

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 04/11/2016	2 CONTRACT NO. (if any) ACD-3-H-1008	6 SHIP TO	
3 ORDER NO. HSCEEM-16-F-IG143		4. REQUISITION/REFERENCE NO 192116FCHMORGAN14.1	
5 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		a NAME OF CONSIGNEE ICE ENFORCEMENT REMOVAL	

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 TO		f SHIP VIA		

a NAME OF CONTRACTOR MORGAN COUNTY OF		b TYPE OF ORDER		
b COMPANY NAME		a PURCHASE REFERENCE YOUR		
c STREET ADDRESS 100 E NEWTON STREET		X b DELIVERY 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		
c CITY VERSAILLES		e STATE MO	f ZIP CODE 650841221	

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 F.O.B 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 F O B 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: 044599256 The purpose of this FY 16 Task Order is to provide funding for detention and transportation services for ICE detainees at the Morgan County Detention Center for the period of performance beginning July Continued ...					

18. SHIPPING POINT	19 GROSS SHIPPING WEIGHT	20 INVOICE NO	17(h) TOTAL (Cont pages)
21 MAIL INVOICE TO			
a NAME DHS ICE			\$100,143.60
b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-EROFOD-FCH			17(i) GRAND TOTAL
c. CITY WILLISTON	d. STATE	e. ZIP CODE	
22 UNITED STATES OF AMERICA BY (Signature)			\$100,143.60

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

22 UNITED STATES OF AMERICA BY (Signature)	ICE OFFICER
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

2

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

DATE OF ORDER

CONTRACT NO

ORDER NO

04/11/2016

ACD-3-H-1008

HSCEDM-16-F-IG143

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>01, 2016 through June 30, 2017 under the provisions of the Intergovernmental Service Agreement (IGSA) ACD-3-H-1008.</p> <p>The obligated amount of this Task Order has increased: From: \$0 By: \$100,143.60 To: \$100,143.60</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) (b)(6):(b)(7) 312 347-(b)(6):(b)(7)(f) Contracting Officer's Representative (COR): (b)(6):(b)(7)(C) 312 347-(b)(6):(b)(7)(C) Contracting Officer: (b)(6):(b)(7)(C) 262 732-(b)(6):(b)(7)(C)</p> <p>***** Exempt Action: Y Period of Performance: 07/01/2016 to 06/30/2017</p>					
0001	<p>DETENTION BEDSPACE</p> <p>Total Bed Days for this CLIN have increased: From: 0 Bed Days By: 1,536 Bed Days To: 1,536 Bed Days</p> <p>Total funding for this CLIN has increased: From: \$0 Continued ...</p>				(b)(4)	

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

(b)(4)

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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 04/11/2016	CONTRACT NO ACD-3-R-1008	ORDER NO HSCEDM-16-F-1G143
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ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0002	<p>By: (b)(4) To: (b)(4)</p> <p>Accounting Info: (b)(4)</p> <p>Funded: (b)(4)</p> <p>TRANSPORTATION FOR MORGAN COUNTY</p> <p>Total funding for this CLIN has increased: From: \$0</p> <p>By: (b)(4) To: (b)(4)</p> <p>Accounting Info: (b)(4)</p> <p>Funded: (b)(4)</p> <p>***** *****</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>OHS, ICE Financial Operations - Burlington P.O. Box 1620 ATTN: ICE-ERC/DRO-FOU-FCH Williston, VT 05495-1620</p> <p>Note: The Service Provider's or Contractor's Dunn and Bradstreet (D&B) DUNS Continued ...</p>					(b)(4)

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(b)(4)

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

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

04/11/2016

ACD-3-E-1008

HSCEDM-16-F-IG143

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(i) Name and address of the Service Provider/Contractor. Note: the name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM. If payment is remitted to another entity, the name, address and DUNS information of that entity must also be provided which will require Government verification before payment can be processed;</p> <p>(ii) Dunn and Bradstreet (O&B) DUNS Number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price, extended price and period of performance of the items or services delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice; and</p> <p>3. Invoice Supporting Documentation. In order to ensure payment, the vendor must also submit supporting documentation to the Continued ...</p>					

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\$0.00

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**ORDER FDR 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

04/11/2016

ACD-3-H-1008

HSCEDM-16-F-IG143

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>Contracting Officer's Representative (COR) identified in the contract as described below. Supporting documentation shall be submitted to the COR or contract Point of Contact (POC) identified in the contract or 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</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

ORDER NO.

04/11/2016

ACD-3-H-1008

HSCEM-16-F-IG143

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>invoice.</p> <p>(2) Monthly billing reports listing 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: (1) 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.</p> <p>(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 Continued ...</p>					

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

PAGE NO

7

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

DATE OF ORDER 04/11/2016	CONTRACT NO ACD-3-H-1008	ORDER NO HSCEDM-16-F-IG143
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ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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 Sensitive Personally Identifiable Information (March 2012) found at http://www.dhs.gov/xlibrary/assets/privacy/dhs-privacy-safeguardingsensitivepiihandbook-march2012.pdf for more information on and/or examples of Sensitive PII.</p> <p>5. 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: \$100,143.60. The obligation for this award is shown in box 17(i).</p>					

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\$0.00

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3. AMENDMENT/MODIFICATION NO: 00000
 3. EFFECTIVE DATE: See Block 10A
 4. REQUISITION/PURCHASE REQ NO: 14017FCINCRAND4
 5. PROJECT NO (if applicable):

6. ISSUED BY: ICE/DETENTION COMPLIANCE REMOVALS
 IMMIGRATION AND CUSTOMS ENFORCEMENT
 OFFICE OF ACQUISITION MANAGEMENT
 801 I STREET NW (b)(6):(b)(7)(C)
 WASHINGTON DC 20535

8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code):
 MORGAN COUNTY OF
 ATTN MORGAN COUNTY OF
 100 E NEWTON STREET
 VERSAILLES MO 65084-1221

9A. AMENDMENT OF SOLICITATION NO: (X)
 9B. DATED (SEE ITEM 11):
 10A. MODIFICATION OF CONTRACT/ORDER NO: HSCEDM-16-K-19143
 10B. DATED (SEE ITEM 13): 04/11/2016

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):
 See Schedule Net Increase: \$149,900.00

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 #3 103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF
 D. OTHER (Specify type of modification and authority)
 X Bilateral Modification

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

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including a solicitation/contract subject matter where feasible)
 IONS Number: 044599256
 Field Office Point of Contact: (b)(6):(b)(7)(C) 317 347 (b)(6):(b)(7)(C)
 Contracting Officer's Representative (COR): (b)(6):(b)(7)(C) 317 347 (b)(6):(b)(7)(C)
 Contracting Officer: (b)(6):(b)(7)(C) 302 722- (b)(6):(b)(7)(C)
 Contracting Specialist: (b)(6):(b)(7)(C) 302 722- (b)(6):(b)(7)(C)

The purpose of this modification is to:
 1) Incorporate the following non-disclosure provision regarding detainee information into ISBA number ACP-3-B-1006:

"There shall be no public disclosures regarding this agreement made by the Contractor or any
 Continued ...

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

15A. NAME AND TITLE OF SIGNER (Type or print): NORMAN DEUS, SHERIFF
 15B. CONTRACTOR/OFFEROR: Norman Deus
 15C. DATE SIGNED: 5-25-17
 15D. NAME AND TITLE OF CONTRACTING OFFICER (Type or print): (b)(6):(b)(7)(C)
 15E. DATE SIGNED: 05/25/2017

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 ACC-3-H-1008/HSCEDM-16-1-1G143/FC0007

PAGE 2 OF 3

NAME OF OFFEROR OR CONTRACTOR
 MORGAN COUNTY OF

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>subcontractors) without review and approval of such disclosure by ICE", and;</p> <p>2) Provide additional funding in the amount of \$149,990.40 for Detention services for ICE detainees at the Morgan County Sheriff's Department under the provisions of the Intergovernmental Service Agreement (IGSA) ACC-3-H-1008.</p> <p>The obligated amount of this Task Order has increased:</p> <p>From: (b)(4)</p> <p>By: \$149,990.40</p> <p>To: \$1,330,807.10</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: SPII 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 BEDSPACE</p> <p>The total funded Bed Days on this CLIN has increased as follows:</p> <p>From: 16,117</p> <p>By: 1,304</p> <p>To: 17,421</p> <p>Continued ...</p>			(b)(4)	149,990.40

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 ACS-3-R-1008/HSCCLM-18-F-TG143/P00007

PAGE 3 OF 3

NAME OF OFFEROR OR CONTRACTOR
 MORGAN COUNTY OF

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	The total funding on this CLIN has increased as follows: From: By: (b)(4) To: Accounting Info: (b)(4) Funded: \$0.00 Accounting Info: (b)(4) Funded: \$149,990.40 --- All other terms and conditions remain unchanged.				