

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 7

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

1 DATE OF ORDER 04/12/2016	2 CONTRACT NO. (if any) IGSA-A/ACD-98-6070	6 SHIP TO
3 ORDER NO. HSCEDM-16-F-IG159	4 REQUISITION/REFERENCE NO 192116FCHMONTG013.1	a. NAME OF CONSIGNEE ICE ENFORCEMENT REMOVAL

b ISSUING OFFICE (Address correspondence to) ICE/DETENTION COMPLIANCE REMOVALS IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6):(b)(7)(C) WASHINGTON DC 20536		b STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6):(b)(7)(C)	
c CITY WASHINGTON	d STATE DC	e ZIP CODE 20536	

7 IO	f SHIP VIA
a NAME OF CONTRACTOR MONTGOMERY COUNTY OF	8 TYPE OF ORDER

b COMPANY NAME	a PURCHASE REFERENCE YOUR	X b DELIVERY
c STREET ADDRESS 211 E 3RD	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d CITY MONTGOMERY COUNTY	e STATE MO	f ZIP CODE 633611956

9 ACCOUNTING AND APPROPRIATION DATA See Schedule	10 REQUISITIONING OFFICE ICE ENFORCEMENT REMOVAL
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11 BUSINESS CLASSIFICATION (Check appropriate box(es))					12 FOB POINT Destination
a. SMALL	b. OTHER THAN SMALL	c. DISADVANTAGED	d. WOMEN-OWNED	e. HUBZone	
f. SERVICE-DISABLED VETERAN-OWNED	g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM		h. EDWOSB		

13 PLACE OF		14 GOVERNMENT B/L NO	15 DELIVER TO FOB POINT ON OR BEFORE (Date) 30 Days After Award	16 DISCOUNT TERMS Net 30
a INSPECTION Destination	b ACCEPTANCE Destination			

17. SCHEDULE (See reverse for Rejections)

ITEM NO (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 043681782 The purpose of this FY 16 Task Order is to provide funding for detention and transportation services for ICE detainees at the Montgomery County Jail for the period of performance beginning July 01, Continued ...					

18 SHIPPING POINT	19 GROSS SHIPPING WEIGHT	20 INVOICE NO	17(h) TOTAL (Cont pages)
21 MAIL INVOICE TO			
a NAME DHS ICE			\$25,500.00
b STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-EROFOD-FEH			17(i) GRAND TOTAL
c CITY WILLISTON	d STATE	e ZIP CODE	

22 UNITED STATES OF AMERICA BY (Signature)	(b)(6):(b)(7)(C)	OFFICER
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OPTIONAL FORM 347 (Rev. 2007)
Prescribed by GSA/FAR 48 CFR 53.213(f)

**ORDER FDR SUPPLIES DR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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

DATE OF ORDER
04/12/2016

CONTRACT NO
IGSA-A/ACD-98-6070

ORDER NO
HSCEDM-16-F-IG159

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>2016 through June 30, 2017 under the provisions of Intergovernmental Service Agreement (IGSA) IGSA-A/ACD-98-6070.</p> <p>The total obligated amount of this Task Order has increased: From: \$0 By: \$25,500.00 To: \$25,500.00</p> <p>The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.</p> <p>Field Office Point of Contact: (b)(6):(b)(7)(C) (b)(6):(b)(7)(C) 312 347-(b)(6):(b)(7)(C) Contracting Officer's Representative (COR): (b)(6):(b)(7)(C) 312 347-(b)(6):(b)(7)(C) Contracting Officer: (b)(6):(b)(7)(C) 202 732-(b)(6):(b)(7)(C)</p> <p>***** Exempt Action: Y Period of Performance: 07/01/2016 to 06/30/2017</p> <p>0001 DETENTION HOUSING</p> <p>Funded Bed Days for this CLIN have increased: From: 0 Bed Days By: 500 Bed Days To: 500 Bed Days</p> <p>Total funding for this CLIN has increased: Continued ...</p>					
					(b)(4)	

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

(b)(4)

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OPTIONAL FORM 34D (Rev. 4/2006)

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

PAGE NO

3

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

DATE OF ORDER

CONTRACT NO

04/12/2016

IGSA-A/ACD-98-6070

ORDER NO

HSC&DM-16-F-IG159

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0002	<p>From: \$0 By: \$25,000.00 To: \$25,000.00</p> <p>Accounting Info: [Redacted (b)(4)]</p> <p>Funded: \$25,000.00</p> <p>TRANSPORTATION</p> <p>Funding for this CLIN has increased: From: \$0 By: [Redacted (b)(4)] To: [Redacted (b)(4)]</p> <p>Accounting Info: [Redacted (b)(4)]</p> <p>Funded: [Redacted (b)(4)]</p> <p>Invoicing Instructions: Service Providers/Contractors shall use these procedures when submitting an invoice.</p> <p>1. Invoice Submission: Invoices shall be submitted in a .pdf format on a monthly basis via email to: Invoice.Consolidation@ice.dhs.gov Each email shall contain only one (1) invoice and the subject line of the email will annotate the invoice number. The emailed invoice shall include the 'bill to' address shown below:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE-ERO/DRO-FOD-FCH Williston, VT 05495-1620</p> <p>Note: the Service Provider's or Contractor's Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at Continued ...</p>				[Redacted (b)(4)]	

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[Redacted (b)(4)]

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

PAGE NO

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

DATE OF ORDER 04/12/2016	CONTRACT NO IGSA-A/ACB-98-6070	ORDER NO HSCEDM-16-F-IG159
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ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <ul style="list-style-type: none"> (i) Name and address of the Service Provider/Contractor. Note: the name, address and OUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed; (ii) Dunn and Bradstreet (D&B) DUNS Number; (iii) Invoice date and invoice number; (iv) Agreement/Contract number, contract line item number and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered; (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii) Terms of any discount for prompt payment offered; (viii) Remit to Address; (ix) Name, title, and phone number of person to notify in event of defective invoice; and <p>3. Invoice Supporting Documentation. In order to ensure payment, the vendor must also submit supporting documentation to the Contracting Officer's Representative (COR) identified in the contract as described Continued ...</p>					

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

\$0.00

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

PAGE NO

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

DATE OF ORDER

CONTRACT NO

04/12/2016

IGSA-A/ACD-98-6070

ORDER NO.

HSCEDM-16-F-IG159

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>below. Supporting documentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or task order with all invoices, as appropriate. See paragraph 4 for details regarding the safeguarding of information. Invoices without documentation to support invoiced items, containing charges for items outside the scope of the contract, or not based on the most recent contract base or modification rates will be considered improper and returned for resubmission. Supporting documentation requirements include:</p> <p>(i) Firm Fixed Price Items (items not subject to any adjustment on the basis of the contractor's cost experience, such as pre-established monthly guaranteed minimums for detention or transportation): do not require detailed supporting documentation unless specifically requested by the Government.</p> <p>(ii) Fixed Unit Price Items (items for allowable incurred costs, such as detention and/or transportation services with no defined minimum quantities, stationary guard or escort services, transportation mileage or other Minor Charges such as sack lunches and detainee wages): shall be fully supported with documentation substantiating the costs and/or reflecting the established price in the contract and submitted in .pdf format.</p> <p>(iii) Detention Services:</p> <p>(1) Bed day rate;</p> <p>(2) Resident's/detainee's check-in and check-out dates;</p> <p>(3) Number of bed days multiplied by the bed day rate;</p> <p>(4) Name of each detainee;</p> <p>(5) Resident's/detainee's identification information</p> <p>(iv) Transportation Services:</p> <p>(1) The mileage rate being applied for that invoice.</p> <p>(2) Monthly billing reports listing</p> <p>Continued ...</p>					

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\$0.00

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

PAGE NO

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

DATE OF ORDER

CONTRACT NO

04/12/2016

IGSA-A/ACD-98-6070

ORDER NO

HSCEEM-16-F-IG159

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>transportation services provided; number of miles; transportation routes provided; locations serviced and/or names/numbers of detainees transported; an itemized listing of all other charges; and, for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts.</p> <p>(v) Stationary Guard Services: (i) The itemized monthly invoice shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the resident(s)/detainee(s) that was/were guarded. (vi) Other Direct Charges: The invoice shall include appropriate supporting documentation for any direct charge billed for reimbursement.</p> <p>4. Safeguarding Information: As a contractor or vendor conducting business with Immigration and Customs Enforcement (ICE), you are required to comply with DHS Policy regarding the safeguarding of Sensitive Personally Identifiable Information (PII). Sensitive PII is information that identifies an individual, including an alien, and could result in harm, embarrassment, inconvenience or unfairness. Examples of Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individual's name or other unique identifier and full date of birth, citizenship, or immigration status. As part of your obligation to safeguard information, the follow precautions are required: (i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately. (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 Continued ...</p>					

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\$0.00

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OPTIONAL FORM 348 (Rev. 4/2006)
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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

DATE OF ORDER

CONTRACT NO

ORDER NO.

04/12/2016

IGSA-A/ACD-98-6070

HSCEEM-16-F-IG159

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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 Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information or and/or examples of Sensitive PII.</p> <p>5. If you have questions regarding payment, please contact ICE Financial Operations at 1-877-491-6521 or by e-mail at OCFO.CustomerService@ice.dhs.gov</p> <p>The total amount of award: \$25,500.00. The obligation for this award is shown in box 17(i).</p>					

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\$0.00

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AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1 CONTRACT ID CODE

PAGE OF PAGES

2 AMENDMENT/MODIFICATION NO

3 EFFECTIVE DATE

4 REDUSSION/PURCHASE RED NO

5 PROJECT NO. (If applicable)

FOCUS#

See Block 100

92117PCRMONTGO22

6 ISSUED BY

COOL ICE/DCP

7 ADMINISTERED BY (If other than item 6)

CODE

ICE/DETENTION COMPLIANCE REMOVALS
IMMIGRATION AND CUSTOMS ENFORCEMENT
OFFICE OF ACQUISITION MANAGEMENT
601 1 STREET NW (b)(6):(b)(7)(C)
WASHINGTON DC 20536

8 NAME AND ADDRESS OF CONTRACTOR (No street county State and ZIP Code)

9A AMENDMENT OF SOLICITATION NO.

MONTGOMERY COUNTY OF
211 E 3RD
MONTGOMERY COUNTY MO 63801950

98 DATED (SEE ITEM 11)

10A MODIFICATION OF CONTRACT/ORDER NO
IGSA-A/ACD-98-6070

HSCEDM-16-Y-IG159

10B DATED (SEE ITEM 13)

CODE 0436817820000

FACILITY CODE

04/12/2016

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning copies of the amendment (b) By acknowledging receipt of this amendment on each copy of the offer submitted or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT 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 amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12 ACCOUNTING AND APPROPRIATION DATA (If required)

Net Increase:

\$60,890.00

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE

A THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A

B THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b)

C THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF

D OTHER (Specify type of modification and authority)

X Unilateral Modification

E. IMPDRTANT: Contractor is not x is required to sign this document and return 1 copies to the issuing office

14 DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings including solicitation/contract subject matter where feasible)

DUNS Number: 043681782

Field Office Point of Contact: (b)(6):(b)(7)(C) 312 347- (b)(6):(b)(7)(C)

Contracting Officer's Representative (COR): (b)(6):(b)(7)(C) 312 347- (b)(6):(b)(7)(C)

Contracting Officer: (b)(6):(b)(7)(C) 202 732 (b)(6):(b)(7)(C)

Contract Specialist: (b)(6):(b)(7)(C) 202-732 (b)(6):(b)(7)(C)

The purpose of this modification is to provide additional funding in the amount of \$60,890.00 for Detention and Transportation services for ICE detainees at the Montgomery County, MO jail under the provisions of Intergovernmental Service Agreement (IGSA) number DROIGSA-07-0016.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect

15A NAME AND TITLE OF SIGNER (Type or print)

16A NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15B CONTRACTOR/OFFEROR

15C DATE SIGNED

(b)(6):(b)(7)(C)

16C DATE SIGNED

(Signature of person authorized to sign)

06/25/2017

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV 11-83)
Prescribed by GSA
FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 IGSA-A/ACL-98-A-010/NSCECX-16-F-16159/P00009

PAGE 2 OF 4

NAME OF OFFEROR OR CONTRACTOR
 MONTGOMERY COUNTY OF

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>The total obligated amount of this Task Order has increased:</p> <p>From: (b)(4)</p> <p>By: \$ 60,880.00</p> <p>To: \$670,156.00</p> <p>The funding provided in this modification is the amount presently available for payment and allotted to this task order. The service provider agrees to perform to the point that does not exceed the total amount currently allotted to the items currently funded under this task order. The service provider is not authorized to continue to work on those item(s) beyond that point. The Government will not be obligated to reimburse the service provider in excess of the amount allotted to those item(s) for performance beyond the funding allotted.</p> <p>---</p> <p>Exempt Action: Y Sensitive Award: SP11 Delivery Location Code: ICE/ERO ICE ENFORCEMENT REMOVAL IMMIGRATION AND CUSTOMS ENFORCEMENT 801 I STREET NW (b)(6):(b)(7)(C) WASHINGTON DC 20536</p> <p>FOB: Destination Period of Performance: 07/01/2016 to 06/30/2017</p> <p>Change Item 0001 to read as follows(amount shown is the obligated amount):</p>				
0001	<p>DETENTION HOUSING</p> <p>Total funding for this CLIN has increased as follows:</p> <p>From: (b)(4)</p> <p>By: (b)(4)</p> <p>To: (b)(4)</p> <p>Accounting Info:</p> <p>(b)(4)</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>(b)(4)</p> <p>Continued ...</p>				(b)(4)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 IGSA-A/ACU-98-6070/HSTBLM-16-F-IG159/F0000*

PAGE 3 OF 4

NAME OF OFFEROR OR CONTRACTOR
 MONTGOMERY COUNTY, MD

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(7)(E)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: \$0.00 Accounting info:				
	(b)(4)				
	Funded: (b)(4)				
	Change Item 0002 to read as follows (amount shown is the obligated amount):				
0002	TRANSPORTATION				(b)(7)(E)
	The total funding on this CLIN has increased as follows:				
	From: (b)(4)				
	By: (b)(4)				
	To: (b)(4)				
	Accounting info: Continued ...				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 IGSA-A/ACP-PP-6070/HPCBM-1e-F-14159/90009

PAGE 4 OF 4

NAME OF OFFEROR OR CONTRACTOR
 MONTGOMERY COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(b)(4) Funded: \$0.00 Accounting Info:				
	(b)(4) Funded: \$0.00 Accounting Info:				
	(b)(4) Funded: \$0.00 Accounting Info:				
	(b)(4) Funded: \$0.00 Accounting Info:				
	(b)(4) Funded: \$0.00 Accounting Info:				
	(b)(4) Funded: (b)(4) ---				
All other terms and conditions remain unchanged.					