Company Name:

Truhart Systems International

Contract Number:

HSCEOP-07-P-01688 (HSCEOP07P01688)

Latest Modification Processed:

P00002

Period of Performance:

9/30/2007 through 3/30/2008

Services Provided:

Providing a Program Manager and Project Manager for the Office of the Chief Financial Officer (OCFO).



APR 2 1 2008

Tribart Systems International LLC

Invoice

8070 Georgia Avenue, Ste, 311 Silver Spring, MD 20910

| Date | Invoks # |
|----------|------------|
| 4/1/2008 | OSCEOP-203 |

| Description of Handand Volume | <u> </u> |) | | | | Ship To | |
|--|-----------------------------------|---|--|---------------|----------------------------|---------|----------|
| Quantity Rem Code Description Price Each Amount 336,5 Consulting services Reimburshite type I Reimburshite Expe Reimburshite Expe I Reimburshite Expe | Immigrat C/O left 425 I Ste | tion inst Customs Ent Alexander or Man W eet NW | ensement | | - | | |
| Reimbursible Expe | P.O. Number | Terms | Rep | Ship | Via | F.O.B. | Project |
| 236.5 Consulting services Reimburshibe Exper. | | | | 1/1/2008 | | | <u> </u> |
| Reimbursible Experimental Reimbursible Exper | Quantity | item Code | T | Descript | on | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 | Reinibursible f.spc Reinibursible Expe | Turnel-Tark (per Failet-Subway Tranel-Air (per Other Ducer Co | REVIEW APPROV | /ED AND /ED FOR MENT | 7 | |

| | INVOICE - Request for Progress Payment | | Ва то | U.S. Dept. of Hos | neland Security Gustoms Enforement | 1. Invoice # HSCEOP-07-03 | 2. Date 1/23/2008 |
|------------------|--|-----------|-------------|---------------------|---------------------------------------|--------------------------------------|--|
| Contra | in the state of th | Tax ID# | i | 425 Street, NA | | 3. Terms | 14. Order No. |
| | Truffert Systems international, LLC | | ਜ਼ਿ | cia: Juli Alexant | ler er låsti bladen | | HARPER AND BALLAR |
| | 17th Godogle Avo. J Suiter 311 / Shiver Spring, NST 2001 6 4834 | | | | | | HSCEOP-07-P-01688 |
| ुक्क क्या | officer of Work | | - | | | | |
| | Program Manager | | | | | | <u> </u> |
| Locatio | | | 5. Period | | | | rikmala No. |
| | Washington D.C | | From | 2/1/2007 | ito | 02/29/2007 | HSCEOP-07-03 |
| item | ₹ . | <u> </u> | | CONTRAC | | | YMENT REQUEST |
| No. | Description | 18 | | 9_ | 10, | 11. Percentages Com | iplete 12.Payment |
| | | Quentity | | Unit Price | Amount | | Hamainian Panimeter |
| | Program Managar | 1 1 | EA | 1 | | (b)(4) | |
| | Tritvel Expense | <u> </u> | EA | 4 | | <u>4</u> | |
| | Other Direct Costs | <u> </u> | EA | 1 | | | |
| | Program Kanaged Project Menager | | ĒΑ | į. | | | |
| | Trivid Expesse . | 1 | EA | 1 | | | 1 1 |
| 1003 | Other Direct Code | 1 1 | EA | Ţ | | | 1 1 |
| | | ! ! | | | | T | ((|
| | | <u> </u> | | 1 | | 3 | 1. 1 |
| | | | | | |] | 1 1 |
| | | | | | |] | 1 1 |
| | | | | | |] | 1 |
| | | | | | | ٠ . |] |
| | | | | | | 1 | 1 1 |
| | | | | | | 7 | 1 |
| | | | | i | | 7 | 1 1 |
| | | | | | | 1 | 1 1 |
| | , | | | 1 | | 7 | 1 1 |
| | | | | | ` | 1 | l i |
| _ | | | EΑ | \$0.60 | | | |
| | | | | AL CONTRACT | | = | |
| here | by certify, that the above request is in accordance wi | h Federal | Acouigitio | n Regulation | T | O | ·— |
| | 52,232-6 by incorporated into subject confract. | | | | Onginal Contract Amoun | 1 | 7 |
| | The amounts requested are only for performance in | scordano | o with the | apecifications. | Modification Amount | • | |
| | terms, and conditions of the contract; | | | | New Contract Ameura | | |
| | Payments to subcontractors and suppliers have been | e mada im | รถรับสอบโรย | ** CAUCHANIA | Lata Condi | | |
| | received under the contract, and Emely payments wi | | | | Loss Retenade | | |
| | payment covered by this certification, in accordance | | | | Subtotal | · | |
| | the requirements of chapter 39 of Title 31. United St. | | | | Percontage Complete | | ਰੇ |
| | This request for progress payments does not include | | | the nrime | Add Bonds | | <u> </u> |
| | compactor intends to multipold or tetalu from the ango | | | New Miking | | ka - (icousia irra Bara Paymer | di . |
| | This certification is not to be construed as final accept | | | artoria | 1 | total formands with a deal a shalle. | " - |
| | performance. | | , | | Amount Currently Due: Approved By: | | |
| | ' · · · · · · · · · · · · · · · · · · · | | / | : i | why was tol. | | |
| | Michalla Danaka | Date: | • | | Contracting C | Bras Clar | sture Cata |
| | transitand Substated | | | - 11 - 1 | Comment C | 7.2.0 | Marie Cold |



RECEIVED JUL 22 2008 US DHS-BFC

KECEIVED 7/17/08

Truhart Systems International LLC

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Oate | invoice # |
|----------|------------|
| 5/7/2008 | HSCEOP-707 |

| Bill To | 7 | Ship To | | | |
|---|---|---------|---|---|--|
| U.S. Department of Homeland Security Immigration and Customs Enforcement C/O Jeff Alexander or Matt Moden 425 1 Street NW Washington DC 20536 | | | | | |
| | | | , | - | |

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | | Project |
|------------------------------|---|---|---|-----------------------|--------|--------|---------|
| FAC8M0032-FA | | | 5/7/2008 | | | | |
| Quantity | Item Code | | Descript | ion | Price | Each | Amount |
| 1 1 1 1 1 176 | Reimbursible Expe | Hotel Stay Acce Hotel Stay Acce Hotel Stay Acce Tuxi Subway Air Other Direct Cc (b)(6) | Man Hours 04/01-0- omodations-Lodgin omodations-Taxes omodations-Subsist ests fan Hours 04/01-04 ravel expenses | g ence | | (b)(4) | |
| | | | REVIEWER APPROVE PAYMI | D AND D FOR ENT | 8 | | |
| . 1 | ECEIVED IUL 2 2 2008 | (| / 00 x | | | | |
| 1 | DHS-BFC | ; | | | | | |
| Pho | ne# F: | ах # | | | Tot | | (b)(4) |

SPECE ELECTRICAL PROPERTY OF THE PROPERTY OF T

| To Inve | meet prompt payment deadlines, please reconcile and certify this invoice, and respond by email within 5 calendar days. Send your reply to: pice.Consolidation@dhs.gov. |
|-------------|---|
| Act | tions Required Before Completion: Validate that an obligation exists to support this invoice in order to pay it; Certify that the invoice is accurate and ready for payment. |
| 1a. | Invoice Number: HSCEOP-707 |
| 1 b. | FFMS Obligation Document Type and DHS Number: <u>HSCEOP07P01688</u> (e.g.: DO HSHQDC05X0695) |
| 2. | Final Payment: Yes No |
| 3. | Manual Receipt and Acceptance Certification (Complete Section 5 for Manual Certification): |
| | certify that funding is available for the goods/services listed on the attached document. |
| | Patricia Wallis |
| | COTR Printed Title |
| | 7/22/08 Date |
| | (b)(2)Low Contact (Phone) Number |
| 4. | Comments: |
| 5. | Accounting Distribution, if there are multiple distribution lines (attach more pages if necessary). **Tab through dollar amount (to next line) to obtain grand total calculation** |
| | FFMS Release # 0_ Line Number 4_ Multiple Distribution Line 1_ Dollar Amount (b)(4) |
| | FFMS Release # <u>0</u> Line Number <u>5</u> Multiple Distribution Line <u>1</u> Dollar Amount |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$9.00 |
| | FFMS Release # 0 Line Number 0 Multiple Distribution Line 0 Dollar Amount \$0.00 |
| | FFMS Release # 9 Line Number 3 Multiple Distribution Line 12 Dollar Amount \$0.00 |
| | FFMS Release # 0 Line Number 3 Multiple Distribution Line 13 Dollar Amount \$0.00 |
| | FFMS Release # Line Number Multiple Distribution Line Dollar Amount |
| | FFMS Release # Line Number Multiple Distribution Line Dollar Amount |
| ŧ | Total Dollar Amount: (b)(4) |

| iditional Accounting distri | Dution lines: | | |
|-----------------------------|---------------|----------------------------|-------------------------|
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release# | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release# | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFM\$ Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFM\$ Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| FFM8 Release# | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release# | Line Number | Multiple Distribution Line | Dollar Amount |
| FFMS Release # | Line Number | Multiple Distribution Line | Dollar Amount |
| | | Grand Total (pgs 1 and 2 |) Dollar Amount: (b)(4) |

| | INVOICE - Request for Progress Payment | | Bill To: U.S. Dept. of Home Immigration and C | | eland Security Customs Enforement | 1. Invoice # HSCEOP-707 | 2. Date 5/1/2008 | |
|----------|--|---------------|--|-------------------|--------------------------------------|---------------------------------|---------------------|--------------|
| ontrac | or and Address | Tax ID# | · | 425 I Street, NW | | 3. Terms | 4. Order No. | |
| | TruHart Systems International, LLC 70 Georgia Ave. / Suite 311 / Silver Spring, MD 20910-4934 |)(q) | | e/o: Jeff Alexand | er or Muit Moden | ;)(q) | HSCEC | P-07-P-01688 |
| | on of Work Program Management & Administrative Suppor | | | | | | | |
| ocation. | | | 5. Period | Covered | | | Estimate No. | |
| | Washington D.C. | | From | 4/1/2008 | to | 4/30/2008 | HSCEOP | |
| item | 7. | | | CONTRAC | | | AYMENT R | |
| No. | Description | 8. | | 9. | 10. | 11. Percentages Co | · · | 12.Payment |
| 1 | 5000.Ipi.01. | Quentity | & Unit | Unit Price | Amount | Total - To - Da | tel Remainir | nd Requested |
| | Program Manager | 1 | EA | | | | | |
| | Travel Expense | 1 | EA | 1 | | | | |
| | Other Direct Costs | 1 | EA | <u> </u> | | | | |
| | Project Manager | 1 | _EA | | | | | |
| | Travel Expense | 1 | EA | (b)(4) | | (b)(4) | | |
| 0006 | Other Direct Costs | 1 | EA | <u> </u> | | (q) | | |
| | | | | | | 4 | 1 | 1 |
| | | <u> </u> | | | | 4 | | 1 |
| | | <u> </u> | | | | _[| l | |
| | | <u> </u> | | | · | -4 | 1 | 1 |
| | | | | <u> </u> | | | | |
| | | | | <u> </u> | | - | - 1 | |
|] | | | | | | _ | Í | 1 |
| | | 1 | | | | _1 | ļ |] |
| | | | | | | | 1 | |
| | | 1 | | | | | - 1 | 1 |
|] | | | | | | _1 | 1 | |
| 7 | | | | | | | | <u> </u> |
| | | | EA | \$0.00 | | T | | |
| | | | | AL CONTRACT | 9 | | | 1 |
| heret | by certify, that the above request is in accordance v | vith Federal | Acquisitio | n Regulation | | | | |
| Clause | 52.232-5 as incorporated into subject contract. | | | = | Original Contract Amount | | | |
| (a) | The amounts requested are only for performance in | n accordanc | e with the | specifications. | Modification Amount: | | | |
| | terms, and conditions of the contract; | | | · | New Contract Amount: | | | |
| | Payments to subcontractors and suppliers have be | en made fro | m previo | us payments | Less Bonds: | | | |
| | received under the contract, and timely payments i | | | | | | | |
| | payment covered by this certification, in accordance | | | | Subtotal: | | | **** |
| | the requirements of chapter 39 of Title 31. United 5 | | | | Percentage Complete: | 7)(q | | |
| | This request for progress payments does not include | | | n the prime | Add Bonds: | e | | |
| | contractor intends to withhold or retain from the sul | contract: er | ad | P rinte | | Vts - (Includes prior Bond Payn | nent) | <u> </u> |
| | This certification is not to be construed as final acc | | | ractor's | Amount Currently Due: | | ÷ | b) (4 |
| | performance. | -hwa 140 Al C | | | Approved By: | | <u>-</u> | = |
| | | | | | , .pp. 0.00 0. | | | ļ |
| | | | | | I | fficer S | ignature | Date |

LECEIVED 7/17/08

Truhart Systems International LLC

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Oate | Invoice # |
|----------|------------|
| 5/7/2008 | HSCEOP-707 |

| Bill To | |
|---|--|
| U.S. Department of Homeland Security Immigration and Customs Enforcement C/O Jeff Alexander or Matt Moden 425 1 Street NW Washington DC 20536 | |
| | |

| Ship To | | | |
|---------|---|---|--|
| | | | |
| | | ٠ | |
| | | | |
| | | | |
| | - | | |

| P.O. Number | Terms | . Rep | Ship | Via | F.C |).B. | | Project |
|--|---|---|---|-----------------------------|-----|-------|--------|---------|
| FAC8M0032-FA | | | 5/7/2008 | | | | | |
| Quantity | (tem Code | <u> </u> | Descript | on | T | Price | Each | Amount |
| 221 1 1 1 1 1 1 1 1 176 | Consulting services Reimbursible Expe Consulting services Reimbursible Expe | Hotel Stay Acc. Hotel Stay Acc. Hotel Stay Acc. Taxl Subway Air Other Direct Co. (b)(6) | Man Hours 04/01-04 omodations-Lodging omodations-Taxes omodations-Subsiste | /30/2008 cince /30/08 | 8 | | (b)(4) | |
| Ph | one# | Fax# | | | | Tota | | (b)(4) |
| (b)(2)Lo | DW | | | | | IV | Ne il | |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice# |
|----------|------------|
| 5/7/2008 | HSCEOP-707 |

Bill To

U.S. Department of Homeland Security
Immigration and Customs Enforcement
C/O Jeff Alexander or Matt Moden
425 I Street NW
Washington DC 20536

Ship To

DHS/ICE/BFC

JUN 12 2008

| P.O. Number | Terms | Rep | Ship | Vla | F, | O.B. | Project |
|--|---|---|-------------------|--------|----|------------|---------|
| | | | 5/7/2008 | | | | |
| Quantity | Item Code | | Descrip | tion | | Price Each | Amount |
| 1 1 1 1 1 1 1 176 | Consulting services Reimbursible Expe | Hotel Stay Acc Hotel Stay Acc Taxi Subway Air Other Direct C (b)(6) | Man Hours 04/01-0 | terice | · | (b)(4) | |
| | | | | | | | |
| | | | | | | | |
| | | | · | | | | |
| | | | | | | | |
| Ph | #enor | Fax# | · . | | - | Total | (b)(4) |

| AMENDMENT OF SOLICITATION/MODIFIC | ATION OF CONTRACT | 1. CONTRACT ID CODE | PAGE OF PAGES |
|--|---|---|---|
| 2. AMENEMENT/MODIFICATION NO | 3. EFFECTIVE DATE | 4. REQUISITION/PURCHASE REQ. NO. | 5. PROJECT NO. (If applicable) |
| 200001 | 03/01/2008 | FAC-8M-0032 FAC-8M0033 | |
| 6. ISSUED BY CODE | ICE/MS/CFO | 7. ADMINISTERED BY (if other than item 6) | CODE ICE/MS/CFO |
| ICE/Mission Supt/Chief Finan Immigration and Customs Enfo Office of Acquisition Manage 425 I Street NW, Suite 2208 Attn: Mia McFarland Washington DC 20536 a NAME AND ADDRESS OF CONTRACTOR NA. 2000 | orcement ment | ICE/Mission Supt/Chief Find Immigration and Customs Em Office of Asset Management 425 I Street NW, Suite 112 Attn: Jeffrey Alexander Washington DC 20536 | forcement |
| TRUHART SYSTEMS INTERNATIONA | T TEC | | |
| 1000ARI BIBILMS INIBAMAIIOMA 8070 GEORGIA AVE | n nnc | 98. DATED (SEE ITEM 11) | |
| SUITE 311 | | | |
| SILVER SPRING MD 209104934 | | X 10A MODE/CATION OF CONTRACT/ORDER N | 10. |
| | | 10B. DATED (SEE ITEM 11) | |
| CODE 0872313250000 | FACILITY CODE | 09/28/2007 | |
| | 11. THIS ITEM ONLY APPLIES TO A | MENDMENTS OF SOLICITATIONS | |
| THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the self-desire and this emerginent, and 12. ACCOUNTING AND APPROPRIATION DATA (If we SEE ATTACHMENT A | OFFERS PRIOR TO THE HOUR AND E or already submitibed, such change may be the received prior to the opening boy and purised. No. | t Increase: \$ | OUR OFFER. W by or letter makes |
| 13. THIS ITEM CHILY APPLIES TO INC | DIFICATION OF CONTRACTS/ORDER | S. IT MODIFIES THE CONTRACT/ORDER NO. AS DES | ICRIBED IN ITEM 14. |
| ORDER NO. INTERNIBA | | E CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE ADMINISTRATIVE CHANGES (such as change THORITY OF FAR 43,103(b). | |
| | NT IS ENTERED NTO PURSUANT TO | | |
| O. OTHER (Specify type of muditication | rand authority) | | <u> </u> |
| X FAR 52.217-8. Option | n to Extend Services | | |
| E. IMPORTASIT: Contractor Dis not. | It is required to sign this document a | 7 | office. |
| 14 DESCRIPTON OF AMENDMENT/MODIFICATION DUNS Number: 087231325 Contact Information | (Organized by UCF section headings, i | including solicitation/contract subject maltier where tees | (DIe.) |
| PROCUREMENT OFFICE: | | | |
| Mia McFarland, Contract Spe (b)(2)Low | ecialist | | |
| Wanda I Cruz, Contracting (b)(2)Low | Officer | | |
| PROGRAM OFFICE: | · | | • |
| Continued | | | |
| | one document referenced in item SA or t | IGA, as herelofore changed, remains unchanged and in 18A NAME AND TITLE OF CONTRACTING OFF | RUN NOTCO GOLD GROCK |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | -MCN(fyps or plan) |
| AEG GOMEN ANTONIA MINERALA | | Wanda I. Cruz | 16C, DATE SIGNED |
| ISE. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA | TOU. UALE STANED |
| (Signature of person authorized to sign) | | (Signature of Contracting Officer) | |
| NSN 7540-01-152-8070 Frevious edition unusable | | - | STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53:243 |

0F 28 REFERENCE NO. OF COCUMENT BEING CONTINUED CONTINUATION SHEET HSCBOP-07-P-01688/P00001

NAME OF OFFERDROR CONTRACTOR

| _ | Supplies/Services | CHANTITY | | UNIT PRICE | AMOUNT |
|------|--|----------|----------|------------|---------|
| (A) | (B) | (C) | (D) | (E) | (P) |
| | Jeffrey Alexander, POC | | | | |
| | (b)(2)Low | ŀ | | | |
| , | Patricia M. Wallis, COTR | l | | | |
| | (b)(2)Low | İ |] | | |
| | | | l | | |
| | The purpose of this modification is to (1) | | | | i. |
| | incorporate FAR Clause 52.217-8, Option to Extend | l | | | |
| | Services, (2) extend the period of performance | | | | |
| | for an additional two months from March 31, 2008 | 1 | | | |
| | through May 30, 2008 (3) increase the estimated | | | | |
| | Not to Exceed (NTE) amount under CLIN 0901, (4) | | | | |
| | add two Project Managers under CLIN's 0001, 1001, | l | l | | |
| | 2001 and 3001 (5) revise the invoicing procedures | 1 | | { | i |
| | (6) increase the amount of funding for Travel | 1 | | |] |
| | CLIN 0002, (7) increase the task order obligated | • | | | |
| | and total amount by \$235,879.00, and (8) | 1 | | | • |
| | incorporate Wage Determinations No. 2005-2103, | 1 | | | Į. |
| - | dated 07/05/2004, Revision No. 4 into the | 1 | | | |
| | Purchase Order (Attachment C). | | ļ | | |
| | * | | 1 | | |
| | As a result of this modification the obligated | | 1 | |] |
| · | and total amount has increased from \$119,000.00 | 1 | | | |
| | by \$235,879.00 to \$354,879.00. | 1 | | | |
| | | 1 | 1 | | |
| | POB: Destination | 1 | i | | |
| | Period of Performance: 09/30/2007 to 03/30/2008 | | | | |
| | | | | | ļ |
| | Change Item 0001 to read as follows (amount shown | 1 | | | |
| | is the obligated amount): | 1 | | | |
| 0001 | LABOR - The Contractor shall furnish all | 1 | . | | (b)(4) |
| 0001 | personnel, facilities, equipment, material, | 1 | ı |] | (/ (/ |
| | supplies and services (except as may be expressly | 1 | 1 | | |
| | set forth in this purchase order as furnished by | | 1 | | |
| | the Government) and otherwise do all things | | ĺ | , | |
| | necessary to, or incident to, performing and | | 1 | | |
| | providing the services described in Attachment B, | ' | 1 | | |
| | Statement of Work (Revised). Labor categories | | 1 | 1 | * |
| | under this CLIN are as follows: | 1 | 1 | | İ |
| | The same of the sa | 1 | | þ | |
| | Program Manager - (b)(4) /HR | | | | |
| | Project Manager - /HR | 1 | 1 | | ł |
| | Product/Service Code: S216 | j | | | |
| | Product/Service Description: FACILITIES | 1 | l | ļ | ľ |
| | OPERATIONS SUPPORT SERVICES | 1 | | · | 1 |
| | | | 1 | | |
| | | | 1 | l | |
| | Change Item 0002 to read as follows (amount shown | 1 | 1 | 1 | } |
| | is the obligated amount): | 1 | 1 | | |
| | | 1 | | | 1 |
| | Continued | 1 | | | |
| | | 1 | 1 | | |
| | | 1 | | 1 | |
| | · · · · · · · · · · · · · · · · · · · | 1 | 1 | 1 | i |
| | | | ł | | 1 |

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCROP-07-P-01688/P00001

PAGE 3

0F 28

NAME OF OFFEROROR CONTRACTOR

| (B) Travel - All travel is to be reimbursed in accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES Discount Terms: | (c) | (D) | (E) | (F) |
|--|--|---|---|--|
| accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | (b)(4) |
| accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| Product/Service Code: 8216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | 1 1 | | · · |
| OPERATIONS SUPPORT SERVICES | | | | |
| | | 1 1 | | |
| Discount Terms: | 1 | 1 1 | | 1 |
| Discount Terms: | Į. | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| (b)(2)Low | ł | | • | |
| | 1 | ŁІ | | |
| Add Item 1001 as follows: | ļ | | | |
| | 1 | | | (b)(4) |
| Option One | 1 | | | (5)(4) |
| | | | | |
| LABOR - The Contractor shall furnish all | ŀ | i i | | ł |
| personnel, facilities, equipment, material, | 1 | 1 | | |
| | 1 | 1 | | |
| _ _ | 1 | | | |
| | 1 | 1 | | |
| l | 1 | | 1 | 1 |
| | 1 | 1 | | 1 |
| | 1 | | | |
| | 1 | 1 | | 1 |
| under this CLIN are as follows: | 1 | 1 |] | |
| (b)(4) | į . | 1 | 1 | |
| Program Manager (MR | | 1 | | |
| Project Manager /HR | 1 | 1 | · | 1 |
| | 1 | | | |
| Period of Performance: 03/31/2008 to 05/30/2008 | 1 | ſ | ĺ | [|
| | | |] | |
| Add Item 1002 as follows: | | | 1 | |
| | 1 | | 1 | (h)(4) |
| Option One | | | l ' | (b)(4) |
| | 1 | | 1 | |
| Travel - All travel is to be reimbursed in | i | | | |
| | | ì | 1 | |
| | 1 | | 1 | |
| | 1 | 1 | 1 | l |
| · | 1 | 1 | 1. | 1 |
| = ' | 1 | 1 | 1 | 1 |
| OPERATIONS SUPPORT SERVICES | | 1 | | 1 |
| | | 1 | | |
| Period of Performance: 03/31/2008 to 05/30/2008 | 1 | | | 1 |
| Discount Terms: | ŀ | 1 | 1. | j |
| (b)(2)Low | | 1 | | 1. |
| | | 1 | | 1 |
| Add Item 1003 as follows: | 1 | 1 | | 1 . |
| | 1 | 1 | 1 | (b)(4) |
| Option One | | 1 | 1 | (b)(4) |
| | 1 | 1 | } | |
| Other Direct Cost - This CLIN is to reimburse the | . 1 | 1 | 1 | 1 |
| | 1 | 1 | 1 | |
| · · | | 1 | 1 | 1 |
| COMMITTEE | 1 | | 1 | ì |
| | 1 | [| 1 | 1 |
| | 1 | | 1 | 1 |
| | 1 | ſ | ĺ | · . |
| • | 1 | | | 1 |
| | LABOR - The Contractor shall furnish all personnel, facilities, equipment, material, supplies and services (except as may be expressly set forth in this purchase order as furnished by the Government) and otherwise do all things necessary to, or incident to, performing and providing the services described in Attachment B, Statement of Work (Revised). Labor categories under this CLIN are as follows: Program Manager Project Manager HR Period of Performance: 03/31/2008 to 05/30/2008 Add Item 1002 as follows: Option One Travel - All travel is to be reimbursed in accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES Period of Performance: 03/31/2008 to 05/30/2008 Discount Terms: (D)(2)Low Add Item 1003 as follows: Option One | LABOR - The Contractor shall furnish all personnel, facilities, equipment, material, supplies and services (except as may be expressly set forth in this purchase order as furnished by the Government) and otherwise do all things necessary to, or incident to, performing and providing the services described in Attachment B, Statement of Work (Revised). Labor categories under this CLIN are as follows: Program Manager HR Period of Performance: 03/31/2008 to 05/30/2008 Add Item 1002 as follows: Option One Travel - All travel is to be reimbursed in accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES Period of Performance: 03/31/2008 to 05/30/2008 Discount Terms: (D)(2)Low Add Item 1003 as follows: Option One Other Direct Cost - This CLIN is to reimburse the contractor for expenses to be incurred to make Continued | LABOR - The Contractor shall furnish all personnel, facilities, equipment, material, supplies and services (except as may be expressly set forth in this purchase order as furnished by the Government) and otherwise do all things necessary to, or incident to, performing and providing the services described in Attachment B, Statement of Work (Revised). Labor categories under this CLIN are as follows: Program Manager HR Project Manager HR Period of Performance: 03/31/2008 to 05/30/2008 Add Item 1002 as follows: Option Ome Travel - All travel is to be reimbursed in accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Product/Service Description: PACILITIES OPERRATIONS SUPPORT SERVICES Period of Performance: 03/31/2008 to 05/30/2008 Discount Terms: (D)(2)Low Add Item 1003 as follows: Option Ome Other Direct Cost - This CLIN is to reimburse the contractor for expenses to be incurred to make Continued | LABOR - The Contractor shall furnish all personmel, facilities, equipment, material, supplies and services (except as may be expressly set forth in this purchase order as furnished by the Government) and otherwise do all things necessary to, or incident to, performing and providing the services described in Attachment B, Statement of Work (Revised). Labor categories under this CLIN are as follows: Program Manager HR Project Manager HR Proj |

OF 28 PAGE CONTINUATION SHEET HSCHOP-07-P-01688/P00001 REFERENCE NO. OF DOCUMENT BEING CONTINUED

NAME OF OFFEROROR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | DUANTI | ADHIL | UNIT PRICE | THUOMA |
|--|---|--------|-------|------------|---------------------------|
| {A} | (B) | (C) | (0) | (E) | (F) |
| ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | travel arrangements, process travel vouchers, | | | | |
| | preparation of documents and postage. | | l i | | |
| | Product/Service Code: S216 | ì | 1 1 | | |
| | Product/Service Description: FACILITIES | 1 | 'i 1 | | |
| | OPERATIONS SUPPORT SERVICES | ł | 1 1 | | |
| | otherson postate aprilion | 1 | |] | |
| | Period of Performance: 03/31/2008 to 05/30/2008 | 1 | 1 1 | | |
| | Fellow of Ferrormance: 03/31/2000 to 03/30/2000 | 1 | | | |
| | Add Item 2001 as follows: | ì | I I | | 1 |
| | Will I cent Soot as Ections: | | 1 | | • |
| | and an m | 1 | | | 0.00 |
| 2001 | Option Two | | 1 | | 0,00 |
| | | J | | |) |
| | LABOR - The Contractor shall furnish all | | 1 | | · |
| | personnel, facilities, equipment, material, | 1 | | : | |
| | supplies and services (except as may be expressly | 1 | 1 | | |
| | set forth in this purchase order as furnished by | 1 | | | |
| | the Government) and otherwise do all things | 1 | 1 | | · |
| | necessary to, or incident to, performing and | | | | |
| | providing the services described in Attachment B. | (| (| · | |
| | Statement of Work (Revised). Labor categories | | 1 | | |
| | under this CLIN are as follows: | 1 | - [| | |
| | | 1 | 1 | | |
| | Program Manager (b)(4) /HR | 1 | | [| ļ |
| | Project Manager IR | 1 | | j | i |
| | Amount: \$0.00 (Option Line Item) | 1 | 1 | 1 | |
| | · | 1 | 1 | | 1 |
| | 05/31/2008 | 1 | | | |
| | Product/Service Code: S216 | | 1 | | |
| | Product/Service Description: FACILITIES | 1 | | | |
| | OPERATIONS SUPPORT SERVICES | 1 | 1 | , | \ |
| | | 1 | 1 | Ì | 1 |
| | Period of Performance: 05/31/2008 to 06/30/2008 | 1 | | 1 | 1 |
| | | 1 | 1 | 1 | ļ |
| | Add Item 2002 as follows: | 1 | i | | |
| | Country The The | | | | 0.00 |
| 2002 | Option Two | 1 | i | ì | |
| | Travel - All travel is to be relabursed in | 1 | | i | |
| | accordance with the Federal Travel Regulation. | 1 | - [| 1 | 1 |
| | [| 1 | |] | |
| | (Not to Exceed Amount - NTE) | 1 | 1 | | |
| | Amount: \$0.00(Option Line Item) | 1 | - 1 | | } |
| | 05/31/2008 | | | | 1 |
| | Product/Bervice Code: S216 | Į. | 1 | 1 | 1 |
| | Product/Service Description: FACILITIES | į. | | | 1 |
| | OPERATIONS SUPPORT SERVICES | 1 | | | ļ |
| | | 1 | 1 | 1 | 1 |
| | Period of Performance: 05/31/2008 to 06/30/2008 | | 1 | 1 | |
| | Discount Terms: | ŀ | 1 |] | |
| | (b)(2)Low | . [| 1 | | 1 |
| | | ŀ | | 1 | 1 |
| | Add Item 2003 as follows: | 1 | 1 | 1 | 1 |
| | Continued | 1 | 1 | | |
| | | 1 | | |] |
| | | | | | 1 |
| | | | 1 | · . | |
| | | | | | |
| | <u> I</u> | | | | OPTIONAL FORM \$39 (4-80) |
| NAME OF TAXABLE PARTY. | | | | | |

 CONTINUATION SHEET
 REPERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE OF STATE OF THE PROPRIED OF THE PRO

NAME OF OFFEROR OR CONTRACTOR

| em no. [a] | SUPPLIES/SERVICES {B} | (C) | UNIT (D) | UNIT PRICE (R) | AMOUNT (F) |
|---------------|--|----------|-------------|-------------------|--------------------------|
| | | | 一十 | | |
| 03 | option Two | | | | 0.00 |
| | Other Direct Cost - This CLIN is to reimburse the | | | | |
| | contractor for expenses to be incurred to make | 1 | | | |
| | travel arrangements, process travel vouchers, | 1 | 1 1 | | |
| | preparation of documents and postage. | | 1 1 | 1.5 | |
| | Amount: \$0.00 (Option Line Item) | ì | | | |
| | 05/31/200B | | 1 | | |
| | Product/Service Code: S216 | 1 | | | |
| | Product/Service Description: FACILITIES | | | | |
| | OPERATIONS SUPPORT SERVICES | ţ | | | |
| | ASTRONO DATE AND DESCRIPTION OF THE PROPERTY O | | 1 1 | | |
| | Period of Performance: 05/31/2008 to 06/30/2008 | 1 | \ \ | į. | |
| | Discount Terms: | | 1 1 | | |
| | (b)(2)Low | • | | | |
| | | | 1 | | |
| | This is a Time and Materials Purchase Order. | 1 | | 1 | |
| | FAR Clause 52.217-8 is hereby added in full text | | | | |
| | as follows: | | | | |
| | as routoes: | | | | |
| | 52.217-8 Option to Extend Services (Nov 1999) | | | | |
| | The Government may require continued performance | ł | | | |
| | of any services within the limits and at the | 1 | 1 1 | 1 | |
| | rates specified in the contract. These rates may | | | 1 | |
| | be adjusted only as a result of revisions to | 1 | | 1 | |
| | prevailing labor rates provided by the Secretary | 1 | | | |
| | of Labor. The option provision may be exercised | l . | 1 1 | 1 | |
| | more than once, but the total extension of | 1 | | | |
| | performance hereunder shall not exceed 6 months. | 1 | Į Į | | |
| | The Contracting Officer way exercise the option | | | | |
| | by written notice to the Contractor prior to | | | | |
| | contract expiration | 1 | 1 1 | 1 | |
| | • | | | 1 | |
| | INVOICE INSTRUCTIONS: | | | | |
| | 1. In accordance with purchase order invoicing | | | Į. | |
| | instructions, invoices shall now be submitted vis | . | | | |
| | one of the following three methods: | | | | |
| | a. By mail: | | | | |
| | it of accept | 1 | | | |
| | DHS, ICE | | | | |
| | Burlington Finance Center | \ | | | |
| <u></u> | P.O. BOX 1620 | | | 1 | |
| • | williston, VT 05495-1279 | | | [| |
| | Attn: QCFO-OAM Invoice | - | 1 | | |
| | Continued | | | | |
| | | 1 | l | Į į | |
| | | - 1 | | | |
| | | 1 | | 1 | |
| | , | | | <u> </u> | CPTIONAL FORM 336 (4-86) |

| | | PAGE | OF | |
|--------------------|--------------------------|------|----|----|
| CONTINUATION SHEET | HSCBOP-07-P-01688/PG0001 | 6 | 1 | 28 |

NAME OF OFFEROR OR CONTRACTOR

| EMINO. | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|--------|---|----------|----------|------------|------------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | b. By faceimile (fax): | | П | | |
| | (include a cover sheet with point of contact & # | l | l | | |
| | of pages) | | 1 1 | | |
| | | 1 | | | |
| | 802-288-7658 | 1 | 1 | | |
| | | 1 | | : | |
| | c. By e-mail: | | | | • |
| | • | 1 | | | |
| | Invoice.Consolidation@dhs.gov | 1 | \ | 1 | Ì |
| | | | | | · · |
| | Invoices submitted by other than these three | | 1 | | |
| | methods will be returned. The contractoris | | l | | |
| | Taxpayer Identification Number (TIN) must be | | | | |
| | registered in the Central Contractor Registration | | | | |
| | (http://www.ccr.gov) prior to award and shall be | 1 | 1 | | * |
| | notated on every invoice submitted to ICE to | 1 | | | |
| | ensure prompt payment provisions are met. The | i | 1 | | |
| | ICE program office shall also be notated on every | 1 | 1 | | |
| | invoice. | | | | |
| | mvorce. | į . | | | |
| | 2. In accordance with the Purchase Order Terms | 1 | 1 | | |
| | 5 | 1 | 1 | · | |
| | and Conditions, Commercial Items, or Prompt | 1 | 1 | | } |
| | Payment, as applicable, the information required | 1 | | | |
| | with each invoice submission is as follows: | | ŀ | | ļ |
| | | | | | |
| | "An invoice must include- | | 1 | | |
| | (i) Name and address of the Contractor; | 1 | 1 | ነ | ነ |
| | (ii) Invoice date and number; | ' | ' | | 1 |
| | (iii) Contract number, contract line item number | 1 | 1 | | |
| | and, if applicable, the order number; | 1 | 1 | 1 | Į. |
| | (iv) Description, quantity, unit of measure, unit | | | | ļ |
| | price and extended price of the items delivered; | | | | ļ |
| | (v) Shipping number and date of shipment, | | 1 | | |
| | including the bill of lading number and weight of | | 1 | | 1 |
| | shipment if shipped on Government bill of lading; | | | |] |
| | (vi) Terms of any discount for prompt payment | 1 | 1 | } | 1 |
| | offered; | <i>a</i> | 1 | i . | Í |
| | (vii) Name and address of official to whom | | | 1 | |
| | payment is to be sent; | | 1 | i | |
| | (viii) Name, title, and phone number of person to | | | | j . |
| | notify in event of defective invoice; and | 1 | ł | l | |
| | (ix) Taxpayer Identification Number (TIN). The | | 1 | Į. | |
| | | | 1 | 1 | |
| | Contractor shall include its TIN on the invoice | | 1 |] | |
| | only if required elsewhere in this purchase | | 1 | 1 | |
| | order. (See paragraph 1 above.) | 1 | 1 | | 1 |
| | (x) Blectronic funds transfer (EFT) banking | 1 | ŀ | 1 | } |
| | information. | 1 . | | 1 | ł |
| | (A) The Contractor shall include EFT banking | ı | | 1 | 1 |
| | information on the invoice only if required | 1 | - | ļ | { |
| | elsewhere in this purchase order. | | 1 | | 1 |
| | Continued | | ı | | |
| | | | 1 | 1 | |
| | 1 | | 1 | 1 - | 1 |
| | | | 1 | | 1 |
| | 1 | | - 1 | 4 | į |

| | | PAGE (|)F |
|--------------------|--------------------------|--------|----|
| CONTINUATION SHEET | HSCEOF-07-P-01688/P00001 | 7 | 28 |
| | | | |

NAME OF OFFEROROR CONTRACTOR

| ON M | SUPPLIES/BERVICES | оимит | YUNT | Unit Price | AMOUNT |
|------|---|--------------|------|------------|----------|
| A) | (B) · | (C) | (D) | (E) | (F) |
| | (B) If RFT banking information is not required to | | + | | |
| | be on the invoice, in order for the invoice to be | | | | |
| | a proper invoice, the Contractor shall have | 1 | | | |
| | submitted correct EFT banking information in | 1 | | | |
| | accordance with the applicable solicitation | 1 | 1 | | |
| | provision, contract clause (e.g., 52.232-33, | l | | į | |
| | Fayment by Electronic Funds Transfer, Central | | | | |
| | Contractor Registration, or 52.232-34, Payment by | l | 1 | | |
| | Electronic Funds Transfer (Other Than Central | | 1 | | |
| | Contractor Registration), or applicable agency | 1 | 1 |] | |
| | procedures. | 1 | 1 | i | |
| | (C) RFT banking information is not required if | 1 | | ŀ | |
| | the Government waived the requirement to pay by | 1 | | | |
| | BFT. | | ı | | |
| | · · | | | | |
| | Invoices without the above information may be | 1 | | | |
| | returned for resubmission. | | | | |
| | | 1 | 1 | 1 | \ |
| | | 1 . | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | | | | |
| | | | | | · · |
| | | | | | |
| | | 1 | 1 | • | |
| | | 1 | - | | ĺ |
| | | | 1 | | ļ |
| | | 1 | 1 | 1 | |
| | | 1 | - | | 1 |
| | | 1 | 1 | | |
| | | | 1 | | |
| | | 1 | | | , |
| | | 1 | 1 | | |
| | | 1 | 1 | j | ! |
| | | 1 | | | 1 |
| | | 1 | l | | 1 |
| | | 1 | | | |
| • | | | | 1 | |
| | • | 1 | | [| |
| | | 1 | 1 | 1 | 1 |
| | | | | | |
| | 1 | 1 | - | 1 | 1 |
| | | | 1 | | |
| | | | - [| | 1 |
| | | | 1 | | |
| | · · | 1 | - [| 1 | |
| | | 1 | | 1 | |
| | | | | | |
| | | 1 | į | 1 | 1 |
| | | I | | | |
| | | 1 | - | | 1 |
| | | | ļ | | |
| | | 1 | į | | |
| | | | 1 | | |
| | | 1 | 1 | | |
| | | 1 | | | |
| | • | | | i | |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice # |
|----------|------------|
| 5/7/2008 | HSCEOP-707 |

Bill To

U.S. Department of Homeland Security
Immigration and Customs Enforcement
C/O Jeff Alexander or Matt Moden
425 I Street NW
Washington DC 20536

DHS/ICE/BFC
JUN 12 2008

Ship To

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | | Project |
|--|---|---|--------------------|-------|--------|-----------|---------|
| | | | 5/7/2008 | | | | |
| Quantity | Item Code | | Descript | tion | P | rice Each | Amount |
| 1 1 1 1 1 1 1 176 | Consulting services Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Consulting services Reimbursible Expe | Hotel Stay Acc Hotel Stay Acc Hotel Stay Acc Taxi Subway Air Other Direct C | Man Hours 04/01-04 | rence | | (b)(4) | |
| · | | | | | | | • |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | |
| Ph: | | Fax# | | | To | otal | (b)(4) |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | invoice # |
|----------|------------|
| 5/7/2008 | HSCEOP-707 |

Bill To

U.S. Department of Homeland Security
Immigration and Customs Enforcement
C/O Jeff Alexander or Matt Moden
425 I Street NW
Washington DC 20536

DHS/ICE/BFC
MAY 1 2 2008

| P.O. Number | Terms, | Rep | Ship | Via | F. | 0.B. | • | Project |
|--|--|---|--|-------|----|---------|--------|---------|
| | | | 5/7/2008 | | | - | | |
| Quantity | Item Code | <u>.</u> | Descript | ion | | Price E | | Amount |
| 1 R 1 R 1 R 1 R 1 R 1 R | teimbursible Expe Heimbursible Expe Ficimbursible Expe To teimbursible Expe Since imbursible Expe Since imbursible Expe Actimbursible Expe Consulting services | lotel Stay Acc lotel Stay Acc axi abway air Other Direct C | Man Hours comodations-Lodging comodations-Taxes comodations-Subsist costs Man Hours 04/01-04 | gence | | | (b)(4) | |
| | | | | | | | | |
| Phor (b)(2)Low | | (# | - | , | | Total | | (b)(4) |

| | INVOICE - Request for Progress Payment | | B库Ta: | U.S. Dept, of Hon | reland Security Gustoms Enforement | 1. Invoice # HSCEOP-07-07 | 2. Dete 4/14/2008 |
|-----------|---|--|-------------|------------------------|--|----------------------------------|---|
| Contra | ctor and Address | Tax (D# | 1 | 425 Street NW | and the Constitution of th | 3. Tems | 4. Order No. |
| | TruHart Systems International, LLC | | <u>(b)</u> | • · · · · · | ler or Matt Moden | | |
| | 70 Georgia Ave. / Suite \$11 / Silver Spring, MD 20910-4934 | |)(2) | | | (b)(a) | HSCEOP-07-P-01688 |
| Descrip | ition of Work | _ | | | | | |
| | Program Management & Administrative Support | ţ | | | | | |
| Locatio | n Washington D.C. | | | Covered | | | stimate No. |
| | YVASTRIIGIQII D.C. | , | From | 4/1/2008 | - to | 4/30/2008 | HSCEOP-07-03 |
| ltem | f• | 8. | | CONTRAC 19. | 110. | 11. Percentages Con | YMENT REQUEST |
| No. | Description | 4 | A | 1 | | 1 | |
| 0004 | Breeze Menager | Quantity | & Unit | Unit Price | I Amount | Total - To - Date | Remaininol Requestedi |
| | Program Manager Travel Expense | | EA EA |] - | | (b)(4 | 5)(4 |
| | Other Direct Costs | | EA | | | | |
| | Project Manager | 1 - 1 | EA | | | - | |
| | Travel Expense | | EA | | | | |
| | Other Direct Costs | 1 | EA | | | | |
| | | ··· | | | ı | | |
| | | | | | | 1 | |
| | ************************************** | | | | | 7 | 1 1 |
| | | | | | | | 1 1 1 |
| | | | | | | 1 | 1 1 |
| | | | | | |] | |
| | | | | | |] | 1 1 1 |
| | | | | | | | [] |
| | | | | <u> </u> | | | 1 1 1 |
| | | | | | · | _ | |
| | | | | ļ | | - | |
| | | | | | | | |
| | | | EA | \$0.00 AL CONTRACT | | (b) | |
| 8 65 4 44 | by certify, that the above request is in accordance w | iii Cadaas | | | T | Š | <u></u> — — — — — — — — — — — — — — — — — |
| | by centry, that the above request is in accordance w e 52.232-5 as incorporated into subject contract. | III) LEGEIS | Acquising | on regulation | Original Contract Amount | | |
| | The amounts requested are only for performance in | scrootso | na with the | s enaclfications | | • | |
| | terms, and conditions of the contract | 400010011 | OG WIGH DIS | apacinoaeona, | New Contract Amount | | |
| | Payments to subcontractors and suppliers have been | en mada fo | ana menuia | ue normante | Less Bonds. | | |
| | received under the contract, and timely payments w | | | | Less Retainage: | | |
| | the payment covered by this certification, in accords | | | | Subtotal: | | |
| | and the requirements of chapter 39 of Title 31. Units | | | er and special special | Percentage Complete: | | (b)(d) |
| | This request for progress payments does not includ | | | h the orime | Add Bends: | | |
| | contractor intends to withhold or retain from the sub | | | ara lamina | | nts - (Includes prior Band Payme | mt) |
| | This certification is not to be construed as final acce | | | tractor's | Amount Currently Due: | | - |
| | performance. | • | | | Approved By: | | |
| | | A | ~ 1 | 41.37 | | | |
| Miche | olle Denoke Michelle J Den | Cate: | 7 \ | 7/01 | Contracting 0 | fficer Sig | nature Date |

| AMENDMENT | OF SOLICITATION/MODIFIC | CATION OF CO | ONTRACT | | 1. CONTRACT ID CODE | P | AGE OF | |
|---|--|--|--|----------------------------------|---|----------------------------------|---------------------------------------|------------------------|
| 2. AMENDMENT/M | ODIFICATION NO. | 3. EFFECTIVE | DATE | 4. RI | QUISTION/PURCHASE REQ. NO. | 5. PRO. | ECT NO. | 2.8 (If applicable) |
| P00001 | | 03/01/20 | į, | | -8M-0032 FAC-8M0033 | | | • • • |
| 6. ISSUED BY | CODE | | | 7. A | DMINISTERED BY (if other than item 6) | CODE | ICE/N | IS/CFO |
| Immigration Office of | | ncl Ofc rcement | | Im Of 42 At | E/Mission Supt/Chief Fin migration and Customs Enf fice of Asset Management 5 I Street NW, Suite 112 tn: Jeffrey Alexander shington DC 20536 | orce | Ofc | |
| | RESS OF CONTRACTOR (No., stree | of, county, State and | ZIP Cade) | 7 | PA. AMENDMENT OF SOLICITATION NO. | | | |
| TRUHART SYS 8070 GEORG: SUITE 311 | TEMS INTERNATIONAL | | | x 1 | OB. DATED (SEE !TEM 11) OB. MODIFICATION OF CONTRACT/ORDER N HSCEOP - 07 - P - 01688 | 10. | | |
| CODE 0872 | 113350000 | FACILITY COD | E | | 09/28/2007 | | | |
| 08/2: | 13250000 | | | VEND | MENTS OF SOLICITATIONS | | · · · · · · · · · · · · · · · · · · · | |
| THE PLACE DES virtue of this ame reference to the : 12. ACCOUNTING | telegram which includes a reference SIGNATED FOR THE RECEIPT OF Inditient you desire to change an off solicitation and this amendment, and AND APPROPRIATION DATA (If re | e to the solicitation OFFERS PRIOR or already submitt is received prior i | n and smeridment numb TO THE HOUR AND DA ed, such change may be to the opening hour and | ers. I ATE S mad date : | | BE REC OUR OFF or letter m | EIVED AT | |
| SEE ATTACH | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | , I III O II EM UNLY APPLIES TO MO | JUINGATION OF | LUNIKACTS/ORDERS. | IT M | ODIFIES THE CONTRACT/ORDER NO. AS DES | UKIBED I | NITEM 14 |). |
| CHECK ONE A. | THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. | PURSUANT TO: | (Specify authority) THE | CHA | NGES SET FORTH IN ITEM 14 ARE MADE IN | THE CON | TRACT | |
| | HE ABOVE NUMBERED CONTRA ppropriation date, etc.) SET FORT THIS SUPPLEMENTAL AGREEME | | | | ADMINISTRATIVE CHANGES (such as changed TY OF FAR 43.109(b). | s in paying | office, | |
| J | DOLL CENTERINE MORCEWEI | 15 414 14NGU ! | GROOMIT FUM | U1171 | rent x Wt. | | | |
| D. 0 | OTHER (Specify type of modification | n and authority) | | | | | | |
| X FA | R 52.217-8, Option | to Exten | d Services | | | | | |
| E. IMPORTANT: | Contractor Dis not. | is required to | sign this document and | i retu | rn 1 copies to the issuing | office. | | |
| 14 DESCRIPTION DUNS Numbe Contact In | r: 087231325 | (Organized by U | CF section headings, inc | dudin | g solicitation/contract subject matter where leas | ible.) | | |
| ±1 | | | | | | | | ٠ |
| (b)(2)Low | T OFFICE: and, Contract Spe | | | | | | | · |
| (b)(2)Low | and the second s | 7111001 | | | | | | |
| PROGRAM OF Continued | ••• | ha document refe | renced in Item 94 or 104 | \ sel | neretofore changed, remains unchanged and in t | kill force : | and effect | |
| | TLE OF SIGNER (Type or print) | | | | A NAME AND TITLE OF CONTRACTING OFF | | |) |
| | | | | 1 | anda I. Cruz | | | |
| 15B. CONTRACTO | VOFFEROR | - | 15C. DATE SIGNED | _ | B. UNITED STATES OF AMERICA | | 160 | C. DATE SIGNED |
| (Signs | two of person authorized to sign) | | | \ | (Signature of Contracting Officer) | | ŀ | |
| NSN 7540-01-152-6 | | <u></u> | | · I · · · · | · · · · · · · · · · · · · · · · · · · | STANDAR | RD FORM | 30 (REV. 10-83) |

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53,243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEOP-07-P-01688/P00001 PAGE 2

: OF 28

NAME OF OFFEROROR CONTRACTOR

| 1-4 | SUPPLIES/SERVICES . | QUANTITY | | UNIT PRICE | AMOUNT |
|------|--|----------|-----|------------|---------------------------------------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | Jeffrey Alexander, POC | | | | , , |
| | (b)(2)Low | 1 | | | |
| | Patricia M. Wallis, COTR (b)(2)Low | | | | |
| | | 1 | | | |
| | The number of this medification is to (1) | 1 | | ļ | 1 |
| | The purpose of this modification is to (1) incorporate FAR Clause 52.217-8, Option to Extend | | | | |
| | Services, (2) extend the period of performance | 1 | | | |
| | for an additional two months from March 31, 2008 | | | | |
| | through May 30, 2008 (3) increase the estimated | | | | |
| | Not to Exceed (NTE) amount under CLIN 0001, (4) | 1 | • | | |
| | add two Project Managers under CLIN's 0001, 1001, | | | | |
| | 2001 and 3001 (5) revise the invoicing procedures | · | | i | |
| | (6) increase the amount of funding for Travel | | | | |
| | CLIN 0002, (7) increase the task order obligated | | | | · |
| | and total amount by \$235,879.00, and (8) | | | | |
| | incorporate Wage Determinations No.2005-2103, | | | | |
| | dated 07/05/2004, Revision No. 4 into the | | | | |
| | Purchase Order (Attachment C). | | | | |
| | **** | | | | |
| | As a result of this modification the obligated | i | 1 | 1 | ľ |
| | and total amount has increased from \$119,000.00 | | | İ | |
| | by \$235,879.00 to \$354,879.00. | | 1 | | |
| | POP Parkture I | ŀ | | | |
| | FOB: Destination Period of Performance: 09/30/2007 to 03/30/2008 | | | • | |
| | Period of Periormance: 09/30/2007 to 03/30/2008 | | | | |
| | Change Item 0001 to read as follows(amount shown | | | | e e e e e e e e e e e e e e e e e e e |
| | is the obligated amount): | | | | |
| | | | | | |
| 0001 | LABOR - The Contractor shall furnish all | | | · | (b)(4) |
| | personnel, facilities, equipment, material, | | | | |
| | supplies and services (except as may be expressly | | | | |
| | set forth in this purchase order as furnished by | | | | |
| | the Government) and otherwise do all things | ŀ | | | |
| | necessary to, or incident to, performing and | ł | | | |
| | providing the services described in Attachment B, | | ĺ | | İ |
| | Statement of Work (Revised). Labor categories | | | | |
| | under this CLIN are as follows: | i | | | |
| | Program Manager - (b)(4) | | | | |
| | Program Manager - (0)(4) HR Project Manager - HR | - | | | |
| | Product/Service Code: S216 | | | | , |
| | Product/Service Code: S216 Product/Service Description: FACILITIES | 1 | | | } |
| | OPERATIONS SUPPORT SERVICES | | ĺ | | |
| . : | ANALYZIOND DOFFORT OBIATIONS | | | | |
| | | 1 | | | |
| | Change Item 0002 to read as follows(amount shown | 1 | | | 1 |
| | is the obligated amount): | | | | |
| 1 | | | | | |
| | Continued | ŀ | | | |
|] | | | | | <u> </u> |
| | | 1 | | | |
| | | | 1 | 1 | |
| 1 | | 1 | 1 | ŀ | 1 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEOP-07-P-01688/P00001

PAGE 3

28

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | THUÇMA |
|----------|---|------------|------|------------|--------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| 002 | Travel - All travel is to be reimbursed in | — — | | | (b)(4) |
| ļ | accordance with the Federal Travel Regulation. | | | | • |
| i | (Not to Exceed Amount - NTE) | | | | 1 |
| l. | Product/Service Code: S216 | | | | |
| | Product/Service Description: FACILITIES | 1 | | | 1 |
| | OPERATIONS SUPPORT SERVICES | 1 | | | |
| | | 1 | | | |
| ŀ | Discount Terms; | 1 | | | |
| | (b)(2)Low | 1 | | | |
| | | | | | |
| | Add Item 1001 as follows: | | | | |
| 001 | Option One | ļ | | • | (b)(4) |
| Ī | | | | | |
| | LABOR - The Contractor shall furnish all | | | | |
| | personnel, facilities, equipment, material, | | | | 4 |
| · i | supplies and services (except as may be expressly | 1 | | | |
| | set forth in this purchase order as furnished by | | | | ĺ |
| | the Government) and otherwise do all things | | | | |
| | necessary to, or incident to, performing and | | | | 1 |
| | providing the services described in Attachment B, | | | | |
| | Statement of Work (Revised). Labor categories | | | | |
| | under this CLIN are as follows: | | | | |
| | | | | | |
| | Program Manager (b)(4) | 1. | | | |
| | Project Manager HR | | | | |
| 1 | | | | | |
| | Period of Performance: 03/31/2008 to 05/30/2008 | | | | |
|]. | Add Item 1002 as follows: | | | | |
| 002 | Option One | | | | (b)(4) |
| 1 | opoton one | | | | |
| | Travel - All travel is to be reimbursed in | | l | | |
| | accordance with the Federal Travel Regulation. | | | | |
| | (Not to Exceed Amount - NTE) | | l | | , |
| | Product/Service Code: S216 | | | | |
| E . | Product/Service Description: FACILITIES | | | | |
| | | | | | |
| [` | OPERATIONS SUPPORT SERVICES | | | | |
| 1 | Period of Performance: 03/31/2008 to 05/30/2008 | | | | |
| | Discount Terms: | | | | |
| - 1 | (b)(2)Low | | | | |
| | Add Thom 1000 on Follows | | | | |
| | Add Item 1003 as follows: | | | | |
| 03 | Option One | | . } | | (b)(4) |
|], | Other Direct Cost - This CLIN is to reimburse the | 1 | | | |
| | contractor for expenses to be incurred to make | | | | |
| | Continued | | | | |
| ľ | -outtined | | | | |
| 1 | | | | | |
| - 1 | | | | | |
| | | | | | |
| | • | 1 | 1 | | I |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEOP-07-P-01688/P00001

PAGE 4

OF 28

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|---|----------|----------|------------|--------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | travel arrangements, process travel vouchers, | | | | |
| | preparation of documents and postage. | | | · | |
| | Product/Service Code: S216 | | | 1 | |
| | Product/Service Description: FACILITIES | | | | |
| | OFERATIONS SUPPORT SERVICES | | 11 | 1 | |
| | | | | | |
| | Period of Performance: 03/31/2008 to 05/30/2008 | ŀ | | | |
| | Add Item 2001 as follows: | | | | |
| 001 | Option Two | | | | 0.00 |
| | LABOR - The Contractor shall furnish all | | | | |
| | personnel, facilities, equipment, material, | - | | | |
| | supplies and services (except as may be expressly | 1 | | | |
| | set forth in this purchase order as furnished by | 1 | | | |
| | the Government) and otherwise do all things | | | | |
| | necessary to, or incident to, performing and | 1 | | | |
| | providing the services described in Attachment B, | 1 | l I | | |
| | Statement of Work (Revised). Labor categories | | | ** | |
| | | 1 | | | • |
| | under this CLIN are as follows: | 1 | | | |
| | 7727 (b)(4) | | | | |
| | Program Manager (b)(4) /HR | 1 | <u> </u> | | |
| | Project Manager HR | 1 | 1 | | |
| | Amount: \$0.00(Option Line Item) | 1 |]] | | |
| | 05/31/2008 | | | | |
| | Product/Service Code: S216 | | | | • |
| | Product/Service Description: FACILITIES | | | | |
| | OPERATIONS SUPPORT SERVICES | | | | |
| | Period of Perf <i>ormance:</i> 05/31/2008 to 06/30/2008 | | | | |
| | Add Item 2002 as follows: | | | | |
| 002 | Option Two | | | | 0.00 |
| | Travel - All travel is to be reimbursed in | | | | |
| | | |] | | |
| | accordance with the Federal Travel Regulation. | | 1 | | |
| | (Not to Exceed Amount - NTE) | | [.] | | |
| | Amount: \$0.00 (Option Line Item) | | | | |
| | 05/31/2008 | | [] | | |
| | Product/Service Code: S216 | | | | |
| | Product/Service Description: FACILITIES | | | | |
| | OPERATIONS SUPPORT SERVICES | | | | |
| | Period of Performance: 05/31/2008 to 06/30/2008 | | | · | |
| | Discount Terms: | 1 | | į | |
| | (b)(2)Low | | | : | |
| j | Add Item 2003 as follows: | | | | |
| | Continued | | | | |
| | | 1 | | | |
| | | | | | |
| j | | | | | • |
| | | | | | |
| | | ı | 1 I | j | |

REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE **CONTINUATION SHEET** HSCEOP-07-P-01688/P00001

NAME OF OFFEROROR CONTRACTOR

| NO. | SUPPLIES/SERVICES | QUANTIT | YUNIT | UNIT PRICE | AMOUN |
|-----|--|---------|-------|------------|-------|
| | (B) | (C) | (ID) | (E) | (F) |
| | Option Two | | | | 0.00 |
| | operon 140 | • | | | 0.00 |
| | Other Direct Cost - This CLIN is to reimburse the | | | | • |
| | contractor for expenses to be incurred to make | | 1 1 | | |
| | travel arrangements, process travel vouchers, | | | | : |
| 1 | preparation of documents and postage. | | ŀ | | |
| - | Amount: \$0.00(Option Line Item) | | | | |
| İ | 05/31/2008 | | | | |
| | Product/Service Code: S216 | | | | |
| | Product/Service Description: FACILITIES | | | | |
| | OPERATIONS SUPPORT SERVICES | | | | } |
| Ì | Period of Performance: 05/31/2008 to 06/30/2008 | 1 | 1 | | 1 |
| i | Discount Terms: | | | | |
| | (b)(2)Low | | | | |
| | | | 1 1 | | |
| | This is a Time and Materials Purchase Order. | ľ | | | |
| | FAR Clause 52.217-8 is hereby added in full text | | | | |
| | as follows: | | | | |
| | | | | | |
| ı | 52.217-8 Option to Extend Services (Nov 1999) | | | | |
| | The Government may require continued performance | ł | | | ` . |
| | of any services within the limits and at the | | | 4 | |
| | rates specified in the contract. These rates may | | 1 1 | | |
| į | be adjusted only as a result of revisions to | | ΙI | | |
| | prevailing labor rates provided by the Secretary | | | | |
| | of Labor. The option provision may be exercised | | | | |
| | more than once, but the total extension of | | 1 | | |
| | performance hereunder shall not exceed 6 months. | | | | · · |
| | The Contracting Officer may exercise the option | | | | 1 |
| | by written notice to the Contractor prior to | | | | |
| | contract expiration | | | ı | 1 |
| | TANGE TARGET AND TO THE TARGET AND T | | | | |
| | INVOICE INSTRUCTIONS: | | | | |
| | 1. In accordance with purchase order invoicing | | | | |
| | instructions, invoices shall now be submitted via | | | | 1 |
| | one of the following three methods: | | | | |
| | | | | | · |
| | a. By mail: | | | 1 | 1 |
| | DHS, ICE | _ | | | |
| | Burlington Finance Center | | | | 1 |
| : I | P.O. Box 1620 | | | | |
| | Williston, VT 05495-1279 | 1 | | | 1 |
| | Attn: OCFO-OAM Invoice | | | | |
| | Continued | | | | |
| | | | | | |
| ı | | | | | 1 |
| ļ | | | | | |

5 -

28

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 HSCEOP-07-P-01688/P00001
 6
 28

NAME OF OFFEROR OR CONTRACTOR

| M NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|-------|---|----------|----------|------------|--------|
| A) | (B) | (C) | (D) | (E) | (F) |
| | b. By facsimile (fax): | + | \vdash | | |
| | f | ł | | | |
| | (include a cover sheet with point of contact & # | | 1 | | |
| | of pages) | | | | |
| | | | 1 | | |
| | 802-288-7658 | 1 | • | | |
| | <u>.</u> | | | | |
| | c. By e-mail: | İ | ł | | |
| | | İ | | | , |
| | Invoice.Consolidation@dhs.gov | 1 | 1 | |] |
| | | | 1 | | , |
| | Invoices submitted by other than these three | | | | |
| | methods will be returned. The contractoris | | | l | |
| | 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 to | | | | |
| | | | | | |
| | ensure prompt payment provisions are met. The | | | | |
| | ICE program office shall also be notated on every | | 1 | | |
| | invoice. | | | | |
| | | | | | |
| | 2. In accordance with the Purchase Order Terms | | | | 1 |
| | and Conditions, Commercial Items, or Prompt | | l | l | |
| | Payment, as applicable, the information required | | ł | | |
| | with each invoice submission is as follows: | | 1 | | |
| | | ı | 1 | | |
| | "An invoice must include- | 1 | 1 | ľ | |
| | (i) Name and address of the Contractor; | | l | ļ. | |
| | (ii) Invoice date and number; | | i | | |
| | (iii) Contract number, contract line item number | | 1 | | |
| | 5 · · · · · · · · · · · · · · · · · · · | | | | 1 |
| | and, if applicable, the order number; | 1 | 1 | | |
| | (iv) Description, quantity, unit of measure, unit | I | | ' | |
| | price and extended price of the items delivered; | | | | |
| | (v) Shipping number and date of shipment, | | | | ł |
| | including the bill of lading number and weight of | | | | • |
| | shipment if shipped on Government bill of lading; | | 1 | | |
| | (vi) Terms of any discount for prompt payment | | | | |
| | offered; | | 1 | | |
| | (vii) Name and address of official to whom | | 1 | | |
| | payment is to be sent; | | | | |
| | (viii) Name, title, and phone number of person to | | | | |
| | | | | 1 | |
| | notify in event of defective invoice; and | | | | |
| | (ix) Taxpayer Identification Number (TIN). The | | | | |
| | Contractor shall include its TIN on the invoice | | 1 | | , |
| | only if required elsewhere in this purchase | | 1 | | |
| | order. (See paragraph 1 above.) | | ł | | į |
| | (x) Electronic funds transfer (EFT) banking | | 1 | | |
| | information. | | | | 1 |
| | (A) The Contractor shall include EFT banking | | 1 | 1 | 1 |
| | information on the invoice only if required | | 1 | 1 | 1 |
| | Ţ | 1 | 1 | 1 | |
| | elsewhere in this purchase order. | | | | 1 |
| | Continued | | | | |
| | | | | | |
| | | | ĺ | 1 | |
| ' | | [| Į | [| |
| | | 1 | 1 | 1 | 1 |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE
 OF

 HSCEOP-07-P-01688/P00001
 7
 28

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTIT | 1 | UNIT PRICE | AMOUNT |
|----------|--|---------|----------|------------|-------------|
| (A) | (B) | (C) | (D) | (B) | (F) |
| | (B) If EFT banking information is not required to | | \sqcap | | |
| | be on the invoice, in order for the invoice to be | | | | |
| | a proper invoice, the Contractor shall have | | | | |
| | submitted correct EFT banking information in | | 1 | | |
| | accordance with the applicable solicitation | 1 | 1 1 | | |
| | provision, contract clause (e.g., 52.232-33, | l l | 1 1 | | 1 |
| | Payment by Electronic Funds Transfer, Central | | | | 1 |
| | Contractor Registration, or 52.232-34, Payment by | | | | |
| | Electronic Funds Transfer (Other Than Central | | | | |
| | Contractor Registration), or applicable agency procedures. | İ | | * | |
| | (C) EFT banking information is not required if | | | | 1 |
| | the Government waived the requirement to pay by | İ | 1 1 | | |
| | EFT. | 1 | 1 1 | | |
| | | | | | |
| | Invoices without the above information may be | ٠ | 1 | | |
| | returned for resubmission. | | | | 1 |
| | | 1. | | | |
| - | | | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | | | | |
| | | | 1 | | |
| | , | | | | |
| | | 1 | | | |
| | | Ì | | | |
| | | | | | 1 |
| | | | 1 1 | | |
| | • | | | | |
| | | | 1 1 | | |
| | | | 1 1 | | |
| | | | 1 1 | | |
| | | | 1 1 | | |
| | | | | | |
| | | . 1 | 1 1 | | |
| | | | | | , |
| | | 1 | | · | } |
| | | | | | |
| | | | | | |
| | • | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | · | | | | |
| | | | | | |
| | | 1 | | | 1 |
| | , | | | | 1 |
| | | | | | 1 |
| | | | 1 | | |
| | | | | | |
| | · | 1 . | [] | | 1 |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice # |
|----------|------------|
| 5/7/2008 | HSCEOP-707 |

| Вій То | |
|--------------------------------------|--|
| U.S. Department of Homeland Security | |
| Immigration and Customs Enforcement | |
| C/O Jeff Alexander or Matt Moden | |
| 425 I Street NW | |
| Washington DC 20536 | |
| | |
| | |
| | |

DHS/ICE/BFC
MAY 1 2 2008

| P.O. Number | Terms. | Rep | Ship | Via | F.C |).B. | | Project |
|---|---|---|---------------------|----------|-----|---------|---------------|---------|
| | | | 5/7/2008 | | | | | |
| Quantity | Item Code | <u> </u> | Descript | ion | | Price E | | Amount |
| 1 1 1 1 1 1 1 76 | Consulting services Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Consulting services Reimbursible Expe | Hotel Stay Acc Hotel Stay Acc Hotel Stay Acc Taxi Subway Air Other Direct C | vian Hours 04/01-04 | ence | | | (b)(4) | |
| | | | | | | . • | | |
| | | | | | | | | * |
| | | | | | : | | | |
| Ph | one # | Fax# | | <u> </u> | · | Tota | <u>_</u> I | (b)(4) |

| | INVOICE - Request for Progress Payment | | Bill To: | U.S. Dept. of Hon Immigration and | neland Security Customs Enforement | 1. Invoice # HSCEOP-07-07 | 2. Date 4/14/2008 |
|---------|---|--|-------------------|--------------------------------------|---------------------------------------|--|-----------------------------|
| Contra | ctor and Address | Tax ID# | ł | 425 Street, NW | | 3. Terms | 4. Order No. |
| | TruHart Systems International, LLC 070 Georgia Ave. / Suite 311 / Silver Spring, MD 20910-4934 | | (b)(; | cio: Jeff Alexand | er or Matt Moden | (b)(2 | HSCEOP-07-P-01688 |
| Descri | ption of Work Program Management & Administrative Suppor | rt | | | | | |
| Locatio | | | 5. Period From | Covered 4/1/2008 | to | 6. Pay Es | stimate No. HSCEOP-07-03 |
| ltem | 7. | | | CONTRAC | Γ | | YMENT REQUEST |
| No. | Description | 8. Quantity | & Unit | 9. Unit Price | 10. Amount | 11. Percentages Com Total - To - Date | |
| 0001 | Program Manager | 1 | EA | - Blik Pilde | | Otal - 10 - Date | Remaining Requeste |
| | Travel Expense | | ĒĀ | | | (b)(4) | |
| | Other Direct Costs | 1 i - | EA | - | | | |
| 0004 | Project Manager | 1 | EA | | | | |
| | Travel Expense | 1 | EΑ | | | | |
| | Other Direct Costs | 1 | EΑ | | | | |
| | | | | Γ | | . · | |
| · | | | | | | | |
| | | <u> </u> | | | | 1 | 1 |
| | | | | | | | |
| | | | | <u> </u> | | _ | |
| | | | | | | 4 |] |
| | | | | | | 4 | |
| | | | | <u> </u> | | - | |
| | | <u> </u> | | | | ┪ ` | |
| | | | · · · · · | | | ┪ | |
| | | | | | | 1 | |
| | | | EA | \$0.00 | | | |
| | | | TOT, | AL CONTRACT | | (b)(| |
| here | by certify, that the above request is in accordance w | vith Federa | Acquisition | on Regulation | | | , |
| | se 52.232-5 as incorporated into subject contract. | | | | Original Contract Amount | <u>:</u> | |
| (a) | The amounts requested are only for performance in | n accordan | e with the | a specifications, | Modification Amount: | | |
| _ | terms, and conditions of the contract; | | | | New Contract Amount: | | , , , , |
| (b) | Payments to subcontractors and suppliers have be | Less Bonds: | | | | | |
| | received under the contract, and timely payments v | Less Retainage: | | | | | |
| | the payment covered by this certification, in accord | Subtotal: | | | | | |
| | and the requirements of chapter 39 of Title 31, Unit | | | | Percentage Complete: | | (b)(c |
| (c) | This request for progress payments does not include | | | h the prime | Add Bonds: | No. (Includes a des Desert Desert | • |
| | contractor intends to withhold or retain from the sul | | | | i i | nts - (Includes prior Bond Paymer | |
| (d) | This certification is not to be construed as final acc | eptance of | a subcont | ractors | Amount Currently Due: | | |
| | performance. | | _ | , . | Approved By: | • | |
| Mich | elle Deneke Michelle J Den | Ma Date: | ~ /· | 2/117 | Contracting O | fficer Sin | nature Date |
| 411011 | | A A HORE | ا. اب | ., , | | | |

DHS/ICE/BFC

Invoice

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Bill To

DEC 10 2008

Ship To

| Date | Invoice # |
|-----------|------------|
| 4/17/2008 | HSCEOP-706 |

| Immigration and Customs Enforcement Burlington Finance Center PO Box 1620 Williston, VT 05495-1620 | | | | | | EIN: 52-2304 Contract# HS | 213 CEOP-07-P-01688 | |
|--|---------------------------|-------------------|--|---------------------------|-------------|--|------------------------|---------|
| Ο. | Number | r Terms | Rep | Ship | Via | F. | O.B. | Project |
| | | | | 4/17/2008 | | | | |
| va | intity | Item Code | | Description | | | Price Each | Amount |
| | 91.25 ! ! ! ! | Reimbursible Expc | Hotel Stay Act Hotel Stay Acc Hotel Stay Acc Travel-Taxi Travel-Suhway Travel-Air | | nce | 3/31/08) | (0)(+) | |
| | 1 | Reimbursible Expe | | Man Hours 03/01-03/ es | 1/V6 و آ | | | |
| | | | | · | | | | |
| | | | | | | | | |
| | | | | | ÷ | egyin aparama ana papa min ana manama di Mary andron | | |
| | | | | | | And the second s | | |
| | | | | *. | | | | |
| f | Ph | none # | Fax# | | | <u></u> | Total | (b)(4) |
| - [| (b)(2)Lo | W. | | | , e + | | i i Utai | |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice # |
|-----------|------------|
| 4/17/2008 | HSCEOP-706 |

U.S. Department of Homeland Security
Immigration and Customs Enforcement
Burlington Finance Center
PO Box 1620
Williston, VT 05495-1620

EIN: 52-2304213 Contract# HSCEOP-07-P-01688

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | | Project |
|--|---|---|--|---------------------------------|--------|-----------|---------|
| | | | 4/17/2008 | - | , | | |
| Quantity | Item Code | | Descript | ion | P | rice Each | Amount |
| 91.25 1 1 1 1 1 1 1 160 1 | Consulting services Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Consulting services Reimbursible Expe Reimbursible Expe | Hotel Stay Ace Hotel Stay Ace Hotel Stay Ace Travel-Taxi Travel-Subway Travel-Air Other Direct Co | Man Hours (remaini omodations-Lodging omodations-Taxes omodations-Subsisted of the control of th | ng period 3/16-3/38 ence /31/08 | | (b)(4) | Amount |
| | | | · | | | | |
| (b)(2)Lov | | ax# | | | To | otal | (b)(4) |

Invoice

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

| Date | Invoice # |
|-----------|--------------------|
| 4/17/2008 | Н ЗСБОР-706 |

Bill To

U.S. Department of Homeland Security
Immigration and Customs Enforcement

C/O Jeff Alexander of Matt Moden

425 I Street NW

Washington DC 20536

| Ship To | | |
|---------|--|--|
| | | |
| | | |
| | | |
| | | |

| P.O. Number | Terms | Rep | Ship | Vis | F.O.B. | | Project | |
|-------------|---|---|--|---------------------------------------|---------|--------|---------|--|
| • | · | | 4/17/2008 | | | | | |
| Quantity | item Code | T ' | Descript | on . | Price E | ach | Amount | |
| | Consulting services Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Consulting services Reimbursible Expe Reimbursible Expe | Hotel Stay Acc Hotel Stay Acc Hotel Stay Acc Travel-Taxi Travel-Subway Travel-Air Other Direct Co | comodations-Lodging comodations-Taxes comodations-Subsiste costs Aan Hours 03/01-03/ | rice | 8) | (b)(4) | | |
| | | | | | | | | |
| | | | | | 4 | | | |
| Pho | one# ! | ax# | | · · · · · · · · · · · · · · · · · · · | | | (b)(4) | |
| (b)(2)Lov | W | | | • | Total | | (5)(1) | |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice # |
|-----------|------------|
| 4/17/2008 | HSCEOP-706 |

| Bill To | |
|---|--|
| U.S. Department of Homeland Security Immigration and Customs Enforcement C/O Jeff Alexander or Malt Moden 425 I Street NW Washington DC 20536 | ************************************** |
| | |

| | ************************************** |
|---|--|
| - | |
| | 4 |
| | |
| | |
| | |

| P.O. Number | Terms | Rep | Ship | Via | F.O.B. | | Project |
|---------------------------------------|--|---|--|------|-------------|-------|---------|
| | | | 4/17/2008 | , | | | |
| Quantity | Item Code | | Description |)ก | Price Ea | | Amount |
| 1 1 1 1 1 1 1 1 1 1 | Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Consulting services Reimbursible Expe Transcriptions | tel Stay Accitel Stay Accitel Stay Accivel-Taxitel-Subway wel-Subway wel-Subway wel-Air ter Direct Ce | omodations-Lodging omodations-Taxes omodations-Subsister osts lan Hours 03/01-03/3 | rice | 8) | o)(4) | |
| | Samuel Bape | ici izneet ce | | | | | · |
| | | | | | | | |
| | | | | | · | | |
| | | | | | | | 4 |
| | | • | , | | | | |
| | | | | | | , | |
| | | | | | | | |
| Phor | ne# Fax: | | | | | ~ | ··· |

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice# |
|-----------|-----------|
| 5/31/2008 | 07-TH-09Z |

2008 JUN 29 AM 8: 11

| Вії То | Ship 1 |
|---|--------|
| U.S. Department of Homeland Security Immigration and Customs Enforcement C/O Jeff Alexander or Matt Moden 425 I Street NW Washington DC 20536 | |
| | |

| Ship To | | |
|---------|--|--|
| | | |
| | | |
| | | |
| | | |

| | | | Ship | Via | F.O.B. | Project |
|--------------------------|---|---|--|------------------|------------|---------|
| | | | 513 1/2008 | | | |
| Quantity | Item Code | | Description | on | Price Each | |
| I I I I I I I I | Consulting services Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe | Hotel Stay Acc Hotel Stay Acc Hotel stay-Subs Taxi/POV Air Travel Metro Subway | Man Hours omodations-Lodging omodations-Taxes sistemce fan Hours | | (b)(4 | |
| RE | CEIVED | 1 | FWED FOR FOYED FOR FWENT | | | |
| | L 0 9 2008 DHS-BFC | | REVIEWED APPROVED PAYME | AND FOR NT | | CEIVED |
| | | | QX | Morra | VS DH | S.BFC |
| Phor | ne# F | ax# | | | Total | (b)(4) |

Takan Systems International II

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

invoice

5/31/2008 07-TH-09

加加 # 29 战 事 科

III To

ATTN: OCFO-QAM DHS/BFC

PO Box 1620

Williston, VT 05495-1620

Contract #: HSCEOP-07-P-

01688/P00002

Ship To

Truhart Systems Int'l, LLC 8070 Georgia Avenue Suite #311

Silver Spring, Md 20910 Tax Id: (b)(2)Low

P.O. Number Тепль Rep Vio Ship F.O.B. Project FAC-8M-00\$4 5131/2009 Destination Quantity Hem Code Description Price Each Ampent 212.75 Consulting survices
I Reinsburgble Fape Man Hours Hotel Stay Accommutations-Lodging Reindonible Expe... Hotel Stay Accumodations-Taxes Hotel stay-Subalstence Reimbursible Expe... Reinfersible fape... TexPPOV Reimbucsible Expe... Air Travel Reinburghie Expe... Metro Saloway 168 Reinburgble Expe... fan Hours RECEIVED - JUL 0 9 2008 US DHS-BFC Total

8070 Georgia Avenue, Ste. 311 Silver Spring, MD 20910

Invoice

| Date | Invoice # |
|-----------|-----------|
| 6/30/2008 | 07-TH-10 |

U.S. Department of Homeland Security
Immigration and Customs Enforcement
Burlington Finance Center
PO Box 1620
Williston, VT 05495-1620

EIN-52-2304213 Contract#- HSCEOP-07-P-01688

| P.O. Number | Terms | Rep | Ship | Via | F.C |).B, | Project |
|--------------------------|---|--|-------------------------------|-------|---------|------------|----------|
| | | | 6/30/2008 | | | - | : . |
| Quantity | Item Code | | Descripti | on | | Price Each | Amount |
| 1 . 1 . 1 . 1 . | Consulting services Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe Reimbursible Expe | June hours (00 Lodging Airlines Travel-Rent a Travel-Parkin Travel-Parkin | g | b)(6) | | (b)(4) | |
| | | | RECEI JUL 3 1 2 US DHS- | 2008 | | | |
| | | | | | | | |
| | | | | | | | |
| · | | | · · | | | | |
| | | , | | | | | |
| Ph | one# F | ax# | | | <u></u> | T-4-1 | (b)(4) |
| (b)(2)Lov | v | | | • | • | Total | · (b)(4) |

TRUHART SYSTEMS INTERNATIONAL, LLC SEMI-MONTHLY TIMESHEET 2008

| MANE: | | <u></u> | | TITLE: | Administrati | ve Assistant | | | | * | | | | | | | ` |
|-------------------------|-----------------|------------------|--------------|--------------------------------------|----------------|--|------------------|-------------|----------------|----------------|--------------|------------------|-------------------------------|---|-------------|----------|----------------|
| EMPLOYER ID: | 1003 | | _ | Contract: | DHS-ICE | | | _ | | | | | | | | | |
| Pay Period Ending | \$/15/2006 | | | DEPARTMEN | VT CODE: | 2007-003 | | • | | | | | | | | | |
| Notes- (A description | of all work per | formed is re | quired for a | uditing purpo | #61], | | | | | • | | | • | | | | |
| | | Porttollorations | | | | | | | Portolio mgant | * | | | | | | | |
| | | | 44.00 | ese pie - DRO He El Peso Bus Tris | o - SAC mon | | | | | Portieno regim | Transmin cor | ference call, El | mer. Midland | | | | 1 |
| | | | | | Project Summer | ANDPortio | | | | | | | | | | | T — |
| | | | | | | | | | | | | LEAVE | LEAVE | | | | 1 |
| | | | | | | | | | | | | | 45.075 | | | | |
| DRECT LABOR | 12 12 12 1 | W8:2004 | 6/3/2003 | 6/4/2008 | 6/5/2088 | \$/6/2008 | 8/7/2005 | \$/6/2008 | 6/9/2008 | 8/10/2004 | 6/t1/2608 | | | | | | |
| | | | | | | 0.02,000 | | 100 | WHZAS | PT0/2004 | ert (zaya | 0/12/2008 | 8/13/2008 | | | TOTAL | |
| TOTAL DIRECT LABOR | | | | | | | | | | | | <u></u> | | | | 0 | - |
| TOTAL DIRECT LABOR | | В | 8, , . | L | J | 1 8 | ADMINIST | DATES. | | | 6 | 9 | ₫ | | | 4 | |
| SICS & PROPOSICE | | | | | | <u></u> | A CHICARITY OF A | 1011147 | | | | | | | | | |
| ADMINISTRATOR | | | | | | | | | | | | | | - | | 0 | = |
| HUR URVELOPMENT: | | | | | | · | | | | | | | | | | 0 | 1 |
| MEETINGS | - | | | | | | | | | | | | | | | - 0 | <u> </u> |
| TOTAL ADMIN | | . 0 | <u> </u> | • | | 6 | | | - 6 | 0 | 0 | a | 0 | | | 0 | <u>†</u> |
| TRANSIS | | | | | T | G | ENERAL P | DEPOSE | <u> </u> | | , | | | | | I. | |
| YACATION HOLIDAY | | | | | | | | | | | | | | | | 16 | |
| JURY DUTY | | | | | | | | | | | | | | | | 0 | |
| MILITARY BEREAVENENT | | | | | | | | | | | | | | | | 8 | |
| LWOP TOTAL SEMPLINE | | | 0 | | 1 0 | 6 | | | | - | - 6 | , | | | | 16 | - |
| TOTAL HOURS | | | | | | | | | - | | | | | | | | <u> </u> |
| | | | <u></u> | | <u></u> | <u> </u> | | فعالمحب | ıi | | · · · · | | Direct Labor | | | 60 64 | |
| | | | | | | | | | _ | • | | | Administrative | | | 0 | 1 |
| | | | | · | | | | | | | | | General Purpor TOTAL HOURS | | | 16 80 | 4 |
| | | | | | | | | | | | | 6) | | | L | | .1 |
| | | | | | | | | EMPLOYEE SK | NATURE | | | | | | | | |
| | | | | _ | | | | | | | | | | | | | |

SUPERVISOR APPROVAL:

RECEIVED
JUL 3 1 2008
JS DHS-BFC

| | | | | | | TR | UHART SY Seki | STEMS IN | | | LLC | | | | - | |
|--|------------------|---------------|---------------|----------------|-------------|---|--|------------------|------------------|------------------|---------|-----------|-----------------------------|--------------------------------|------------------------------|-------|
| NAME: | | (б) | | TITLE: | Administra | tive Assist | ent. | | | | | | | | v | |
| EMPLOYEE ID: | 1063 | 1 | _ • | Contract: | DHS-ICE | | | | | | | | | | | |
| Pay Period Excling | 4/30/2008 | , | ····· | DEPARTMEN | 7 CODE: | 2007-00 |) | | | | | | | | | |
| Notes- (A description o | d all work perfo | nmed is requ | hed for audit | ing purposes). | | | | | | | | • . | | | | |
| | Portland Mount | Portizio Meni | | | | | | Portfolio Mornit | Furniture Aleste | na sect Training | | | | | | |
| Opt Cate, Postific Model Gish Registra, Card Cate and postific from Particle Registra Cont Cate, Postific Registra Cont Cate, Postific Registra Cont Cate, Postific Registra Cont Cate, Postific Registration | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| DERECT LANDE | 4762004 | 4/17/2000 | (Williams | 419/2006 | T and Add | T PORT OF THE | TEMPERATURE CLASS | | | | | | | | | |
| DESCRIPTION OF THE PROPERTY OF | - THE COLUMN | 4/1/FERMOR | W14/2008 | #11827UUS | 6/4/204 | 1.2000000000000000000000000000000000000 | (学)とこれのない ないこく かいかいり | | P/24/2001 | 6/25/2068 | M21/209 | 6/27/2000 | R2404 P250 85 | 6/24/2004 1-1/21/2014/16/20 | 11 1 101 105 101 | TOTAL |
| TOTAL DIRECT LABOR | | | ! | | | | | | | | | | HI ARATA | 10.00 | | 0 |
| COLAR DESCRIPTION | | | <u> </u> | 1 | <u> </u> | | ADMINISTR/ | TIVE | | <u> </u> | 1 4 | | | | | |
| BOS & FREPORALE | | | T | | | | | | | | | | | Warren. | | _ |
| ACHRINETINATIVE | | | T | | | 10.200 | | | | | | | 4-14-4 | e ister to | con applic | Ž |
| ACCOUNTERS MEETINGS | | | | | | | | | | | | | | | 0.00000000 | Ř |
| OTAL ADMIN | | 6 | | | F | Die die der Grand | | | | | | |) | | - 1 1 1 1 P P T P P | - 1 |
| | | | | | | | GENERAL PU | RPOSE | · | <u></u> - | | | | | | |
| TRANSMIS VACATION | | | - | | <u> </u> | | De l'élatifica de l'Au Bail de l'élatific | | | | | | | | il illeradile | - 8 |
| HOLDAY AJRY DAITY | | | | | 1 | | | | | | | | ebermoniji Line osta | u marinus. E o cesto a a | | 6 |
| BENEAVENERT | - | | | | 1 | | | | | | | | | | | 0 |
| TOTAL GOVERNOR | | 0 | | | 5 | 25 Table 1 | | - P | - 0 | - 0 | 0 | - 0 | Henericki Henericki | September | e iderettikk E iderettikk | 00 |
| TOTAL HOURS | 6 | | | - | | 4550 | | 1 | | | | | | Company | | 86 |
| | | | - 4 | | | | 1,7,1 | | | | | | Direct Jabor | | | 60_ |
| | | | | • | | | | . , | | | | (b)(6 | Administrati General Pun | 968 | | 0 |
| | | | | | | · | | | | | | <u></u> | TOTAL HOU | RIS PARO | <u> </u> | 80 |
| | | | | | | | | EMPLOYEE SIG | NATU | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | &UPERVISOR A | PPDC | | | | | | | |

RECEIVED
JUL 3 1 2008
US DHS-BFC

Truhart Systems June 2008

Expenses for

Type
Travel
Travel
Travel
Travel
Travel
Lodging

Vendor
El Paso Airport
Parking Systems
Valero
Southwest Airlines
American Airlines
Dollar Car Rental
Homewood Suites

Amount (D)(4)

Total

\$

RECEIVED
JUL 31 2008
US DHS-BF(

| AMENDMENT OF SOLICITATION/MODII | FICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES |
|--|---|--------------------------------------|---|---|
| 2, AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | 4, REC | UISITION/PURCHASE REQ. NO. | 5, PROJECT NO. (If applicable) |
| P00002 | 05/31/2008 | FAC- | -8M-0054 | |
| S, ISSUED BY CON | | 7. AD | MINISTERED BY (If other than Item 6) | CODE ICE/MS/CFO |
| ICE/Mission Supt/Chief Fin | | ICE | /Mission Supt/Chief E | |
| Immigration and Customs En | | | igration and Customs | |
| Office of Acquisition Mana | | - 1 | ice of Asset Manageme | • |
| 425 I Street NW, Suite 220 | 8 | 425 | I Street NW, Suite 1 | 1122 |
| Attn: Mia McFarland | | Was | hington DC 20536 | |
| Washington DC 20536 B NAME AND ADDRESS OF CONTRACTOR (No., a | NAME AND AND AND THE PARTY AND AND AND AND AND AND AND AND AND AND | 100 | AMENDMENT OF CONCRATION UP | |
|), NAME AND ADDRESS OF CONTRACTOR (NO.,) | aroot, county, state and 212 Gode) | (X) SA | . AMENDMENT OF SOLICITATION NO. | |
| RUHART SYSTEMS INTERNATION | NAL LLC | | | |
| 070 GEORGIA AVE | | 96 | DATED (SEE ITEM 11) | |
| DITE 311 | | | 1 | |
| ILVER SPRING MD 209104934 | | 100 | A. MODIFICATION OF CONTRACT/ORD | ER NO. |
| | • | | SCEOP-07-P-01688 | |
| | | | | |
| · | | 10 | B. DATED (SEE ITEM 11) | |
| CODE 0872313250000 | FACILITY CODE | (| 19/28/2007 | |
| | 11. THIS ITEM ONLY APPL | LIES TO AMENDA | ENTS OF SOLICITATIONS | |
| The above numbered solicitation is amended as s | set forth in Itom 14. The hour and o | date specified for r | eceipt of Offers | extended, Sis not extended. |
| THE PLACE DESIGNATED FOR THE RECEIPT virtue of this amendment you desire to charge an to the solicitation and this amendment, and is received the solicitation and this amendment, and is received the solicitation and the solicitation of the solici | offer already submitted, such char elved prior to the opening hour and | nge may be made i date specified. | by telegram or letter, provided each teleg | ram or letter makes reference |
| 2. ACCOUNTING AND APPROPRIATION DATA () SEE ATTACHMENT A | п те дипеа) | Net Ind | crease: | \$64,744.00 |
| | MODIFICATION OF CONTRACTO | MOREDE ITIM | DIFIES THE CONTRACT/ORDER NO. AS | DESCRIPED IN ITEM 44 |
| | | | GES SET FORTH IN ITEM 14 ARE MAD | |
| | · | | DMINISTRATIVE CHANGES (such as cho Y OF FAR 49.103(b). | anges at paying unice, |
| C, THIS SUPPLEMENTAL AGREE | MENT IS ENTERED INTO PURSU | JANT TO AUTHOR | RITY OF: | |
| D. OTHER (Specify type of modifica | ation and authority) | | | · |
| X FAR 52.217-9, Opti | on to Extend the | Term of | the Contract | |
| E. IMPORTANT: Contractor | x, 🗵 is required to sign this do | cument and return | 1_ copies to the is | suing office. |
| 14 DESCRIPTION OF AMENDMENT/MODIFICATI DUNS Number: 087231325 | ION (Organized by UCF section he | eadings, including | solicitation/confract subject matter where | feasible.) |
| CONTACT INFORMATION | | | | · |
| | | | · | |
| PROCUREMENT OFFICE: | | | | |
| Mia McFarland, Contract S | Specialist | | | |
| | , | | | |
| Gwendolyn Murphy, Contrac | ting Officer | | • | • |
| (b)(2)Low | . = | | | • |
| | | | | <u>.</u> |
| Continued | | | | • |
| Except as provided herein, all terms and conditions | of the document referenced in Iter | m SA or 10A as h | eretofore changed, remains unchanged at | nd in full force and effect |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | . NAME AND TITLE OF CONTRACTING | |
| | • | i | | <u> </u> |
| Michelle T. Deneke | * *** | | endolyn E. Murphy | . () |
| Mechelle J Denell | 16C. DATE: | 11. | DINACOLO I | WAKU 5/30 |
| (Signature of person authorized to sign) NSN 7540-01-152-8070 Previous adition unusable | | | (Signature of Cohtracting Office) | STANDARD FORM SO (REV. 10-63) Prescribed by GSA |

REFERENCE NO. OF DOCUMEN. ANG CONTINUED HSCEOP-07-P-01688/P00002

PAGE 2 OF 4

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|---|----------|------|---|--------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | PROGRAM OFFICE: Miguel Cruz, POC (b)(2)Low | | | , | |
| | Patricia M. Wallis, COTR | | | | |
| | The purpose of this modification is to (1) incorporate FAR clause 52.217-9, Option to Extend the Term of the Contract, (2) excerise Option Period II with a performance period of May 31, 2008 through June 30, 2008 and (3) increase the obligated amount by \$64,744.00. | | | | |
| | As a result of this modification the obligated and total amount has increased from \$354,879.00.00 by \$64,744.00 to \$419,623.00. | | | | |
| | FOB: Destination Period of Performance: 05/31/2008 to 06/30/2008 | | | | |
| | Change Item 2001 to read as follows(amount shown is the obligated amount): | | | | |
| 2001 | Option Period II | | | | (b)(4) |
| | LABOR - The Contractor shall furnish all personnel, facilities, equipment, material, supplies and services (except as may be expressly set forth in this purchase order as furnished by the Government) and otherwise do all things necessary to, or incident to, performing and providing the services. Labor categories under this CLIN are as follows: | | - | | |
| | Program Manager (b)(4) /HR Project Manager HR Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| | Change Item 2002 to read as follows(amount shown is the obligated amount): | | | | |
| 2002 | Option Period II Travel - All travel is to be reimbursed in accordance with the Federal Travel Regulation. (Not to Exceed Amount - NTE) Product/Service Code: S216 Continued | | | | (b)(4) |
| | | | | | |
| | | | | | |
| | i | 1 | 1 | I | 1 . |

CONTINUATION SHEET HSCEOP-07-P-01688/P00002

PAGE 3

OF

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE | AMOUNT (F) |
|-----------------|--|-----------------|-------------|------------|--------------------------|
| (A) | Product/Service Description: FACILITIES | (0) | (D) | (E) | (1) |
| | OPERATIONS SUPPORT SERVICES | | | | |
| | Change Than 2002 has need as fall and f | | | | |
| | Change Item 2003 to read as follows (amount shown is the obligated amount): | | | | |
| 2003 | Option Period II | | | | (b)(4) |
| | Other ODC's for Non Professional Services- This | | | | |
| | CLIN is to reimburse the contractor for expenses to be incurred to make travel arrangements, process travel vouchers, preparation of documents | | | · | |
| | and postage | | | | |
| | Product/Service Code: S216 Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| | | | | | |
| | 52.217-9 Option to Extend the Term of the Contract (MAR 2000) | | | | |
| | (a) The Government may extend the term of this | | | | |
| | contract by written notice to the Contractor prior to contract expiration date provided that the Government gives the Contractor a preliminary | | | | |
| | written notice of its intent to extend prior to contract expiration date. The preliminary notice does not commit the Government to an extension. | , | , | | |
| | (b) If the Government exercises this option, the extended contract shall be considered to include this option clause. | | | | |
| | (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 1 year. | | | | |
| | This is a Time and Materials Purchase Order. | | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | | | | |
| • | THE STREET THING AND CONDITIONS REPAIN ONCHANGED | | | | |
| | | | | | · |
| | | | | | |
| | | | | | |
| | | | | | |
| | | - | | , | |
| | | | | | |
| | | | | | |
| ** | | | | | |
| NSN 7540-01-15 | 52-8067 | 1 | | | OPTIONAL FORM 336 (4-86) |

Form G-514

REQUISITION - MATERIALS-SUPPLIES-EQUIPMENT Activity Symbols ATTACHMENT A

REQUISITION NUMBER:

FAC-8M-0054

PROJECT

TASK

FUND PROGRAM

ORGANIZATION

OBJECT

UDF

AMOUNT \$64,744.00

APPROPRIATION SYMBOL CROSSWALK:

FUND TAS

TITLE

Construction, Immigration, and Customs Enforcement, Border and Transportation Security, Department of Homeland Security

AMO UNT

\$64,744.00

HSCEOP-07-P-01688/P00002

| | ification of contract | | PAGE OF PAGES |
|--|---|--|--|
| 2. AMENDMENT/MODIFICATION NO. | 2. EFFECTIVE DATE | 4. REQUISITION/FURCHASE REQ. NO. | S. PROJECT NO. (If applicable) |
| P00001 | 03/01/2008 | FAC-8M-0032 FAC-8M0033 | |
| 6 ISSUED BY CI | DDE ICE/MS/CFO | 7. ADMINISTERED BY (If other than item 6) | GODE ICE/MS/CEO |
| ICE/Nission Supt/Chief Fi | | ICE/Mission Supt/Chief Fi | nancl Ofc |
| Immigration and Customs E | | Immigration and Customs E | nforcement |
| Office of Acquisition Man 425 I Street NW, Suite 22 | | Office of Asset Managemen | |
| Attn: Mia McFarland | 06 | 425 I Street NW, Suite 11 Attn: Jeffrey Alexander | 22 |
| Washington DC 20536 | | Washington DC 20536 | |
| B. NAME AND ADDRESS OF CONTRACTOR (No. | , street, county, State and 2IP Code) | (X) OA AMENDMENT OF SOLICITATION NO. | |
| PRUHART SYSTEMS INTERNATIO | NAL LLC | | <u>.</u> |
| 0070 GEORGIA AVE | | 9B. DATED (SEE ITEM 11) | was an annual contraction of the |
| SOITE 311 | | | |
| SILVER SPRING MD 209104934 | | X 10A MODIFICATION OF CONTRACT/ORDER | R NO. |
| • | | * HSCEOP-07-P-01688 | |
| | * | IOB, DATED (SEE ITEM 11) | |
| COD€ 0872313250000 | FACILITY CODE | | • |
| 00/2313230000 | | 09/28/2007 | The state of the s |
| The above numbered solicitation is amended as | | TO AMENDMENTS OF BOLICITATIONS | |
| Offers must admovie dus receipt of this amendr | tent orior to the flour and date sanctified | in the solicitation or as emended, by one of the following a | dended, Dis not extended. |
| flems 8 and 15, and returning | cooles of the amendment (h) Su set | rowledging receipt of this amendment on each copy of the | estimate, (e) by exergening |
| | rence to the solicitation and smendmen | (numbers: FAILURE OF YOUR ACKNOWLEDGEMENT | rose soumes, vi (v) by TO BE RECEIVED AT |
| THE PLACE DESIGNATED FOR THE RECEIPT | OF OFFERS PRIOR TO THE HOUR | AND DATE SPECIFIED MAY RESULT IN REJECTION OF | YOUR OFFER, If by |
| virtue of this emendment you desire to change a | n offer already submitted, such change | may be made by felegram or letter, provided each telegram | n or letter makes |
| reference to the solicitation and this amendment 2. ACCOUNTING AND APPROPRIATION DATA | and is received prior to the opening ha off required) | | |
| SEE ATTACHMENT A | | Net Increase: | \$235,879.00 |
| 13. This Item only applies to | MODIFICATION OF CONTRACTS/OR | DERS. IT MODIFIES THE CONTRACTIONDER NO. AS D | ESCRIBED IN ITEM 14. |
| CHECK ONE 'A THIS CHANGE ORDER IS ISSU | JED PURSUANT TO: (Specify authority | 7 THE CHANGES SET FORTH IN ITEM 14 ARE MADE | N THE CONTRACT |
| ORDERNO, OF THEM TOA. | | | |
| B. THE ABOVE NUMBERED CON appropriation data, etc.) SET Fo | TRACTIORDER IS MODIFIED TO REF ORTH IN ITEM 14, PURSUANT TO TH | LECT THE ADMINISTRATIVE CHANGES (such as chan E AUTHORITY OF FAR 43 103(b). | ges în paying office, |
| · | MENT IS ENTERED INTO PURSUANI | | |
| *************************************** | | The state of the s | Wild Mahaman was from the |
| D. OTHER (Specify type of modific | alion and authority) | * | · · |
| X FAR 52.217-8, Opt: | ion to Extend Servic | es | |
| LIMPORTANT: Contractor Lis re | ot. (Z) is required to sign this docume | ont and roturn | ng allice. |
| A DESCRIPTION OF AMENDMENT/MODIFICAT | 10N (Organized by UCF section headil | ngs, including solicitation/contract subject matter where to | asible) |
| OUNS Number: 087231325 | • • | | |
| ***** . | | | |
| Contact Information | | · | |
| • | | | |
| ROCUREMENT OFFICE: | | | |
| ia McFarland, Contract S | Specialist | | |
| b)(2)Low | • | | |
| Manda I Cruz, Contracting | officer | , | · . |
| (b)(2)Low | , | | |
| | | | |
| PROGRAM OFFICE: | | | |
| | | | • |
| ontinued Frient as provided herein, all terms and conditions | of the document entermined in Hom th | or 10A, as heretolore changed, remains unchanged and | in full force and effect. |
| SA. NAME AND TITLE OF SIGNER (Type or print | | 16A NAME AND TITLE OF CONTRACTING C | FFICER (Type or pint) |
| And we will be an analysis of a second of the second of the second of the second | | 1 | |
| | te CEO/Owner | Wanda\I. Cruz | |
| Michelle T. Denek | ce CEO/Owner | Wanga 1. Cruz | 16C DATE SIGNED |
| Michelle T. Denek | | IED AGO, UNITED STATES OF AMERICA | National Control |
| Michelle T. Denek isb. CONTRACTOR/OFFEROR Wichelle J. Deney (Signature of profess authorized to sign) | 15C. DATE SIGN | IED AGO, UNITED STATES OF AMERICA | My 3/17/200 |
| Michelle T. Denek | 15C. DATE SIGN | 108 NATIO STATES OF AMERICA (108 | |

REFERENCE NO DOCUME SEING CONTINUED HSCEOP-07-P-01688/P00001

PAGE 2

OF 28

NAME OF OFFEROR OR CONTRACTOR

| ימיסולנוזומימי | CVCTRMC | INTERNATIONAL | T.T.C |
|----------------|---------|----------------|-------|
| TUUIIUUT | | TIATERMATICATO | -/111 |

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | 1 1 | UNIT PRICE | AMOUNT |
|----------|---|----------|-----|------------|----------|
| (A) | (B) | (C) | (D) | (E) . | (F) |
| | Jeffrey Alexander, POC | | | | |
| | (b)(2)Low | | | | |
| | Patricia M. Wallis, COTR (b)(2)Low | | | | |
| | | | | | • |
| | The purpose of this modification is to (1) | | | | |
| | incorporate FAR Clause 52.217-8, Option to Extend | 1 | | | * * * ** |
| | Services, (2) extend the period of performance | | | | |
| | for an additional two months from March 31, 2008 | | | | |
| | through May 30, 2008 (3) increase the estimated | | | | |
| | Not to Exceed (NTE) amount under CLIN 0001, (4) add two Project Managers under CLIN's 0001, 1001, | | | | |
| | 2001 and 3001 (5) revise the invoicing procedures | 1 | 1 | | |
| | (6) increase the amount of funding for Travel | 1 | | | |
| | CLIN 0002, (7) increase the task order obligated | | | · | |
| | and total amount by \$235,879.00, and (8) | | ١. | | • |
| | incorporate Wage Determinations No.2005-2103, | 1 | | | |
| | dated 07/05/2004, Revision No. 4 into the | | | | |
| | Purchase Order (Attachment C). | | 1 | | |
| | As a result of this modification the obliqated | | |] | |
| | and total amount has increased from \$119,000.00 | | | | |
| | by \$235,879.00 to \$354,879.00. | | | | , |
| | | | | | |
| | FOB: Destination | | | ľ | |
| | Period of Performance: 09/30/2007 to 03/30/2008 | | | * . | - |
| | Channe Then 0001 to made 5.31 | | | ; | |
| | Change Item 0001 to read as follows(amount shown is the obligated amount): | | | | |
| | is the obligated amounty. | | | | |
| 001 | LABOR - The Contractor shall furnish all | | | | (b)(4) |
| | personnel, facilities, equipment, material, | | | | |
| | supplies and services (except as may be expressly | | | | |
| | set forth in this purchase order as furnished by | | | | , |
| | the Government) and otherwise do all things | | | | |
| | necessary to, or incident to, performing and providing the services described in Attachment B, | | | | |
| | Statement of Work (Revised). Labor categories | | | | ļ |
| | under this CLIN are as follows: | 1 | | | |
| | | | } | | |
| | Program Manager - \$\(^{(b)(4)}\) HR | | | | |
| , | Project Manager - HR | _ | | | |
| | Product/Service Code: S216 | | | | , |
| | Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| | OFFWHITONO POLEOVI SEVATORS | 1 | | | 1 |
| | | | | | |
| | Change Item 0002 to read as follows(amount shown | | | | |
| | is the obligated amount): | | | | , |
| | | İ | ' | 1 | |
| | Continued | | | | |
| | | | | | |
| | | , | | | |
| | | | | | |

REFERENCE N. DOCUME. BEING CONTINUED

HSCEOP-07-P-01688/P00001

PAGE . 3

28

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|-------------------------------------|---|--------------|------|------------|--|
| (A) | (B) | (C) | (D) | (E) | (F) |
| 0002 | Travel - All travel is to be reimbursed in | | | | (b)(4) |
| | accordance with the Federal Travel Regulation. | | | | |
| | (Not to Exceed Amount - NTE) | · | | | |
| | Product/Service Code: S216 | | | | |
| and the second second second second | Product/Service Description: FACILITIES | | 1 | | anno mandagador como a como en como en como en como en como portenera se como como portenera de como portenera |
| | OPERATIONS SUPPORT SERVICES | - | | | |
| | | İ | | | |
| | Discount Terms (b)(2)Low | | | | : |
| | | İ | | · | _ |
| • | 7.33 Thom 1001 5-13 | | | | |
| | Add Item 1001 as follows: | | | | |
| 1001 | Option One | 1 | 1 | | (b)(4) |
| TOOT | operon one | ŀ | 1 | | |
| | LABOR - The Contractor shall furnish all | 1 | 1 | | |
| | personnel, facilities, equipment, material, | | | | |
| | supplies and services (except as may be expressly | | | | |
| | set forth in this purchase order as furnished by | l | ĺ | | Į. |
| | the Government) and otherwise do all things | | ŀ | | İ |
| | necessary to, or incident to, performing and | | | | |
| | providing the services described in Attachment B, |] | | | 1 |
| | Statement of Work (Revised). Labor categories | | 1 | | |
| | under this CLIN are as follows: | | 1 | | |
| | | 1 | | | |
| | Program Manager : (b)(4) /HR | | | | |
| | Project Manager /HR | | | | |
| | | 1 | | | |
| | Period of Performance: 03/31/2008 to 05/30/2008 | 1 | | | |
| | and Item 1002 on follows: | | | | |
| | Add Item 1002 as follows: | | | | |
| 1002 | Option One | | | | (b)(4) |
| .002 | operon one | | | | |
| | Travel - All travel is to be reimbursed in | | | | |
| | accordance with the Federal Travel Regulation. | | | | |
| | (Not to Exceed Amount - NTE) | | 1 | 1 | |
| | Product/Service Code: S216 | | 1 | | |
| | Product/Service Description: FACILITIES | | 1 | | |
| | OPERATIONS SUPPORT SERVICES | | | | |
| | | | 1 | | |
| | Period of Performance: 03/31/2008 to 05/30/2008 | 1 | | | • |
| | Discount Terms: | İ | | | 1 |
| | (b)(2)Low | | 1 | | ' |
| | | | | | |
| | Add Item 1003 as follows: | 1 | | | |
| • • • • • | Outing One | 1 | | | (b)(4) |
| L003 | Option One | 1 | 1 | | |
| | Other Direct Cost - This CLIN is to reimburse the | 1 | | | |
| | contractor for expenses to be incurred to make | - | | | 1 |
| | Continued | 1 | 1 | | |
| | CONCENSION | 1 | 1 | | |
| | | | | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |

REFERENCE No. DOCUMENT SEING CONTINUED HSCEOP-07-P-01688/P00001

PAGE 4

OF 28

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | 1 1 | UNIT PRICE | AMOUNT |
|----------|--|----------|-----|--|--------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | travel arrangements, process travel vouchers, preparation of documents and postage. | | | - | |
| | Product/Service Code: S216 Product/Service Description: FACILITIES | | | | |
| | OPERATIONS SUPPORT SERVICES | | | The second secon | |
| | Period of Performance: 03/31/2008 to 05/30/2008 | | ÷ | | • |
| | Add Item 2001 as follows: | | | | |
| 2001 | Option Two | | | | 0.00 |
| | LABOR - The Contractor shall furnish all | | | | |
| | personnel, facilities, equipment, material, supplies and services (except as may be expressly | | . | . * | • |
| : | set forth in this purchase order as furnished by the Government) and otherwise do all things | | | | |
| | necessary to, or incident to, performing and providing the services described in Attachment B, | | | | |
| | Statement of Work (Revised). Labor categories | | | · | |
| | under this CLIN are as follows: | | | | |
| | Program Manager (MR) Project Manager (MR) | · · | | | · . |
| | Amount: \$0.00(Option Line Item) Product/Service Code: S216 | | | | |
| | Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| . • | Period of Performance: 05/31/2008 to 06/30/2008 | ļ. | | | |
| | Add Item 2002 as follows: | | | | |
| 2002 | Option Two | | | | . 0.00 |
| | Travel - All travel is to be reimbursed in accordance with the Federal Travel Regulation. | ļ | | | - |
| - | (Not to Exceed Amount - NTE) | | | | ٠. |
| | Amount: \$0.00(Option Line Item) Product/Service Code: S216 | | | | |
| | Product/Service Description: FACILITIES OPERATIONS SUPPORT SERVICES | | | | |
| | Period of Performance: 05/31/2008 to 06/30/2008 | | | | |
| | Discount Terms: (b)(2)Low | | | | |
| | Add Item 2003 as follows: | | | | |
| 2003 | Option Two | | | | 0.00 |
| | Continued | | | | No. |
| | | | | | |
| | | | | | |

REFERENCE NO DOCUMEN. JEING CONTINUED HSCEOP-07-P-01688/P00001

PAGE 5

OF 28

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|--|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | | | | | |
| | Other Direct Cost - This CLIN is to reimburse the | | 1 | | |
| | contractor for expenses to be incurred to make | 1 | | | |
| | travel arrangements, process travel vouchers, | | ļ | 1 | |
| | preparation of documents and postage. | | | | And to the second secon |
| . * | Amount: \$0.00(Option Line Item) | | | | |
| | Product/Service Code: S216 | 1 | 1 | , | |
| | Product/Service Description: FACILITIES | ŀ | | | |
| | OPERATIONS SUPPORT SERVICES | ' | | | |
| | Paris de Care Constant de 121 / 2000 1 - 26 / 20 / 2000 | | | · | |
| | Period of Performance: 05/31/2008 to 06/30/2008 | j | 1 | | |
| | Discount Terms: (b)(2)Low | Ì | | | |
| | (b)(2)L0W | | | | |
| | | i | | | |
| | This is a Time and Materials Purchase Order. | | | | |
| | 727 Glaves 50 017 0 to 1 | | 1 | | |
| | FAR Clause 52.217-8 is hereby added in full text | | | | |
| | as follows: | | | | |
| | 50 017 0 Onting to B 1 1 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | 52.217-8 Option to Extend Services (Nov 1999) | | [] | | |
| | The Correspond to the second s | | | | , |
| | The Government may require continued performance | | 1 . | | |
| | of any services within the limits and at the | | 1 | · | |
| | rates specified in the contract. These rates may | | 1 | | |
| | be adjusted only as a result of revisions to | | 1 | | |
| Å# | prevailing labor rates provided by the Secretary | | 1 | , | |
| | of Labor. The option provision may be exercised | | | | |
| | more than once, but the total extension of | 1 | 1 | 1 | |
| | performance hereunder shall not exceed 6 months. | 1 | 1 | | |
| | The Contracting Officer may exercise the option | | | | |
| | by written notice to the Contractor prior to | 1 | 1 | | |
| | contract expiration | 1 | 1 | | |
| | |] | ĺ | | |
| | INVOICE INSTRUCTIONS: | | 1 | | |
| | | 1 | | | 1 |
| | 1. In accordance with purchase order invoicing | | | | |
| | instructions, invoices shall now be submitted via | | 1 | | 1 |
| | one of the following three methods: | 1 | | | |
| ļ | | | | | 1 |
| | a. By mail: | | 1 | · · | |
| | | 1 | | | |
| | DHS, ICE | , | 1 | | |
| l | Burlington Finance Center | | 1. | 1 | |
| | P.O. Box 1620 | | | 1 | |
| | Williston, VT 05495-1279 | | 1 | | |
| | Attn: OCFO-OAM Invoice | | | 1 | , |
| | | | ŀ | | |
| | b. By facsimile (fax): | | | 1 : | |
| | (include a cover sheet with point of contact & # | ŀ | 1 | | |
| | of pages) | | | | |
| ĺ | Continued | 1 | | | |
| | | | | | |
| | | | | | |
| | | | | 1 | [|
| | | | | | |

PAGE DOCUMENT JEING CONTINUED OF **CONTINUATION SHEET** HSCEOP-07-P-01688/P00001 6 28

NAME OF OFFEROR OR CONTRACTOR

| | SYSTEMS INTERNATIONAL LLC | Tau | 1 | | A32000 |
|-----------------|--|--|-----|-------------------|--|
| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | (D) | UNIT PRICE (E) | AMOUNT (F) |
| (24) | (13) | (0) | (1) | (6) | |
| | 802-288-7658 | | | | · |
| | | 1 | 1 | | |
| | c. By e-mail: | | | | |
| | | | | | |
| | Invoice.Consolidation@dhs.gov | Section of the sectio | | A | The state of the s |
| | in the second of | 1 | | | |
| | Invoices submitted by other than these three | | } | | |
| | methods will be returned. The contractor;s | | 1 | | • |
| - | Taxpayer Identification Number (TIN) must be | | 1 | | |
| - | registered in the Central Contractor Registration | | 1 | | , |
| | (http://www.ccr.gov) prior to award and shall be | | | | |
| | notated on every invoice submitted to ICE to ensure prompt payment provisions are met. The | | | | |
| | ICE program office shall also be notated on every | | 1. | | <i>'</i> . |
| | invoice. | | | | |
| ÷ | invoice. | | • | | |
| | 2. In accordance with the Purchase Order Terms | | | | |
| | and Conditions, Commercial Items, or Prompt | | 1 | | |
| | Payment, as applicable, the information required | ŀ | | | * |
| | with each invoice submission is as follows: | | | | |
| | | 1 | 1 | | |
| | "An invoice must include- | İ | 1. | 1 . | |
| | (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, | | 1 | | · . |
| | including the bill of lading number and weight of | | | | |
| | shipment if shipped on Government bill of lading; | ŀ | | | · |
| | (vi) Terms of any discount for prompt payment | | | | |
| | offered; | | | | |
| • | (vii) Name and address of official to whom | | 1 | | |
| | 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 | | 1 | | |
| | Contractor shall include its TIN on the invoice | | 1 | | |
| | only if required elsewhere in this purchase | | 1 | | |
| | order. (See paragraph 1 above.) | | | | |
| | (x) Electronic funds transfer (EFT) banking | 1 | İ | 1 | ' |
| | information. | 1 | | | |
| | (A) The Contractor shall include EFT banking | | 1 | | |
| | information on the invoice only if required | ł | 1 | | |
| | elsewhere in this purchase order. | 1 | | | |
| | (B) If EFT banking information is not required to | 1 | | | |
| | be on the invoice, in order for the invoice to be | | ļ | | |
| • | a proper invoice, the Contractor shall have | | | <i>i</i> | 1 |
| • | Continued | 1 | | | |
| | | 1 | | 1 | |
| | | 1 | 1 | | |
| | [- | 1 | | | |
| | | 1 | 1 | 1 | 1 . |

 CONTINUATION SHEET
 REFERENCE NC. DOCUMEN. dEING CONTINUED HSCEOP-07-P-01688/P00001
 PAGE OF 7
 28

NAME OF OFFEROR OR CONTRACTOR

| | SYSTEMS INTERNATIONAL LLC | T | | | |
|-----------------|---|----------|-----|------------|------------|
| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY | | UNIT PRICE | AMOUNT |
| (FL) | | (C) | (D) | (E) | (F) |
| • | submitted correct EFT banking information in | | | * . | |
| | accordance with the applicable solicitation | 1 | | | |
| | provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer, Central | | | | |
| | Contractor Registration, or 52.232-34, Payment by | 1. | | | |
| | Electronic Funds Transfer(Other Than Central | <u> </u> | | | |
| • . | Contractor Registration), or applicable agency | | | | |
| | procedures. | | l | | |
| | (C) EFT banking information is not required if | | 1 | | |
| | the Government waived the requirement to pay by | i | | | |
| | EFT. | | | | |
| | | 1 | | | • |
| | Invoices without the above information may be | | | | |
| | returned for resubmission. | 1 | | | |
| | | i | | | |
| | ALL OWIND WIDING THE CONDITIONS THE THE | İ | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | 1 | | | |
| | | 1 | ļ | | |
| | | 1 | | | |
| | | | | | |
| | | | İ | | |
| | | | | | |
| | | | 1 | | ļ. |
| | | | 1 | | |
| | | | | | |
| - | · | ŀ | | | ! ' |
| | | | | | |
| | | 1 | 1 | | |
| | | | | 4 | |
| | | | | | |
| | • | 1 | | | |
| | | | | | |
| | | 1 | | | |
| | | 1 | 1 | | 1 |
| | | | į . | • | |
| | | | | | |
| | | | | | |
| | | | | | ļ · |
| | | Į. | | | |
| | | 1 | | | |
| | | 1 | | | |
| ļ | • | 1 | | | |
| | | | | 1 | |
| | | | - | | |
| | | | | | |
| | · | | | | |
| .] | | | | | |
| | | | | | 1 |
| | | | | 1 | |
| | | | | | • |
| | | | | | |
| i | | 1 | 1 | | |

Form G-514

REQUISITION - MATERIALS-SUPPLIES-EQUIPMENT **Activity Symbols** ATTACHMENT A

REQUISITION NUMBER:

FAC-8M-0033

PROJECT TASK

FUND PROGRAM

ORGANIZATION

OBJECT

UDF

AMOUNT

HSCEOP-07=P-01688/P00001

Form G-514

REQUISITION - MATERIALS-SUPPLIES-EQUIPMENT Activity Symbols ATTACHMENT A

REQUISITION NUMBER:

FAC-8M-0032

PROJECT

TASK

FUND PROGRAM

ORGANIZATION

OBJECT

UDF

AMOUNT

(b)(4)

HSCEOP-07-P-01688/P00001

United States Department Of Homeland Security Immigration And Customs Enforcement FORM G-514 (REV. 8-1-5

Page 3 of 3

SCOPE OF WORK For PROGRAM MANAGER PROJECT MANAGER (Revised)

For

OFFICE OF THE CHIEF FINANCIAL OFFICER OFFICE OF ASSET MANAGEMENT U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT

February 26, 2008

1.0 BACKGROUND

ICE, the largest investigative arm of the U.S. Department of Homeland Security (DHS), currently manages a portfolio of owned and leased spaces throughout the continental United States, second only to Customs and Border Protection (CBP) in size and scope. As the mission of ICE grows and changes, the Office of Facilities continues to be challenged to meet the programmatic needs of a variety of clients within the bureau.

The Owned portfolio consists of eight Service Processing Centers (SPCs) and a variety of smaller support facilities. These facilities include spatial types that range from office space to courtrooms to full-fledged detention centers, all in support of ICE's mission to prevent acts of terrorism by targeting the people, money, and materials that support terrorist and criminal activities. More specifically, ICE is responsible for identifying and shutting down vulnerabilities in the nation's border, economic, transportation and infrastructure security.

The ICE Owned Property portfolio consists of facilities located as follows:

Service Processing Centers Other ICE-owned property 1. Aguadilla, PR 1. Altoona, PA 2. Batavia. NY 2. Broadview, IL 3. El Centro, CA 3. Calpatria, CA 4. El Paso, TX 4. Fishkill, NY 5. Florence, AZ 5. Honolulu, HI 6. Krome (Miami), FL 6. Huntsville, TX 7. Port Isabel, TX 7. Oakdale, LA 8. San Pedro, CA 8. Guam

As the nature of these vulnerabilities evolves, so does ICE's mission and by extension, the nature and requirements of the facilities under ICE management.

2.0 Personnel Requirement

Program Manager

One Program Manager to be located full-time at 425 I Street NW, Washington, DC. Minimum qualifications shall be as follows:

- 10+ years of progressive experience in the management of medium to large design and construction projects.
- Familiarity with GSA leasing procedures.
- Familiarity with standard industry design and construction practices in both the private and public sectors
- Experience in the development and implementation of standards
- Experience managing project teams
- Proficient in use of Office software including creation and maintenance of Excel spreadsheets and PowerPoint presentations
- Knowledge of creation and maintenance of Access databases desirable
- Demonstrated writing and verbal communication skills.
- Demonstrated experience managing Headquarters level requirements

Project Managers

Two Project Managers to be assigned full-time in Dallas, TX. Minimum qualifications shall be as follows:

- 5+ years of progressive experience in construction or housing development management
- Experience planning, directing and managing capital construction projects
- Experience in the development and implementation of construction standards.
- Experience supervising construction projects, housing projects and remodeling.
- Experience working on capital construction projects working with engineers, architects and onsite workers.
- Experience working on government or residential building projects in a decision making or managerial role.
- Experience working with Directors, Senior Staff, General Managers,
 Project Managers and staff at all organizational levels.
- Ability to create reports, provide expert advice, report findings and recommend improvements to achieve mission standards and results.

3.0 STATEMENT OF WORK

Duties will include but not be limited to:

Program Manager

- Overall monitoring of the planning, programming, design, construction and operation and maintenance of ICE capitol improvements and physical facilities.
- Compare proposed capitol improvement projects with the agencies master operating plans and budgets and advise the Secretary of items in compliance and deficiencies that may need to be corrected.
- Work with the agency personnel to insure adequate biddability and constructability reviews of proposed contracts and projects are performed
- Review and audit existing project schedules, project cost, project documentation, quality assurance, and safety programs for material deficiencies and/or compliance.
- Review engineering and construction procedures and contract management practices and make recommendations for improvement where appropriate.
- Develop recommendations and courses of action to correct any found deficiencies in the program.
- Through reports, interviews, and onsite inspections monitor the success of the capitol improvements program implementation.
- Provide reports on actions and findings, and provide other related services deemed necessary by the Agency.
- Recommend any engineering or special services that may need to be acquired to insure economic success of the program.
- Other duties as assigned

Project Manager

- Contractor will report directly to Construction Program Manager, Dallas, TX
- Act as an expert technical advisor and manager on ICE construction projects.
- Manage ongoing large scale construction and repair & maintenance projects in conjunction with the U.S. Army Corp of Engineers (USACE).
- Assure timeframes, cost requirements and schedules on large scale construction projects are met, maintained and documented, assuring that projects stay within obligated and budgeted project costs.
- Effect repairs and maintenance to the infrastructure of ICE Service Processing Centers (SPC's) through establishment of project milestones and ongoing monitoring of progress, documenting opportunities, costs savings and potential problem areas.

- Meet ICE mission requirements, building standards and plans to assist ICE programs that enforce immigration laws against illegal immigrants. Providing excellent customer service to assure that program needs and requirements are fulfilled.
- Write memos reporting findings, communicate information to appropriate OAM management, and function as liaison between OAM, ICE Programs GSA, CBP and USACE.
- Produce recurring program reports, document findings and accomplishments, and present program data findings to OAM Director.
- Attend meetings as OAM representative, with ICE programs, CBP, GSA and Army Corp of Engineers.
- Manage special projects as assigned by OAM Director.

4.0 Travel

Travel is expected to be part of the total work effort for this scope of work. All travel in support of this contract shall be within the continental United States. Travel shall be reimbursed per the established joint travel regulations. All travel must be approved by the COTR prior to the travel.

5.0 Hours of Operation

Overtime is expected to be part of the total work effort for this scope of work and holidays may be required. COTR shall notify contractor in advance of all overtime and holiday needs to establish work requirements and assure coverage. All overtime and holiday work must be approved by the COTR before being worked. Core working hours for OAM are 9AM – 4PM, Monday – Friday. The contractors shall structure their schedule to meet these core hour requirements.

6.0 Workplace

Program Manager will be assigned full time to Washington, DC. Project Managers will report to Washington, DC for a minimum of the first two months of the contract or until the OAM Dallas office is opened after which they will be assigned full time to Dallas, TX. Contractors may continue to make periodic trips to Washington, DC as required by OAM Director, Program Manager or work requirements.

7.0 SECURITY REQUIREMENT

GENERAL

The Department of Homeland Security (DHS) has determined that performance of the tasks as described in Contract HSCEOP07P01688 requires that the Contractor, subcontractor(s), vendor(s), etc. (herein known as Contractor) have access to sensitive DHS information, and that the Contractor will adhere to the following.

SUITABILITY DETERMINATION

DHS shall have and exercise full control over granting, denying, withholding or terminating unescorted government facility and/or sensitive Government information access for Contractor employees, based upon the results of a background investigation. DHS may, as it deems appropriate, authorize and make a favorable entry on duty (EOD) decision based on preliminary security checks. The favorable EOD decision would allow the employees to commence work temporarily prior to the completion of the full investigation. The granting of a favorable EOD decision shall not be considered as assurance that a full employment suitability authorization will follow as a result thereof. The granting of a favorable EOD decision or a full employment suitability determination shall in no way prevent, preclude, or bar the withdrawal or termination of any such access by DHS, at any time during the term of the contract. No employee of the Contractor shall be allowed to EOD and/or access sensitive information or systems without a favorable EOD decision or suitability determination by the Office of Professional Responsibility, Personnel Security Unit (OPR-PSU). No employee of the Contractor shall be allowed unescorted access to a Government facility without a favorable EOD decision or suitability determination by the OPR-PSU. Contract employees assigned to the contract not needing access to sensitive DHS information or recurring access to DHS 'facilities will not be subject to security suitability screening.

BACKGROUND INVESTIGATIONS

Contract employees (to include applicants, temporaries, part-time and replacement employees) under the contract, needing access to sensitive information, shall undergo a position sensitivity analysis based on the duties each individual will perform on the contract. The results of the position sensitivity analysis shall identify the appropriate background investigation to be conducted. Background investigations will be processed through the Personnel Security Unit. Prospective Contractor employees with adequate security clearances issued by the Defense Industrial Security Clearance Office (DISCO) may not be required to submit complete security packages, as the clearance issued by DISCO may be accepted. Prospective Contractor employees without adequate security clearances issued by DISCO shall submit the following completed forms to the Personnel Security Unit through the COTR, no less than 45 days before the starting date of the

contract or 45 days prior to the expected entry on duty of any employees, whether a replacement, addition, subcontractor employee, or vendor:

 Standard Form 85P, "Questionnaire for Public Trust Positions" Form will be submitted via e-Qip (electronic forms submission).

- 2. FD Form 258, "Fingerprint Card" (2 copies)
- 3. Foreign National Relatives or Associates Statement
- DHS 11000-9, "Disclosure and Authorization Pertaining to Consumer Reports Pursuant to the Fair Credit Reporting Act"
- 5. Drug Questionnaire
- 6. Alcohol Questionnaire

Required forms will be provided by DHS at the time of award of the contract. Only complete packages will be accepted by the OPR-PSU. Specific instructions on submission of packages will be provided upon award of the contract.

Be advised that unless an applicant requiring access to sensitive information has resided in the US for three of the past five years, the Government may not be able to complete a satisfactory background investigation. In such cases, DHS retains the right to deem an applicant as ineligible due to insufficient background information.

The use of Non-U.S. citizens, including Lawful Permanent Residents (LPRs), is not permitted in the performance of this contract for any position that involves access to, development of, or maintenance to any DHS IT system.

CONTINUED ELIGIBILITY

If a prospective employee is found to be ineligible for access to Government facilities or information, the COTR will advise the Contractor that the employee shall not continue to work or to be assigned to work under the contract.

The OPR-PSU may require drug screening for probable cause at any time and/ or when the contractor independently identifies, circumstances where probable cause exists.

The OPR-PSU may require reinvestigations when derogatory information is received and/or every 5 years.

DHS reserves the right and prerogative to deny and/ or restrict the facility and information access of any Contractor employee whose actions are in conflict with the standards of conduct, 5 CFR 2635 and 5 CFR 3801, or whom DHS determines to present a risk of compromising sensitive Government information to which he or she would have access under this contract.

The Contractor will report any adverse information coming to their attention concerning contract employees under the contract to the OPR-PSU through the COTR. Reports based on rumor or innuendo should not be made. The

subsequent termination of employment of an employee does not obviate the requirement to submit this report. The report shall include the employees' name and social security number, along with the adverse information being reported.

The OPR-PSU must be notified of all terminations/ resignations within five days of occurrence. The Contractor will return any expired DHS issued identification cards and building passes, or those of terminated employees to the COTR. If an identification card or building pass is not available to be returned, a report must be submitted to the COTR, referencing the pass or card number, name of individual to whom issued, the last known location and disposition of the pass or card. The COTR will return the identification cards and building passes to the responsible ID Unit.

EMPLOYMENT ELIGIBILITY

The Contractor must agree that each employee working on this contract will have a Social Security Card issued and approved by the Social Security Administration. The Contractor shall be responsible to the Government for acts and omissions of his own employees and for any Subcontractor(s) and their employees.

Subject to existing law, regulations and/ or other provisions of this contract, illegal or undocumented aliens will not be employed by the Contractor, or with this contract. The Contractor will ensure that this provision is expressly incorporated into any and all Subcontracts or subordinate agreements issued in support of this contract.

Special Conditions

The Contracting Officer, by written notice, may terminate this contract, in whole or in part, when it is in the Government's interest. If this contract is terminated, the rights, duties, and obligations of the parties, including compensation to the Contractor, shall be in accordance with Part 49 of the Federal Acquisition Regulation in effect on the date of this contract. OAM reserves the right to require the Contractor to replace any staff deemed incompetent, who can not perform tasks as stated in this statement of work, who is careless or displays unacceptable conduct. The Contractor must be able to provide a replacement person who meets the qualification standards within five workdays. Determination of inability to work satisfactorily, as described, will be based on the number of times the government staff must provide on spot assistance. The COTR and Contracting Officer will discuss these problems jointly with the Contractor.

SECURITY MANAGEMENT

The Contractor shall appoint a senior official to act as the Corporate Security Officer. The individual will interface with the OPR-PSU through the COTR on all security matters, to include physical, personnel, and protection of all Government information and data accessed by the Contractor.

The COTR and the OPR-PSU shall have the right to inspect the procedures, methods, and facilities utilized by the Contractor in complying with the security requirements under this contract. Should the COTR determine that the Contractor is not complying with the security requirements of this contract, the Contractor will be informed in writing by the Contracting Officer of the proper action to be taken in order to effect compliance with such requirements.

The following computer security requirements apply to both Department of Homeland Security (DHS) operations and to the former Immigration and Naturalization Service operations (FINS). These entities are hereafter referred to as the Department.

INFORMATION TECHNOLOGY SECURITY CLEARANCE

When sensitive government information is processed on Department telecommunications and automated information systems, the Contractor agrees to provide for the administrative control of sensitive data being processed and to adhere to the procedures governing such data as outlined in DHS IT Security Program Publication DHS MD 4300.Pub. or its replacement. Contractor personnel must have favorably adjudicated background investigations commensurate with the defined sensitivity level.

Contractors who fail to comply with Department security policy are subject to having their access to Department IT systems and facilities terminated, whether or not the failure results in criminal prosecution. Any person who improperly discloses sensitive information is subject to criminal and civil penalties and sanctions under a variety of laws (e.g., Privacy Act).

INFORMATION TECHNOLOGY SECURITY TRAINING AND OVERSIGHT

All contractor employees using Department automated systems or processing Department sensitive data will be required to receive Security Awareness Training. This training will be provided by the appropriate component agency of DHS.

Contractor's who are involved with management, use, or operation of any IT systems that handle sensitive information within or under the supervision of the Department, shall receive periodic training at least annually in security awareness and accepted security practices and systems rules of behavior. Department contractors, with significant security responsibilities, shall receive specialized training specific to their security responsibilities annually. The level

of training shall be commensurate with the individual's duties and responsibilities and is intended to promote a consistent understanding of the principles and concepts of telecommunications and IT systems security.

All personnel who access Department information systems will be continually evaluated while performing these duties. Supervisors should be aware of any unusual or inappropriate behavior by personnel accessing systems. Any unauthorized access, sharing of passwords, or other questionable security procedures should be reported to the local Security Office or Information System Security Officer (ISSO).

8.0 DELIVERABLES

A Monthly progress report shall be submitted by the 10th of the subsequent month, in a form mutually agreed upon by the Contractor and the Government.

9.0 PERFORMANCE PERIOD

This contract Modification (contract# HSCEOP07P01688) will be in effect from the date of modification through May 30, 2008.

10.0 GOVERNMENT FURNISHED MATERIALS

All documents, data, and other material furnished by the Government under this contract will remain the property of the Government and shall be returned to the Government within 30 calendar days after completion of this contract.

11.0 SPECIAL CONSIDERATIONS

Neither the Contractor nor their representative shall release or publish any sketch, photograph, report, or other material of any nature derived or prepared under this Statement of Work without specific written permission of the ICE Contracting Officer's Technical Representative except as is specifically provided for in this Statement of Work.

Copyrights shall not be claimed by the Contractor for any materials produced under this Task Order. All such materials are to remain within the public domain.

The Contractor shall ensure that qualified personnel with the proper experience in performing such services are used throughout the duration of the project.

The Contractor and those in his/her employ shall not present reports of research from this project to various professional societies and publications.

In the event the Contractor encounters problems in fulfilling performance requirements, or when difficulties are anticipated in complying with the Task Order schedule or dates, or whenever the Contractor has knowledge a potential

situation is delaying or threatening to delay timely performance of tasks, the Contractor shall immediately notify the USACE Technical Representative by phone and in writing noting all relevant details. However, this material will be informational in character and this provision shall not be construed as a waiver by the U.S. Government of any delivery schedule or date, rights, or remedies provided by law or under this Task Order.

12.0 GOVERNMENT CONTACT REPRESENTATIVES

The designated COTR for this contract is Patricia M. Wallis, Director, Office of Asset Management. The POC is Jeffrey Alexander Occumentation and correspondence shall be submitted to the COTR and POC.

WD 05-2103 (Rev.-4) was first posted on www.wdol.gov on 07/10/2007

REGISTER OF WAGE DETERMINATIONS UNDER | THE SERVICE CONTRACT ACT |

By direction of the Secretary of Labor |

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

Wage Determination No.: 2005-2103

William W.Gross

Division of

Revision No.: 4

Director Wage Determinations

Date Of Revision: 07/05/2007

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide

Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St

Mary's

Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King George, Loudoun, Prince William, Stafford

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE

MINIMUM WAGE RATE

| | · · | |
|---|---|-------|
| (| 01000 - Administrative Support And Clerical Occupations | |
| | 01011 - Accounting Clerk I | 13.79 |
| | 01012 - Accounting Clerk II | 15.49 |
| | 01013 - Accounting Clerk III | 18.43 |
| | 01020 - Administrative Assistant | 23.59 |
| | 01040 - Court Reporter | 18.43 |
| | 01051 - Data Entry Operator I | 12.67 |
| | 01052 - Data Entry Operator II | 13.82 |
| | 01060 - Dispatcher, Motor Vehicle | 16.50 |
| | 01070 - Document Preparation Clerk | 13.29 |
| | 01090 - Duplicating Machine Operator | 13.29 |
| | 01111 - General Clerk I | 13.72 |
| | 01112 - General Clerk II | 15.32 |
| | 01113 - General Clerk III | 18.74 |
| | 01120 - Housing Referral Assistant | 21.66 |
| | 01141 - Messenger Courier | 10.23 |
| | 01191 - Order Clerk I | 14.74 |
| | 01192 - Order Clerk II | 16.29 |
| | 01261 - Personnel Assistant (Employment) I | 15.60 |
| | 01262 - Personnel Assistant (Employment) II | 18.43 |
| | 01263 - Personnel Assistant (Employment) III | 21.66 |
| | 01270 - Production Control Clerk | 21.29 |
| | 01280 - Receptionist | 12.72 |
| | 01290 - Rental Clerk | 15.60 |
| | 01300 - Scheduler, Maintenance | 15.60 |
| | 01311 - Secretary I | 17.03 |
| | 01312 - Secretary II | 18.39 |
| | 01313 - Secretary III | 21.66 |
| | 01320 - Service Order Dispatcher | 15.82 |
| | 01410 - Supply Technician | 23.59 |
| | 01420 - Survey Worker | 18.43 |
| | 01531 - Travel Clerk I | 12.07 |
| | 01532 - Travel Clerk II | 13.01 |

| 01533 - Travel Clerk III | | 13.99 |
|--|---------------|----------------|
| 01611 - Word Processor I | | 13.76 |
| 01612 - Word Processor II | | 15.60 |
| 01613 - Word Processor III | | 18.43 |
| 05000 - Automotive Service Occupations | | |
| 05005 - Automobile Body Repairer, Fiberglass | | 25.26 |
| 05010 - Automotive Electrician | | 21.37 |
| 05040 - Automotive Glass Installer | | 20.14 |
| 05070 - Automotive Worker | | 20.14 |
| 05110 - Mobile Equipment Servicer | | 17.31 |
| 05130 - Motor Equipment Metal Mechanic | en erren og r | 22.53 20.14 |
| 05160 - Motor Equipment Metal Worker 05190 - Motor Vehicle Mechanic | | 22.53 |
| 05220 - Motor Vehicle Mechanic Helper | • | 16.81 |
| 05250 - Motor Vehicle Upholstery Worker | | 19.66 |
| 05280 - Motor Vehicle Wrecker | • | 20.14 |
| 05310 - Painter, Automotive | | 21.37 |
| 05340 - Radiator Repair Specialist | • | 20.14 |
| 05370 - Tire Repairer | | 14.43 |
| 05400 - Transmission Repair Specialist | . • | 22.53 |
| 07000 - Food Preparation And Service Occupations | | |
| 07010 - Baker | | 13.18 |
| 07041 - Cook I | | 11.97 |
| 07042 - Cook II | | 13.28 |
| 07070 - Dishwasher | | 9.76 |
| 07130 - Food Service Worker | • | 10.25 |
| 07210 - Meat Cutter | | 16.07 |
| 07260 - Waiter/Waitress | | 8.59 |
| 09000 - Furniture Maintenance And Repair Occupations | | |
| 09010 - Electrostatic Spray Painter | | 18.05 |
| 09040 - Furniture Handler | | 12.78 |
| 09080 - Furniture Refinisher | • | 18.39 |
| 09090 - Furniture Refinisher Helper | | 14.11 |
| 09110 - Furniture Repairer, Minor | · | 16.31 |
| 09130 - Upholsterer | | 18.05 |
| 11000 - General Services And Support Occupations | ." | 9.67 |
| 11030 - Cleaner, Vehicles | | 9.79 |
| 11060 - Elevator Operator | | 15.70 |
| 11090 - Gardener | | 10.89 |
| 11122 - Housekeeping Aide 11150 - Janitor | | 10.89 |
| 11210 - Laborer, Grounds Maintenance | | 12.07 |
| 11240 - Maid or Houseman | • | 10.84 |
| 11240 Mard of Houseman | | 11.37 |
| 11270 - Tractor Operator | | 14.19 |
| 11330 - Trail Maintenance Worker | | 12.07 |
| 11360 - Window Cleaner | | 11.31 |
| 12000 - Health Occupations | • | |
| 12010 - Ambulance Driver | | 16.06 |
| 12011 - Breath Alcohol Technician | | 17.67 |
| 12012 - Certified Occupational Therapist Assistant | | 20.31 |
| 12015 - Certified Physical Therapist Assistant | | 19.99 |
| 12020 - Dental Assistant | • | 16.90 |
| 12025 - Dental Hygienist | | 40.68 |
| 12030 - EKG Technician | • | 24.34 |
| 12035 - Electroneurodiagnostic Technologist | | 24.34 |
| 12040 - Emergency Medical Technician | | 17.67 |
| 12071 - Licensed Practical Nurse I | | 18.60 |
| 12072 - Licensed Practical Nurse II | • | 20.82 |
| 12073 - Licensed Practical Nurse III | | 21.79 |

| 12100 | _ | Medical Assistant | | 14.23 |
|---------|---|--|----|----------------|
| 12130 | - | Medical Laboratory Technician | | 18.04 |
| 12160 | - | Medical Record Clerk | | 14.96 |
| 12190 | | Medical Record Technician | | 16.67 |
| 12195 | _ | Medical Transcriptionist | | 16.46 |
| 12210 | - | Nuclear Medicine Technologist | | 28.93 |
| 12221 | - | Nursing Assistant I | | 9.75 |
| 12222 | - | Nursing Assistant II | | 10.96 |
| 12223 | _ | Nursing Assistant III | | 12.99 |
| 12224 | | Nursing Assistant IV | | 14.58 |
| 12235 | _ | Optical Dispenser | | 16.67 |
| | | Optical Technician | | 14.41 |
| | | Pharmacy Technician | | 15.75 |
| 12280 | _ | Phlebotomist | | 14.58 |
| 12305 | _ | Radiologic Technologist | | 27.61 |
| 12311 | - | Registered Nurse I | | 24.92 |
| 12312 | - | Registered Nurse II | | 31.22 |
| 12313 | _ | Registered Nurse II, Specialist | | 31.22 |
| 12314 | - | Registered Nurse III | .* | 37.77 |
| 12315 | _ | Registered Nurse III, Anesthetist | | 37.77 |
| 12316 | - | Registered Nurse IV | | 45.28 |
| | | Scheduler (Drug and Alcohol Testing) | | 18.04 |
| 13000 - | I | nformation And Arts Occupations | | |
| 13011 | - | Exhibits Specialist I | | 18.55 |
| 13012 | - | Exhibits Specialist II | | 23.33 |
| 13013 | - | Exhibits Specialist III | | 28.11 |
| 13041 | _ | Illustrator I | | 18.73 |
| 13042 | _ | Illustrator II | | 23.42 |
| 13043 | - | Illustrator III | | 28.82 |
| 13047 | _ | Librarian | | 25.45 |
| | | Library Aide/Clerk | | 12.52 |
| 13054 | _ | Library Information Technology Systems Administrator | | 22.99 |
| 13058 | - | Library Technician | | 17.88 |
| 13061 | _ | Media Specialist I | | 16.58 |
| 13062 | - | Media Specialist II | | 18.55 |
| | | Media Specialist III | | 20.68 |
| | | Photographer I | | 14.67 |
| | | Photographer II | | 17.18 |
| | | Photographer III | | 21.52 |
| | | Photographer IV | | 26.05 |
| | | Photographer V | | 29.15 |
| - | | Video Teleconference Technician | | 16.58 |
| | | nformation Technology Occupations | | 16 70 |
| | | Computer Operator I | | 16.72 |
| | | · Computer Operator II | | 18.71 |
| | | · Computer Operator III | | 20.86 |
| | | Computer Operator IV | | 23.18 |
| | | Computer Operator V | | 25.66 |
| | | Computer Programmer I (1) | | 21.60 26.37 |
| | | Computer Programmer II (1) | | 27.62 |
| | | · Computer Programmer III (1) | | 27.62 |
| | | - Computer Programmer IV (1) | | 27.62 |
| | | Computer Systems Analyst I (1) | | 27.62 |
| | | Computer Systems Analyst II (1) | | 27.62 |
| | | - Computer Systems Analyst III (1) | | 16.72 |
| 14150 | | Peripheral Equipment Operator | | 23.18 |
| | | - Personal Computer Support Technician | | 20.10 |
| | | Instructional Occupations | | 34.39 |
| 15010 | _ | - Aircrew Training Devices Instructor (Non-Rated) | | 42.72 |
| 15020 | _ | - Aircrew Training Devices Instructor (Rated) | | 14.14 |
| | | · | | |

| 15030 - Air Crew Training Devices Instructor (Pilot) | 50.66 |
|---|-------|
| 15050 - Computer Based Training Specialist / Instructor | 31.26 |
| 15060 - Educational Technologist | 29.09 |
| 15070 - Flight Instructor (Pilot) | 50.66 |
| 15080 - Graphic Artist | 24.95 |
| 15090 - Technical Instructor | 23.87 |
| 15095 - Technical Instructor/Course Developer | 29.19 |
| 15110 - Test Proctor | 19.04 |
| 15120 - Tutor | 19.04 |
| 16000 - Laundry, Dry-Cleaning, Pressing And Related Occupat | |
| 16010 - Assembler | 8.95 |
| 16030 - Counter Attendant | 8.95 |
| 16040 - Dry Cleaner | 12.21 |
| 16070 - Finisher, Flatwork, Machine | 8.95 |
| 16090 - Presser, Hand | 8.95 |
| 16110 - Presser, Machine, Drycleaning | 8.95 |
| 16130 - Presser, Machine, Shirts | 8.95 |
| | 8.95 |
| 16160 - Presser, Machine, Wearing Apparel, Laundry | 12.30 |
| 16190 - Sewing Machine Operator | 13.01 |
| 16220 - Tailor | 9.81 |
| 16250 - Washer, Machine | 9.01 |
| 19000 - Machine Tool Operation And Repair Occupations | 18.95 |
| 19010 - Machine-Tool Operator (Tool Room) | 23.05 |
| 19040 - Tool And Die Maker | 23.03 |
| 21000 - Materials Handling And Packing Occupations | 17.26 |
| 21020 - Forklift Operator | 17.26 |
| 21030 - Material Coordinator | 21.29 |
| 21040 - Material Expediter | 21.29 |
| 21050 - Material Handling Laborer | 12.65 |
| 21071 - Order Filler | 13.21 |
| 21080 - Production Line Worker (Food Processing) | 17.28 |
| 21110 - Shipping Packer | 14.46 |
| 21130 - Shipping/Receiving Clerk | 14.46 |
| 21140 - Store Worker I | 10.44 |
| 21150 - Stock Clerk | 14.35 |
| 21210 - Tools And Parts Attendant | 17.26 |
| 21410 - Warehouse Specialist | 17.26 |
| 23000 - Mechanics And Maintenance And Repair Occupations | |
| 23010 - Aerospace Structural Welder | 25.68 |
| 23021 - Aircraft Mechanic I | 24.46 |
| 23022 - Aircraft Mechanic II | 25.68 |
| 23023 - Aircraft Mechanic III | 26.97 |
| 23040 - Aircraft Mechanic Helper | 16.61 |
| 23050 - Aircraft, Painter | 23.42 |
| 23060 - Aircraft Servicer | 18.71 |
| 23080 - Aircraft Worker | 19.90 |
| 23110 - Appliance Mechanic | 20.60 |
| 23120 - Bicycle Repairer | 14.43 |
| 23125 - Cable Splicer | 24.98 |
| 23130 - Carpenter, Maintenance | 20.36 |
| 23140 - Carpet Layer | 18.70 |
| 23160 - Electrician, Maintenance | 25.37 |
| 23181 - Electronics Technician Maintenance I | 22.08 |
| 23182 - Electronics Technician Maintenance II | 23.44 |
| 23183 - Electronics Technician Maintenance III | 24.70 |
| 23260 - Fabric Worker | 17.90 |
| 23290 - Fire Alarm System Mechanic | 21.46 |
| 23310 - Fire Extinguisher Repairer | 16.50 |
| 23311 - Fuel Distribution System Mechanic | 22.81 |
| 23312 - Fuel Distribution System Operator | 19.38 |
| • | |

| | | _ | | | |
|-------|-----|--|----------------|---------------|--|
| 2337 | 0 - | General Maintenance Worker | • | | 20.91 |
| 2338 | 0 - | Ground Support Equipment Mechanic | | | 24.46 |
| | | Ground Support Equipment Servicer | | BERN TERRORET | 18.71 |
| | | Ground Support Equipment Worker | • | | 19.90 |
| | | Gunsmith I | | | 16.50 |
| 2339 | 2 - | Gunsmith II | | | 19.18 |
| | | Gunsmith III | • | | 21.46 |
| 2341 | 0 - | Heating, Ventilation And Air-Condition | ing Mechanic | | 21.96 |
| 2341 | 1 - | Heating, Ventilation And Air Contditio | ning Mechanic | (Research | Facility) |
| 23.13 | | | | | nga pangani menggapan menggapan menggapan kenangan penggapan penggapan dan beranggapan dan ber |
| | | Heavy Equipment Mechanic | | | 21.46 |
| | | Heavy Equipment Operator | | | 21.46 |
| | | Instrument Mechanic | | | 21.46 |
| | | Laboratory/Shelter Mechanic | | | 20.36 |
| | | Laborer | • | | 14.27 |
| | | Locksmith | | | 19.76 |
| | | Machinery Maintenance Mechanic | • | | 21.77 |
| | | Machinist, Maintenance | | | 21.52 |
| | | Maintenance Trades Helper | and the second | | 15.10 |
| | | Metrology Technician I | | | 21.46 |
| | | Metrology Technician II | | | 22.61 |
| | | Metrology Technician III | | | 23.72 |
| | | Millwright | | | 23.30 |
| | | Office Appliance Repairer | | | 21.00 |
| | | Painter, Maintenance | | | 20.36 |
| | | Pipefitter, Maintenance | | ÷ | 22.76 |
| | | Plumber, Maintenance | | | 20.99 |
| | | Pneudraulic Systems Mechanic | • | ů. | 21.46 |
| | | Rigger | | | 21.46 |
| | | Scale Mechanic | • | | 19.18 |
| | | Sheet-Metal Worker, Maintenance | | | 21.46 |
| | | Small Engine Mechanic | · | | 20.05 |
| | | Telecommunications Mechanic I | | | 25.22 |
| | | Telecommunications Mechanic II | - | * | 26.58 |
| | | Telephone Lineman | | | 24.43 |
| | | Welder, Combination, Maintenance | | | 21.46 |
| | | Well Driller | | | 21.46 |
| | | Woodcraft Worker | • | | 21.46 |
| | | | | | 16.50 |
| | | Woodworker | | | 10.00 |
| | | ersonal Needs Occupations Child Care Attendant | | | 11.58 |
| | | Child Care Center Clerk | | • | 16.15 |
| | | | | | 9.58 |
| | | Chore Aide | Coordinator | - | 12.95 |
| | | Family Readiness And Support Services | Coordinator | | 16.75 |
| | | Homemaker | | | 10.10 |
| | | lant And System Operations Occupations | | • | 24 98 |
| | _ | Boiler Tender | | | 20.23 |
| | | Sewage Plant Operator | | | 24.98 |
| | | Stationary Engineer | | | 17.56 |
| | | Ventilation Equipment Tender | | | 20.23 |
| | | Water Treatment Plant Operator | •. | | 20.23 |
| | | rotective Service Occupations | | | 17.66 |
| | | Alarm Monitor | | | 11.51 |
| | | Baggage Inspector | , | | 19.83 |
| | | Corrections Officer | | | 23.26 |
| | | Court Security Officer | | | 17.66 |
| | | Detection Dog Handler | | ** | 19.83 |
| | | Detention Officer | | 10 | 22.39 |
| | | Firefighter | | | 11.51 |
| 2710 | т – | Guard I | | | ***** |

| | | | s - | | |
|---|-------|---|----------------------------|---------------------|----------------|
| | 27102 | - Guard II | | | 17.66 |
| | 27131 | - Police Officer I | | | 23.94 |
| | 27132 | - Police Officer II | | 20 20 20 20 17 44 4 | 26.60 |
| | | Recreation Occupations | | | |
| | | - Carnival Equipment Operator | | | 12.35 |
| | | - Carnival Equipment Repairer | | | 13.30 |
| | | - Carnival Equpment Worker | | | 8.40 |
| | | - Gate Attendant/Gate Tender | • • | | 13.01 |
| • | | - Lifeguard | ÷ | | 11.59 |
| | 28350 | - Park Attendant (Aide) | | | 14.56 |
| | | - Recreation Aide/Health Facility | Attendant | | 10.62 |
| | | - Recreation Specialist - Sports Official | | | 18.04 11.59 |
| | | - Swimming Pool Operator | | | 16.85 |
| | | Stevedoring/Longshoremen Occupati | ional Corvices | | 10.05 |
| | | - Blocker And Bracer | ional bervices | | 20.55 |
| | · · | - Hatch Tender | | | 20.55 |
| | | - Line Handler | | | 20.55 |
| | | - Stevedore I | | | 19.18 |
| | | - Stevedore II | | | 21.64 |
| | | Technical Occupations | • | | |
| | | - Air Traffic Control Specialist, | Center (HFO) (2) | | 34.71 |
| | | - Air Traffic Control Specialist, | | | 23.94 |
| | 30012 | - Air Traffic Control Specialist, | Terminal (HFO) (2) | | 26.36 |
| | 30021 | - Archeological Technician I | | | 17.06 |
| | | - Archeological Technician II | | | 19.03 |
| | 30023 | - Archeological Technician III | | | 23.76 |
| | | - Cartographic Technician | | | 24.85 |
| | | - Civil Engineering Technician | • | | 22.19 |
| | | - Drafter/CAD Operator I | · • | • | 17.92 |
| | | - Drafter/CAD Operator II | | | 20.06 |
| | | - Drafter/CAD Operator III | | | 22.36 |
| | | - Drafter/CAD Operator IV | | | 27.51 |
| | | - Engineering Technician I | | | 20.19 |
| | | - Engineering Technician II | • | | 22.67 |
| | | - Engineering Technician III | | | 25.37 31.43 |
| | | - Engineering Technician IV | | | 38.44 |
| | | - Engineering Technician V | | | 46.51 |
| | | - Engineering Technician VI - Environmental Technician | • | | 21.36 |
| | | - Laboratory Technician | | | 22.36 |
| | | - Mathematical Technician | | | 26.31 |
| | | - Paralegal/Legal Assistant I | | | 20.03 |
| | | - Paralegal/Legal Assistant II | | | 24.82 |
| | | - Paralegal/Legal Assistant III | | - | 30.35 |
| | | - Paralegal/Legal Assistant IV | | , | 36.73 |
| | | - Photo-Optics Technician | | | 24.85 |
| | | - Technical Writer I | | 20.69 |) |
| | | - Technical Writer II | | | 25.30 |
| | | - Technical Writer III | | | 30.61 |
| | | - Unexploded Ordnance (UXO) Tech | nician I | | 22.06 |
| | | - Unexploded Ordnance (UXO) Tech | | | 26.69 |
| | | - Unexploded Ordnance (UXO) Tech | | | 31.99 |
| | | - Unexploded (UXO) Safety Escort | | | 22.06 |
| | 30495 | - Unexploded (UXO) Sweep Personn | el | • | 22.06 |
| | | - Weather Observer, Combined Upp | er Air Or Surface Programs | (2) | 22.14 |
| | 30621 | - Weather Observer, Senior (2) | | | 23.98 |
| | | Transportation/Mobile Equipment | Operation Occupations | | 11 00 |
| | | - Bus Aide | | | 11.99 17.54 |
| | 31030 | - Bus Driver | | | 11.54 |
| | | | | | |

| · · · · · | | |
|--------------------------------------|--|-------|
| 31043 - Driver Courier | | 12.71 |
| 31260 - Parking and Lot Attendant | | 9.06 |
| 31290 - Shuttle Bus Driver | | 13.89 |
| 31310 - Taxi Driver | | 13.98 |
| 31361 - Truckdriver, Light | | 13.89 |
| 31362 - Truckdriver, Medium | | 17.09 |
| 31363 - Truckdriver, Heavy | | 18.40 |
| 31364 - Truckdriver, Tractor-Trailer | • | 18.40 |
| 99000 - Miscellaneous Occupations | | |
| 99030 - Cashier | | 10.03 |
| 99050 - Desk Clerk | The second secon | 10.45 |
| 99095 - Embalmer | | 21.77 |
| 99251 - Laboratory Animal Caretaker | I | 10.47 |
| 99252 - Laboratory Animal Caretaker | | 10.85 |
| 99310 - Mortician | . * | 27.25 |
| 99410 - Pest Controller | | 14.54 |
| 99510 - Photofinishing Worker | • | 11.59 |
| 99710 - Recycling Laborer | | 15.73 |
| 99711 - Recycling Specialist | | 18.72 |
| 99730 - Refuse Collector | | 14.01 |
| 99810 - Sales Clerk | • | 11.87 |
| 99820 - School Crossing Guard | | 11.37 |
| 99830 - Survey Party Chief | | 19.76 |
| 99831 - Surveying Aide | | 12.28 |
| 99832 - Surveying Technician | • | 18.78 |
| 99840 - Vending Machine Attendant | | 12.61 |
| 99841 - Vending Machine Repairer | | 16.37 |
| 99842 - Vending Machine Repairer Hel | lper | 12.61 |
| | | |

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

- 1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)
- 2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am. If you are a full-time employed (40 hours a week) and Sunday is part of your

regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordinance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordance, explosives, and incendiary material differential pay.

** UNIFORM ALLOWANCE **

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at http://www.dol.gov/esa/whd/ or through the Wage Determinations On-Line (WDOL) Web site at http://wdol.gov/.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form

1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C) (vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).
- 4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.
- 5) The contracting officer transmits the Wage and Hour decision to the contractor.
- 6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

| 1.4 | · · · · · · | ORI | DE | R SUP | PLIES OR SERVI | CES | | | | | OF PAGES | |
|---|---|---------------------|----------------|------------|--|-----------------|-------------|---|-----------------|--|----------------|---|
| IMPORTANT: | Mark all packages an | d papers with | co | t and/or o | order numbers. | | | | <u> </u> | 1 | 3 | |
| 1. DATE OF ORD | ER 2. CONTRAC | T NO. (If any) | ? | | **1 | | | | 6, SHIP TO: | | | |
| 09/28/200 | 07 | | | | | a. NAME O | CON | ISIGNEE | | | | |
| 3. ORDER NO. | | | 4. REQU | ISITION/R | EFERENCE NO. | - | | | | | | |
| HSCEOP-0 | 7-P-01688 | | OAMO | | | ICE Of | fic | e of Asset N | Managemen | t | | |
| 5. ISSUING OFFI ICE/Info | ICE (Address correspond Tech Svs/OC | IO/Admin | Ph S | vc | L. (L. (L. (L. (L. (L. (L. (L. (L. (L. (| | Str | eet, NW | | | | |
| | ion and Custo | | | nt | | Attn: | Jef | f Alexander | | | | |
| | f Acquisition | | nent | | | | | | | | | |
| | reet NW, Sui | te 2208 | | | | c. CITY | | | | d. STATE | e. ZIP CODE | <u> </u> |
| Washingto | on DC 20536 | | | | | Washir | igto | on | | DC | 20536 | |
| 7, TO: | | | | | | f. SHIP VIA | | | | | | |
| a. NAME OF CO | NTRACTOR SYSTEMS INTE | RNATIONA | L LLC | | | | | 8. T | YPE OF ORDER | | | ~ |
| b, COMPANY NA | AME | | | - | | X a. PUR | CHAS | | | b. DELIVER | Y | |
| | | | | | | REFEREN | | | i | _ | | |
| c. STREET ADD | | | | | | | | | | Except for billing reverse, this deli | | the |
| SUITE 31 | | | | | | } | | | | subject to instruc | • | no t |
| JULIN 01 | | | | | | Bloom f | sich 4h | e following on the terms | | this side only of | | |
| | | | | | | | | e lollowing art the terms becified on both sides o | | issued subject to conditions of the | | |
| d. CITY | | | | e. STATE | f. ZIP CODE | 1 | | the attached sheet, if | | contract. | | |
| SILVER SI | PRING | | · | MD | 209104934 | any includ | ng ae | livery as indicated. | | | | |
| 9. ACCOUNTING | G AND APPROPRIATION | N DATA | | | | 1 | | NING OFFICE | | • | | |
| See Sche | | | | | | ICE As | ssis | stant Secret | 1 | | | |
| | CLASSIFICATION (Che | ck appropriate b | | | X c. DISADVANTAGE | .n [| a SE | ERVICE- | 12. F.O.B. POIN | | | |
| X a. SMAL | | | | ·CL | | | DI | SABLED | Destinat | ion | | |
| X d. WOM | IEN-OWNED | e. HUBZone | | | f. EMERGING SMA BUSINESS | LL | | ETERAN- WNFD | | | | |
| | 13. PLACE | OF | |] | 14. GOVERNMENT B/L I | 1 0. | | 15. DELIVER TO F.O. | | 16. DISCO | UNT TERMS | • |
| a. INSPECTION | | . ACCEPTANCE | | | | | | ON OR BEFORE (C Multiple |)ate) | | | |
| Destinat | | Destinati | | | | | | 110000 | | | | |
| | | | | | 17. SCHEDULE (S | See reverse for | Rejec | ctions) | | | | |
| | | | | | _ | QUANTITY | | UNIT | | | | NTITY |
| ITEM NO. (a) | | SUPPLIES | OR SERV (b) | ICES | | ORDERED (c) | UNIT (d) | PRICE (e) |) Al | (f) | | EPTED (g) |
| | Tax ID Number: DUNS Number: PROGRAM POC: PHONE #: (b)(2)L Period of Pe 03/30/2008 Continued | 0872313 MATT MOS | 325 DEN/J | | | | | | | | | |
| | 18. SHIPPING POINT | | | | 19. GROSS SHIPPING | WEIGHT | | 20. INVOICE NO. | | | | 17(h) TOTAL (Cont. |
| | | | | | 21. MAIL INVOICE TO: | | • | | | | | pages) |
| | a. NAME | U.S | . Der | ot. Of | Homeland Se | curity | | | \$11 | 9,000.00 | | |
| SEE BILLING INSTRUCTIONS ON REVERSE | b. STREET ADDRESS (or P.O. Box) | 425 | 5 I St | treet, | and Customs E NW exander or Ma | | | | | | , | 17(i) GRAN TOTA |
| | c. CITY | | | · | | d. ST. | ATE | e. ZIP CODE | \$11 | 9,000.00 | | |
| | Washingto | on | | | | D | C _ | 20536 | | · · · · · · · · · · · · · · · · · · · | | $oldsymbol{ol}}}}}}}}}}}}}}}}}$ |
| 22. UNITED | STATES OF AMERICA | | ſ | سر \ | A | | | 23. NAME (Typed) | | | | |
| BY (Sign | . | | 1-6 | 1/ | 2011AM/ | W | | Brooke B | ernold | | | |
| | | XXV | W | <u> </u> | > VVVIIIL | <u>火</u> | | TITLE: CONTRACT | TING/ORDERING | | | |
| AUTHORIZED F | OR LOCAL REPRODUCTIO | N J | | | | | | | | OPTION/ | AL FORM 347 (R | tev. 3/2005 |

ORDER F SUPPLIES OR SERVICES SCHOOL OLE - CONTINUATION

PAGE OF PAGES

IMPORTANT: Mark all packages and papers with contract and/or order numbers CONTRACT NO. DATE OF ORDER ORDER NO. HSCEOP-07-P-01688 09/28/2007 SUPPLIES/SERVICES QUANTITY UNIT AMOUNT QUANTITY ITEM NO. UNIT ORDERED (C) ACCEPTED PRICE (G) (D) (B) (A) (E) (b)(4) 0001 Program Manager EA 1 Accounting Info: SEE ATTACHMENT Funded: (b)(4) 0002 Travel Expenses EΑ Accounting Info: SEE ATTACHMENT A Funded: (b)(4) Other Direct Cost 1 EA 0003 Accounting Info: Funded: 5 (b)(4) This is a Time and Materials Order. The following HSAR Clause is incorporated by reference: HSAR 3052.209-70, Prohibition On Contracts With Corporate Expatriates (Jun 2006) INVOICING AND PAYMENT PROCEDURE: The Contractor shall submit a proper invoice to the designated billing address as specified in block 21 of the order for certification of services/supplies rendered and accepted by the Government in order to make a timely payment. Erroneous or improper invoices shall be retuned to the vendor within seven days of receipt in accordance with the Prompt Payment Act. Payment office address is: Department of Homeland Security Dallas Finance Center (DFC) P.O. Box 561588 Continued ...

ORDER F SUPPLIES OR SERVICES SCH OLE - CONTINUATION

PAGE OF PAGES

| DATE OF ORDE | Mark all packages and papers with contract and/or order numbers. CONTRACT NO. | | | | ORDER N | | |
|--------------|--|---------------------|-----|---------------|---------|--------------|----------------------|
| 09/28/200 | 07 | · | | | HSCEO | P-07-P-01688 | |
| ITEM NO. | SUPPLIES/SERVICES | QUANTITY ORDERED | | UNIT PRICE | | AMOUNT | QUANTITY ACCEPTED |
| (A) | (B) | (C) | (D) | (E) | | (F) | (G) |
| E | Dallas, TX 75356-1588 | | | | | | |
| F | Please note: the Contractor shall not mail | | | | İ | | |
| ··· | an invoice directly to the Dallas Finance | | | | - 1 | | |
| | Center. DFC will not accept any invoices | | | | | | |
| | without certifying products/services | | | | | | • |
| | received and accepted and signing the | | | | | | • |
| | original invoice by both the receiving | 1 | | | | | |
| | officer and the Contracting Officer. The | 1 | | | | | • |
| | signed invoice shall be forwarded to the Contracting Officer/Contract Specialist for | | | | | | |
| | authorization of invoice payment. | | 1 | | | | |
| | AUCHOLIZACION OF ENVOICE payment. | | 1 | | | | |
| 4 | For inquiring payment status, the | | | | | · | |
| | Contractor may call the DFC customer | | | | | | |
| | service at 214-915-6161, or by fax at | | | | | | |
| 2 | 214-915-6262, between 7:30 a.m. and 4:30 | | 1 | | | | * |
| | o.m., Monday thru Friday CST. Email | 1 | | İ | ĺ | | |
| á | address is customerservice.dfc@dhs.gov | | 1 | | | | |
| | | | | | | | |
| | For questions regarding this order: | | 1 | | | | |
| | Contracting Officer: Brooke Bernold; Tel.#: (b)(2)Low | | 1 | | | | |
| | OHS ICE Site Contact: Jeff Alexander, | | İ | | | • |] |
| 4 | rel.#: (b)(2)Low | | | 1 | | | |
| ľ | | | | | | | |
| 7 | The total amount of award: \$119,000.00. The | | | | | | |
| d | obligation for this award is shown in box | | 1 | | | | |
| | 17(i). | | 1 | | | | |
| | | | 1 | | | • | |
| | | | | | | | 1 |
| | | | | | | | |
| | | | | İ | | | |
| 1 | | | | | | | |
| 1 | | | | | | · | |
| · [| | | | | , | | |
| | | 1 | | 1 | | | |
| | | | | | | | |
| 1 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |
| | | 1 | | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| ľ | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | 1 |
| | | 1 | 1 | 1 | | | |