

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                         |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br><b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>                                                                                                                                                                 |                                                                                                                                                                                                                                             |                              |                             | 1. REQUISITION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | PAGE 1 OF 10                                                                                                                                                                                            |                                    |
| 2. CONTRACT NO.<br>70CDCR25DIG000043                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                             |                              | 3. AWARD/<br>EFFECTIVE DATE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. ORDER NUMBER                        |                                                                                                                                                                                                         | 5. SOLICITATION NUMBER             |
|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                         | 6. SOLICITATION<br>ISSUE DATE      |
| 7. <b>FOR SOLICITATION<br/>INFORMATION CALL:</b>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                             | a. NAME                      |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | b. TELEPHONE NUMBER (No collect calls) |                                                                                                                                                                                                         | 8. OFFER DUE DATE/LOCAL TIME<br>ES |
| 9. ISSUED BY CODE 70CDCR<br><br>DETENTION COMPLIANCE AND REMOVALS<br>ICE Office of Acquisition Management<br>500 12th St SW<br>WASHINGTON DC 20024                                                                                                                                    |                                                                                                                                                                                                                                             |                              |                             | 10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:<br><br><input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS):<br><input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) 561612<br><input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) <input type="checkbox"/> 8(A) SIZE STANDARD: |                                        |                                                                                                                                                                                                         |                                    |
| 11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE                                                                                                                                                                      |                                                                                                                                                                                                                                             | 12. DISCOUNT TERMS<br>Net 30 |                             | 13a. THIS CONTRACT IS A RATED <input type="checkbox"/> ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | 13b. RATING<br><br>14. METHOD OF SOLICITATION<br><input type="checkbox"/> REQUEST FOR QUOTE (RFQ) <input type="checkbox"/> INVITATION FOR BID (IFB) <input type="checkbox"/> REQUEST FOR PROPOSAL (RFP) |                                    |
| 15. DELIVER TO CODE ICE/ERO<br><br>ICE Enforcement & Removal<br>Immigration and Customs Enforcement<br>500 12th St SW<br>Washington DC 20024                                                                                                                                          |                                                                                                                                                                                                                                             |                              |                             | 16. ADMINISTERED BY CODE ICE/DCR<br><br>ICE/Detention Compliance & Removals<br>ICE Office of Acquisition Management<br>500 12th St SW<br>Washington DC 20024                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                                                                                                                                                                                                         |                                    |
| 17a. CONTRACTOR/<br>OFFEROR CODE KWJNP2VWE3                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             | FACILITY CODE                |                             | 18a. PAYMENT WILL BE MADE BY CODE ICE/ERO/FHQ/CAD<br><br>ICE/ERO/FHQ/CAD<br>WWW.IPP.GOV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                         |                                    |
| WINN PARISH SHERIFF<br>P O BOX 950<br>WINNFIELD LA 714830950                                                                                                                                                                                                                          |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                         |                                    |
| TELEPHONE NO.                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                         |                                    |
| <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: KWJNP2VWE3<br>Points of Contact:<br>COR: @ice.dhs.gov,<br>COR: @ice.dhs.gov,<br>Contracting Officer: @ice.dhs.gov,<br>Contracts Specialist: @ice.dhs.gov,<br>County POC:<br>(Use Reverse and/or Attach Additional Sheets as Necessary) |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                         |                                    |
| 25. ACCOUNTING AND APPROPRIATION DATA<br>See schedule                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | 26. TOTAL AWARD AMOUNT (For Government Use Only)                                                                                                                                                        |                                    |
| <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                                                                                                         |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.                                                                                                                                 |                                    |
| <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA                                                                                                                                                       |                                                                                                                                                                                                                                             |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        | <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.                                                                                                                                 |                                    |
| <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.<br>ITEM NO. | 20.<br>SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
|                 | <p>[REDACTED]</p> <p>[REDACTED] POC: [REDACTED],<br/>[REDACTED]</p> <p>The purpose of 70CDCR25DIG000043 is to establish an Inter-Governmental Service Agreement (IGSA) between the United States Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) and Winn Parish Sheriff Office for the provision of detention, transportation and guard services for ICE detainees at the Winn Parish Correctional Center located at 560 Gum Springs Rd, Winnfield, Louisiana, LA 712483.</p> <p>The dates for the annual pricing are as follows:<br/>           IGSA Base Year: September 26, 2025 - September 25, 2026<br/>           Ordering Period Year 1: September 26, 2026 - September 25, 2027<br/>           Ordering Period Year 2: September 26, 2027 - September 25, 2028<br/>           Ordering Period Year 3: September 26, 2028 - September 25, 2029<br/>           Ordering Period Year 4: September 16, 2029 - September 25, 2030</p> <p>A new wage determination will be incorporated into this agreement annually. This action does<br/>           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<br>CORRECT FOR | 36. PAYMENT                                                                                       |                       |
| <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 ( <i>YY/MM/DD</i> )                                                               | 42d. TOTAL CONTAINERS |

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| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
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|                 | <p>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.</p> <p>The following documents constitute the complete agreement and are hereby incorporated into this award: Standard Form 1449 70CDCR25DIG000043</p> <p>Attachments:</p> <ul style="list-style-type: none"> <li>Attachment 1 - Title 29, Part 4 Labor Standards for Federal Service Contracts</li> <li>Attachment 2 - Wage Determination Number: 2015-5177 Dated 07/08/2025</li> <li>Attachment 3 - Quality Assurance Surveillance Plan and Performance Requirements Summary (NDS 2025)</li> <li>Attachment 3A -Contract Discrepancy Report (CDR) Template</li> <li>Attachment 4 - Quality Control Plan</li> <li>Attachment 5 - Prison Rape Elimination Act (PREA) Regulations</li> <li>Attachment 6 - Detention-Transportation Invoice Supporting Documentation Template</li> <li>Attachment 7 - Combatting Trafficking in Persons</li> <li>Attachment 8 - ICE Privacy, Records Management, and Safeguarding of Sensitive Information</li> <li>Attachment 9 - Physical Plant Requirements</li> <li>Attachment 10 - Transportation Requirements</li> <li>Attachment 10A - Route List</li> <li>Attachment 11 - Virtual Attorney Visitation</li> <li>Attachment 12 - Reserved</li> <li>Attachment 13 - Staffing Plan</li> <li>Attachment 13a - Detention Facility Floor Plan</li> <li>Attachment 14 - Performance Work Statement (PWS)</li> </ul> <p>Period of Performance: 09/26/2025 to 09/25/2030</p> |                 |             |                   |               |
| 0001            | <p>Facility Operating Cost (FOC)</p> <p>*OVER 72-HOUR DETENTION CENTER*</p> <p>-----Base Ordering Period-----</p> <p>POP: 09/26/2025 - 09/25/2026</p> <p>Continued ...</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12              | MO          | 0.00              |               |

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| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
|                 | Facility Operating Charge (FOC): [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br><br>----- Ordering Period 1 -----<br>POP: 09/26/2026 - 09/25/2027<br>Firm-fixed-price: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br><br>----- Ordering Period 2 -----<br>POP: 09/26/2027 - 09/25/2028<br>Firm-fixed-price: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br><br>----- Ordering Period 3 -----<br>POP: 09/26/2028 - 09/25/2029<br>Firm-fixed-price: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br><br>----- Ordering Period 4 -----<br>POP: 09/26/2029 - 09/25/2030<br>Firm-fixed-price: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br>Bed Day Rate [REDACTED]: [REDACTED]<br><br>. .<br>Obligated Amount: \$0.00<br>Product/Service Code: S206<br>Product/Service Description: HOUSEKEEPING- GUARD |                 |             |                   |               |
| 0002            | On-Call/Transportation Guard Services at Richwood<br>ICE Processing Center<br><br>Guard Services at Regular Rate: [REDACTED]<br>Guard Services at Overtime Rate: [REDACTED]<br>Obligated Amount: \$0.00<br>Product/Service Code: S206<br>Product/Service Description: HOUSEKEEPING- GUARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | HR          | 0.00              |               |
| 0003            | Voluntary Work Program Reimbursement @<br>Day<br>Continued ...                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | [REDACTED]      | EA          | [REDACTED]        |               |

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| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
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| 0004            | <p>Obligated Amount: \$0.00<br/>Product/Service Code: S206<br/>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Transportation Services<br/>Fixed price includes:<br/>-150,440 total miles per year<br/>-10 noncitizen transportation vehicles<br/>-2 admin vehicles<br/>Note: The "per mile" fees ONLY apply if the fleet exceeds 150,440 miles in a single year. The total miles driven resets at the start of each ordering period.</p> <p>----- Ordering Period 1 -----<br/>POP: 9/26/2025 - 9/25/2026<br/>Firm-fixed-price: <br/>Bus: <br/>12-15 Pass Van: <br/>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 2 -----<br/>POP: 9/26/2026 - 9/25/2027<br/>Firm-fixed-price: <br/>Bus: <br/>12-15 Pass Van: <br/>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 3 -----<br/>POP: 9/26/2027 - 9/25/2028<br/>Firm-fixed-price: <br/>Bus: <br/>12-15 Pass Van: <br/>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 4 -----<br/>POP: 9/26/2028 - 9/25/2029<br/>Firm-fixed-price: <br/>Bus: <br/>12-15 Pass Van: <br/>Smaller Vans/Cars: GSA Rate</p> <p>----- Ordering Period 5 -----<br/>POP: 9/26/2029 - 9/25/2030<br/>Firm-fixed-price: <br/>Bus: <br/>12-15 Pass Van: <br/>Smaller Vans/Cars: GSA Rate</p> <p>Obligated Amount: \$0.00<br/>Continued ...</p> |                 |             |                   |               |

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| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
| 0005            | <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Large Intake Processing (over 50 detainees/day)</p> <p>*Detention Officer*</p> <p>Regular Rate <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Overtime Rate <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Nurse Regular Rate <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Nurse Overtime Rate <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>NOTE: CLIN 0005 is for reimbursement for costs incurred when processing large numbers of ICE directed detainees above the normal range for staffing at the facility. Detention Officers and Medical Staff are required to be pulled from other facilities when the ICE requirement is to process large numbers of intake/discharge of detainees above and beyond the norm or capabilities of the facility.</p> <p>Obligated Amount: \$0.00</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>INVOICE INSTRUCTIONS</p> <p>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 Unique Entity Identifier (UEI) created in SAM.gov; the ICE Program Office; and state whether the invoice is "INTERIM" or "FINAL".</p> <p>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:</p> <p>"...An invoice must include-</p> <p>(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.gov.</p> <p>(ii) Unique Entity Identifier (UEI);</p> <p>Continued ...</p> | 1               | HR          | 0.00              |               |

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| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
|                 | <p>(iii) Invoice date and number;</p> <p>(iv) Contract number, line items and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items 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;</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>3. Invoice submission: shall be submitted via one of the following two methods. Improper invoices or those submitted by means other than these two methods will be returned. Email is the preferred method.</p> <p>a. Primary method of submission is email. The Contractor shall submit one (1) invoice in PDF format per e-mail and the subject line of the e-mail will reference the invoice number of the attached invoice to:<br/>Invoice.Consolidation@ice.dhs.gov<br/>Attn: ICE-CE-ERO/DRO-FOD-FNL Invoice</p> <p>b. Mail:<br/>DHS, ICE<br/>Financial Service Center Burlington<br/>Attn: ICE-CE-ERO/DRO-FOD-FNL Invoice<br/>P.O. Box 1620<br/>Williston, VT 05495-1620</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 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)</p> <p>Continued ...</p> |                 |             |                   |               |

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| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
|                 | <p>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 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> <p>Continued ...</p> |                 |             |                   |               |

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9 10NAME OF OFFEROR OR CONTRACTOR  
WINN PARISH SHERIFF

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
|                 | <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>1) 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>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 Continued ...</p> |                 |             |                   |               |

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR25DIG000043

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NAME OF OFFEROR OR CONTRACTOR  
WINN PARISH SHERIFF

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------|-------------------|---------------|
|                 | <p>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 following 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 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>4. Payment Inquiries: Questions regarding invoice submission or payment, please contact Financial Service Center Burlington at 1-877-491-6521, Option # 3 or by e-mail at <a href="mailto:OCFO.CustomerService@ice.dhs.gov">OCFO.CustomerService@ice.dhs.gov</a></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> |                 |             |                   |               |