \$11,481,624.08.</p> <p>PUBLIC DISCLOSURES: For inquiries regarding ICE detainee information or ICE's usage of this agreement, there shall be no public disclosures regarding this agreement made by the Provider (or any subcontractors) without review and approval of such disclosure by ICE.</p> <p>The funding provided in this task 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 Continued ...</p>					

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

\$0.00

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
1001	<p>currently allotted to the items 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 more than the amount allotted to those item(s) for performance beyond the funding allotted. Period of Performance: 05/15/2019 to 05/14/2021</p> <p>Year 2 - Detention Services - Fixed Monthly payment (714 Bed Guarantee) \$1,993,449.32 per month</p> <p>The total amount of funding on this CLIN: \$9,199,330.70</p> <p>Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0400-00-00-00-00 GE-25-72-00- ----- --- 000000 Funded: \$9,199,330.70</p>				9,199,330.70	
1002	<p>Year 2 - Detention Services - Above 714 Bed Guarantee 715+ Bed Day Rate: \$91.79</p> <p>The total amount of funding on this CLIN: \$1,526,469.30</p> <p>Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: ERODETN-000 E1 31-12-00-000 18-62-0400-00-00-00-00 GE-25-72-00- ----- --- 000000 Funded: \$1,526,469.30</p>				1,526,469.30	
1003	<p>Year 2 - Stationary Guard Continued ...</p>	1892	HR	36.99	69,985.08	

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\$10,795,785.08

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Hourly Rate: \$36.99 The total amount of funding on this CLIN: \$69,985.08 The total quantity on this CLIN: 1,892 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$69,985.08					
1004	Year 2 - Escort Service Hourly Rate: \$36.99 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD		HR	36.99	0.00	
1005	Year 2 - Detainee Work Program Reimbursement: \$1.00 per day The total amount of funding on this CLIN: \$25,000.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$25,000.00				25,000.00	
1006	Year 2 - Firm Fixed Price per month for transportation staffing costs (FTE's and associated expenses) \$57,346.04 per month. This CLIN includes staffing costs associated with transports up to 12,723 miles monthly provided by subcontractor (TransCor). No vehicle costs should be included, only fixed costs associated with Continued ...	5	MO	57,346.04	286,730.20	

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

\$311,730.20

ORDER FOR SUPPLIES OR SERVICES
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>FTES.</p> <p>The total amount of funding on this CLIN: \$286,730.20</p> <p>The total quantity on this CLIN: 5 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$286,730.20</p>					
1007	<p>Year 2 - Overtime Hourly Guard Rate for those hours (approved by the COR) that require overtime. Hourly Rate: \$36.99</p> <p>The total amount of funding on this CLIN: \$73.98</p> <p>The total quantity on this CLIN: 2 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$73.98</p>	2	HR	36.99	73.98	
1008	<p>Year 2 - Mileage Rate: This CLIN is the mileage reimbursement rate stated by the General Services Administration (GSA) currently in effect during the period of performance for this CLIN. This rate shall apply to transports of detainees by the facility to medical or court facilities.</p> <p>Mileage Reimbursement Rate: \$0.575 per mile</p> <p>The total amount of funding on this CLIN: Continued ...</p>	240108	DH	0.575	138,062.10	

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\$138,136.08

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>\$138,062.10</p> <p>The total quantity on this CLIN: 240,108 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$138,062.10</p>					
1008A	<p>Year 2 - Mileage Rate - \$2.00 per mile. This CLIN includes all variable costs (vehicle costs, maintenance, fuel, etc.) associated with transports up to 12,723 miles monthly provided by subcontractor (TransCor).</p> <p>The total amount of funding on this CLIN: \$100.00.</p> <p>The total quantity on this CLIN: 50 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$100.00</p>	50	DH	2.00	100.00	
1009	<p>Year 2 - Firm Fixed Price per month for transportation non-staffing costs - \$47,156.40 per month. This CLIN includes non-staffing fixed costs associated with transports up to 12,723 miles monthly provided by subcontractor (TransCor).</p> <p>ROUTE 1: From Torrance County Detention Facility (TCDF) to El Paso Processing Center (EPC), El Paso, TX (NOTE: This route includes El Paso Processing Center (EPC), Paso Del Norte Continued ...</p>	5	MO	47,156.40	235,782.00	

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\$235,882.00

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	<p>(PDN) location at the International Bridge, and Otero County Processing Center.) Frequency: Availability from Monday through Friday (52 weeks per year) Vehicle and Seating Capacity: One (1) Vehicle - Fifty (50) Seats</p> <p>ROUTE 2: From Torrance County Detention Facility (TCDF) to Albuquerque ICE/ERO Sub-Station Frequency: Availability from Monday through Friday (52 weeks per year), based upon operational needs regarding movements of detainees as requested by COR. Vehicle and Seating Capacity: Vehicle with 10-15-person capacity.</p> <p>ROUTE 3: From Torrance County Detention Facility (TCDF) to Roswell ICE/ERO Sub-Station Frequency: Availability from Monday through Friday (52 weeks per year); NOTE: This route has not been activated, but this route may be requested by COR in response to operational needs. Vehicle and Seating Capacity: Vehicle with 10-15-person capacity.</p> <p>The routes stated in this CLIN are subject to change in response to operational needs.</p> <p>The total amount of funding on this CLIN: \$235,782.00</p> <p>The total quantity on this CLIN: 5 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$235,782.00</p> <p>Continued ...</p>					

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1010	<p>Year 2 - Mileage Rate-\$10.08 per mile. This CLIN is for transports over 12,723 miles monthly provided by subcontractor (TransCor).</p> <p>The total amount of funding on this CLIN: \$90.72</p> <p>The total quantity on this CLIN: 9 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Accounting Info: RMD10LT-000 E5 32-23-00-000 18-62-0400-00-00-00-00 GE-21-31-00- ----- --- 000000 Funded: \$90.72 Invoice Instructions:</p> <p>Service Providers/Contractors shall use these procedures when submitting an invoice.</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"> • Invoice.Consolidation@ice.dhs.gov • 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: Continued ...</p>	9	DH	10.08	90.72	

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\$90.72

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	<p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE-ERO-FOD-FEP</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.</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 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</p> <p>Continued ...</p>					

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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed;</p> <p>(ii). Dunn and Bradstreet (D&B) DUNS Number;</p> <p>(iii). Invoice date and invoice number;</p> <p>(iv). Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v). Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;</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 resolve invoicing issues;</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 Continued ...</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	

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	<p>Management.</p> <p>3. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information <p>(ii). Allowable Incurred Cost. Fixed Unit Price Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:</p> <p>a. Detention Bed Space Services. For Continued ...</p>					

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	<p>detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day rate; • Name of each detainee; • Detainees identification information <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> • Mileage rate being applied for that invoice; • Number of miles; • Transportation routes provided; • Locations serviced; • Names of detainees transported; • Itemized listing of all other charges; <p>and,</p> <ul style="list-style-type: none"> • for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"> • The location where the guard services were provided, • The employee guard names and number of hours being billed, • The employee guard names and duration of the billing (times and dates), and • (4) for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted. <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>1) The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For Continued ...</p>					

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	<p>charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.</p> <p>(iii) Use shredders when discarding paper Continued ...</p>					

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	<p>documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information on and/or examples of Sensitive PII.</p> <p>5. Invoice Inquiries. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov.</p>					

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