

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>				1. REQUISITION NUMBER		PAGE OF 1 10						
2. CONTRACT NO. 70CDCR25DIG000024			3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER					
7. <b>FOR SOLICITATION INFORMATION CALL:</b>			a. NAME 			b. TELEPHONE NUMBER (No collect calls)		8. OFFER DUE DATE/LOCAL TIME E.S.				
9. ISSUED BY  DETENTION COMPLIANCE AND REMOVALS ICE Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024			CODE 70CDCR		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SMALL BUSINESS  <input type="checkbox"/> HUBZONE SMALL BUSINESS  <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) </div> <div> <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB)  <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)  <input type="checkbox"/> 8(A) </div> <div> NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS):  561612    SIZE STANDARD:  </div> </div>							
11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING 14. METHOD OF SOLICITATION <input type="checkbox"/> REQUEST FOR QUOTE (RFQ) <input type="checkbox"/> INVITATION FOR BID (IFB) <input type="checkbox"/> REQUEST FOR PROPOSAL (RFP)						
15. DELIVER TO  ICE Enforcement & Removal Immigration and Customs Enforcement 500 12th St SW Washington DC 20024			CODE ICE/ERO		16. ADMINISTERED BY  ICE/Detention Compliance & Removals ICE Office of Acquisition Management 500 12th St SW Washington DC 20024							
17a. CONTRACTOR/ OFFEROR  RICHWOOD TOWN OF ATTN 2710 MARTIN LUTHER KING DR RICHWOOD LA 712027004  TELEPHONE NO. Brown		CODE R8VKAY22YH88 FACILITY CODE		18a. PAYMENT WILL BE MADE BY  ICE/ERO/FHQ/CAD WWW.IPP.GOV				CODE ICE/ERO/FHQ/CAD				
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM								
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY		22. UNIT		23. UNIT PRICE		24. AMOUNT	
		UEI: R8VKAY22YH88 Points of Contact:  COR: , , (504) COR: , , (318) 485- COR: ,  (202) 732- Contracting Officer: , , (682) 308- <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>										
25. ACCOUNTING AND APPROPRIATION DATA See schedule							26. TOTAL AWARD AMOUNT (For Government Use Only) \$0.00					
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <span style="float: right;"><input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.</span>												
<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <span style="float: right;"><input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.</span>												
<input type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.							<input type="checkbox"/> 29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:					
30a. SIGNATURE OF OFFEROR/CONTRACTOR					31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)							
30b. NAME AND TITLE OF SIGNER (Type or print)				30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)				31c. DATE SIGNED		

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>Contracts Specialist: [REDACTED], [REDACTED], (202) 923-[REDACTED] County POC: [REDACTED], [REDACTED] LaSalle POC: [REDACTED], [REDACTED], (512) 858-[REDACTED]</p> <p>The purpose of 70CDCR25DIG000024 is to establish an Inter-Governmental Service Agreement (IGSA) between the United States Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) and Town of Richwood for the provision of detention, transportation and guard services for ICE detainees at the Richwood ICE Processing Center located at 180 Pine Bayou Circle, Richwood, Louisiana, LA 71211. 8/01/2025 to 7/31/2030. The dates for the annual pricing are as follows:</p> <p>IGSA Base Year: September 01, 2025 - July 31, 2026 Ordering Period Year 1: September 01, 2026 - July 31, 2027 Ordering Period Year 2: September 01, 2027 - July 31, 2028 Ordering Period Year 3: September 01, 2028 - July 31, 2029 Ordering Period Year 4: September 01, 2029 - July 31, 2030 Continued ...</p>				

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED    ☐ INSPECTED    ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY ( <i>Print</i> )		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT ( <i>Location</i> )	
		42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS	

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	<p>A new wage determination will be incorporated into this agreement annually. This action does not obligate any funds. Services shall only be provided when authorized through a funded task order. Annual task orders will be placed against this IGSA. The service provider shall not accept any instruction that results in a change to the services details in the IGSA from an entity or individual other than the Contracting Officer. The following documents constitute the complete agreement and are hereby incorporated into this award: Standard Form 1449 70CDCR25DIG000024</p> <p>Attachments:</p> <p>Attachment 1 - Title 29, Part 4 Labor Standards for Federal Service Contracts</p> <p>Attachment 2 - Wage Determination Number: 2015-5187 Rev. 26 Dated 12/23/2024</p> <p>Attachment 3 - Quality Assurance Surveillance Plan and Performance Requirements Summary</p> <p>Attachment 3A - Contract Deficiency Report Template</p> <p>Attachment 4 - Quality Control Plan</p> <p>Attachment 5 - Prison Rape Elimination Act (PREA) Regulations</p> <p>Attachment 6 - Detention-Transportation Invoice Supporting Documentation Template</p> <p>Attachment 7 - Combatting Trafficking in Persons</p> <p>Attachment 8 - ICE Privacy, Records Management, and Safeguarding</p> <p>Attachment 9 - Physical Plant Requirements</p> <p>Attachment 10 - Transportation Requirements</p> <p>Attachment 10a - Route List</p> <p>Attachment 11 - Virtual Attorney Visitation</p> <p>Attachment 12 - Reserved</p> <p>Attachment 13 - Staffing Plan and Detention Facility Floor Plan</p> <p>Attachment 14 - Performance Work Statement (PWS)</p> <p>Attachment 15 - Addendum to PWS_Richwood</p> <p>.</p> <p>Period of Performance: 08/01/2025 to 07/31/2030</p>				
0001	<p>Facility Operating Cost (FOC)</p> <p>*OVER [REDACTED] HOUR DETENTION CENTER*</p> <p>Continued ...</p>		MO	0.00	0.00

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	<p>-----Base Ordering Period-----  POP: 09/01/2025 - 08/31/2026  Facility Operating Charge (FOC): \$ [REDACTED]  Bed Day Rate [REDACTED]  Bed Day Rate [REDACTED]</p> <p>----- Ordering Period 1 -----  POP: 09/01/2026 - 08/31/2027  Firm-fixed-price: \$ [REDACTED]  Bed Day Rate [REDACTED]  Bed Day Rate [REDACTED]</p> <p>----- Ordering Period 2 -----  POP: 09/01/2027 - 8/31/2028  Firm-fixed-price: \$ [REDACTED]  Bed Day Rate [REDACTED]  Bed Day Rate [REDACTED]</p> <p>----- Ordering Period 3 -----  POP: 09/01/2028 - 8/31/2029  Firm-fixed-price: \$ [REDACTED]  Bed Day Rate [REDACTED]  Bed Day Rate [REDACTED]</p> <p>----- Ordering Period 4 -----  POP: 09/01/2029 - 08/31/2030  Firm-fixed-price: \$ [REDACTED]  Bed Day Rate [REDACTED]  Bed Day Rate [REDACTED]</p> <p>.</p> <p>Obligated Amount: \$0.00  Product/Service Code: S206  Product/Service Description: HOUSEKEEPING- GUARD</p>				
0002	<p>On-Call/Transportation Guard Services at Richwood  ICE Processing Center</p> <p>On-Call/Transportation Guard at Regular Rate:  \$ [REDACTED] per hour  On-Call/Transportation Guard at Overtime Rate:  \$ [REDACTED] per hour  Obligated Amount: \$0.00  Product/Service Code: S206  Continued ...</p>		HR	0.00	0.00

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0003	<p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Transportation Services</p> <p>Fixed price includes:</p> <p>total miles per year</p> <p>noncitizen transportation vehicles</p> <p>admin vehicles</p> <p>Note: The "per mile" fees ONLY apply if the fleet exceeds miles in a single year. The total miles driven resets at the start of each ordering period.</p> <p>----- Ordering Period 1 ----</p> <p>POP: 9/01/2025 - 8/31/2026</p> <p>Firm-fixed-price: \$</p> <p>Bus: \$/mile</p> <p>Pass Van: \$/mile</p> <p>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 2 ----</p> <p>POP: 9/01/2026 - 8/31/2027</p> <p>Firm-fixed-price: \$</p> <p>Bus: \$/mile</p> <p>Pass Van: \$/mile</p> <p>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 3 ----</p> <p>POP: 9/01/2027 - 8/31/2028</p> <p>Firm-fixed-price: \$</p> <p>Bus: \$/mile</p> <p>Pass Van: \$/mile</p> <p>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 4 ----</p> <p>POP: 9/01/2028 - 8/31/2029</p> <p>Firm-fixed-price: \$</p> <p>Bus: \$/mile</p> <p>Pass Van: \$/mile</p> <p>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 5 ----</p> <p>POP: 9/01/2029 - 8/31/2030</p> <p>Firm-fixed-price: \$</p> <p>Bus: \$/mile</p> <p>Continued ...</p>				0.00

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	<div> <div></div> <div>Pass Van: \$<div></div> mile</div> <div>Smaller Vans/Cars: GSA Rate</div> <div>.</div> <div>Obligated Amount: \$0.00</div> <div>Product/Service Code: S206</div> <div>Product/Service Description: HOUSEKEEPING- GUARD</div> <div>.</div> <div>ICE - INVOICE INSTRUCTIONS ERO</div> <div>Beginning December 9, 2024 all invoicing procedures will take place on www.IPP.gov. Vendors must be registered www.IPP.gov. Registration on www.IPP.gov is required to receive payment. Invoices will not be accepted by any other method.</div> <div>1. The contractor shall be active in the System for Award Management (www.SAM.gov) for invoice processing. Besides the information identified below, a proper invoice shall also include; contractor's Unique Entity Identifier (UEI) number; the ICE Program Office; and state whether the invoice is "INTERIM" or "FINAL".</div> <div>2. In accordance with Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions - Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows:</div> <div>"...An invoice must include-</div> <div>(i) Name and address of the Contractor. The name, address and UEI number on the invoice MUST match the information in both the Contract/Agreement and the information in SAM;</div> <div>(ii) Unique Entity Identifier (UEI) number;</div> <div>(iii) Invoice date and number;</div> <div>(iv) Contract number, line items and, if applicable, the order number;</div> <div>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</div> <div>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</div> <div>(vii) Terms of any discount for prompt payment offered;</div> <div>(viii) Remit to Address;</div> <div>Continued ...</div> </div>				

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	<p>(ix) Name, title, and phone number of persons to notify in event of defective invoice;</p> <p>(x) ICE Program Office designated on the order/contract/agreement; and</p> <p>(xi) Whether the invoice is "Interim" or "Final"</p> <p>(xii). Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</p> <p>3. Invoice submission: The above information will be required to complete the invoice submission requirements within IPP. Please refer to <a href="http://www.IPP.gov">www.IPP.gov</a> for additional information on Getting Started, Benefits, Features, and Enrollment.</p> <p>4. Invoice Supporting Documentation. To ensure payment, the vendor must submit supporting documentation which provides substantiation for the invoiced costs to the Contracting Officer Representative (COR) or Point of Contact (POC) identified in the contract. Invoice charges must align with the contract CLINs. Supporting documentation is required when guaranteed minimums are exceeded and when allowable costs are incurred. Details are as follows:</p> <p>(i). Guaranteed Minimums. If a guaranteed minimum is not exceeded on a CLIN(s) for the invoice period, no supporting documentation is required. When a guaranteed minimum is exceeded on a CLIN (s) for the invoice period, the Contractor is required to submit invoice supporting documentation for all detention services provided during the invoice period which provides the information described below:</p> <p>a. Detention Bed Space Services</p> <ul style="list-style-type: none"><li>• Bed day rate;</li><li>• Detainees check-in and check-out dates;</li><li>• Number of bed days multiplied by the bed day rate;</li><li>• Name of each detainee;</li><li>• Detainees identification information</li></ul> <p>(ii). Allowable Incurred Cost. Fixed Unit Price</p> <p>Continued ...</p>				

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	<p>Items (items for allowable incurred costs, such as transportation services, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and shall be submitted in .pdf format:</p> <p>a. Detention Bed Space Services. For detention bed space CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"><li>• Bed day rate;</li><li>• Detainees check-in and check-out dates;</li><li>• Number of bed days multiplied by the bed day rate;</li><li>• Name of each detainee;</li><li>• Detainees identification information</li></ul> <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"><li>• Mileage rate being applied for that invoice;</li><li>• Number of miles;</li><li>• Transportation routes provided;</li><li>• Locations serviced;</li><li>• Names of detainees transported;</li><li>• Itemized listing of all other charges; and,</li><li>• for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</li></ul> <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"><li>• The location where the guard services were provided,</li><li>• The employee guard names and number of hours being billed,</li><li>• The employee guard names and duration of the billing (times and dates), and</li><li>• for individual or detainee group escort services only, the name of the detainee(s) that was/were escorted.</li></ul> <p>d. Other Direct Charges (e.g. VTC support, transportation meals/sack lunches, volunteer detainee wages, etc.):</p> <p>Continued ...</p>				



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	<p>5. The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement. For charges for detainee support items (e.g. meals, wages, etc.), the supporting documentation should include the name of the detainee(s) supported and the date(s) and amount(s) of support.</p> <p>(iii) Firm Fixed-Price CLINs. Supporting documentation is not required for charges for FFP CLINs.</p> <p>6. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience, or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.</p> <p>(iii) Use shredders when discarding paper documents containing Sensitive PII.</p> <p>(iv) Refer to the DHS Handbook for Safeguarding Continued ...</p>				

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	<p>Sensitive Personally Identifiable Information (March 2012) found at <a href="http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf">http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf</a> for more information on and/or examples of Sensitive PII.</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>The obligated amount of award: \$0.00. The total for this award is shown in box 26.</p>				