

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>				1. REQUISITION NUMBER		PAGE OF 1 9	
2. CONTRACT NO. 70CDCR24DIG000001		3. AWARD/ EFFECTIVE DATE	4. ORDER NUMBER		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE
7. FOR SOLICITATION INFORMATION CALL:		a. NAME GENNA BRADEN			b. TELEPHONE NUMBER (No collect calls) 214-905-8309		8. OFFER DUE DATE/LOCAL TIME
9. ISSUED BY CODE 70CDCR DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024			10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 561612 <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) SIZE STANDARD: \$29				
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO CODE ICE Enforcement & Removal Immigration and Customs Enforcement 500 12th St SW Suite 900 Washington DC 20024		16. ADMINISTERED BY CODE ICE/DCR ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW Washington DC 20024					
17a. CONTRACTOR/ OFFEROR CODE KJ57ZV6UCFB4 COUNTY OF WEBB ATTN TANO TIJERINA 1000 HOUSTON STREET LAREDO TX 78040 TELEPHONE NO. 9565234125		FACILITY CODE		18a. PAYMENT WILL BE MADE BY CODE ICE-ERO-FOD-FAO DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-ERO/DRO-FOD-FAO Williston VT 05495-1620			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				<input type="checkbox"/> 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: KJ57ZV6UCFB4 COR: Alfonso De Leon III Phone: 956-433-6696 Email: alfonso.a.de-leoniii@ice.dhs.gov ACOR: Sandra Solis Phone: 956-206-3760 Email: Sandra.A.Solis@ice.dhs.gov ACOR: Jose Garcia Longoria Phone: 956-389-7806 <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>						
25. ACCOUNTING AND APPROPRIATION DATA See schedule						26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$0.00	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE 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 checked="" 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 checked="" type="checkbox"/> ARE NOT ATTACHED.			
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> 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: _____ 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	
				BRITTANY TOBIAS			

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>Email: JoseGarcia.Longoria@ice.dhs.gov</p> <p>Contracting Officer: Brittany Tobias Phone: 202-878-1666 Email: Brittany.Tobias@ice.dhs.gov</p> <p>Administrative Contracting Officer: Genna Braden Phone: 682-218-7283 Email: Genna.Braden@ice.dhs.gov</p> <p>There are no requisitions associated with this action.</p> <p>The purpose of 70CDCR24DIG000001 is to establish an Inter-Governmental Service Agreement (IGSA) between the United States Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) and the County of Webb, TX for the provision of detention, detention-related services, transportation and stationary guard services for ICE noncitizens at the Webb County Detention Center located at 9998 South Highway 83 Laredo, TX 78046. This agreement replaces 70CDCR18DIG000004.</p> <p>The period of performance/ordering period for this IGSA is 03/01/2024 to 02/28/2029.</p> <p>A new wage determination will be incorporated 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
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE	32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE
	32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	37. CHECK NUMBER
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38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
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41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT	42a. RECEIVED BY (<i>Print</i>)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42b. RECEIVED AT (<i>Location</i>)
		42c. DATE REC'D (YY/MM/DD)

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF WEBB

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>into this agreement on each annual anniversary.</p> <p>This action does not obligate any funds. Services shall only be provided when authorized through a funded task order. Annual task orders will be placed against this IGSA.</p> <p>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 CO approves CoreCivic, Inc. to perform as a subcontractor under this IGSA. Subcontractors that perform under this agreement are subject to all terms and conditions of this IGSA. The service provider shall ensure that any subcontract includes all provisions of this agreement.</p> <p>The following documents constitute the complete agreement and are hereby incorporated into this award:</p> <p>Standard Form 1449 70CDCR24DIG000001 Intergovernmental Service Agreement (IGSA) 70CDCR24DIG00001</p> <ul style="list-style-type: none"> • Attachment 1 - Title 29, Part 4 Labor Standards for Federal Service Contracts • Attachment 2a - Wage Determination Number: 2015-5239 Rev. 24 Dated 12/26/2023 • Attachment 2b - Collective Bargaining Agreement (CBA) - FCGOA Dated March 1, 2023 • Attachment 3 - Quality Assurance Surveillance Plan and Performance Requirements Summary • Attachment 3A -Contract Discrepancy Report (CDR) Template • Attachment 4 - Quality Control Plan • Attachment 5 - Prison Rape Elimination Act (PREA) Regulations • Attachment 6 - Detention-Transportation Invoice Supporting Documentation Template • Attachment 7 - Reserved • Attachment 8 - ICE Privacy, Records Management, and Safeguarding of Sensitive Information • Attachment 9 - Physical Plant Requirements • Attachment 10 - Transportation Requirements <p>Continued ...</p>				

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0001	<ul style="list-style-type: none"> • Attachment 11 - Virtual Attorney Visitation • Attachment 12 - Transgender Requirements • Attachment 13 - Staffing Plan • Attachment 14 - Performance Work Statement (PWS) • Attachment 14A - PWS Significant Incident - Event ICE Notification Protocols Period of Performance: 03/01/2024 to 02/28/2029 Bed Day Rate Tier 1: \$154.85 Guaranteed Minimum (GM) 0 - 250 Beds Tier 2: \$82.51 Over Guaranteed Minimum (GM) 251 - 499 Beds Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0002	On-Call Escort/Stationary Guard Support Regular Rate: \$37.37 Overtime Rate: \$56.06 Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0003	Voluntary Work Program Reimbursement \$1.00 Per Day Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0004	Transportation Mileage rate to be in accordance with the General Services Administration (GSA) rates at the time of occurrence/Transportation Mileage Rate Current Mileage Rate: \$0.67 Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD Continued ...				

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	<p>INVOICE INSTRUCTIONS - ERO</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; contractor's Unique Entity Identifier (UEI) number; 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: "...An invoice must include-</p> <ul style="list-style-type: none"> (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; (ii) Unique Entity Identifier (UEI) number; (iii) Invoice date and number; (iv) Contract number, line items and, if applicable, the order number; (v) Description, quantity, unit of measure, unit price and extended price of the items delivered; (vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vii) Terms of any discount for prompt payment offered; (viii) Remit to Address; (ix) Name, title, and phone number of persons to notify in event of defective invoice; (x) ICE Program Office designated on the order/contract/agreement; and (xi) Whether the invoice is "Interim" or "Final" <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 Continued ...</p>				

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	<p>e-mail will reference the invoice number of the attached invoice to: Invoice.Consolidation@ice.dhs.gov Attn: ICE - (Insert program office name or code) Invoice</p> <p>b. Mail: DHS, ICE Financial Service Center Burlington Attn: ICE-ERO-FOD-FAO Invoice</p> <p>P.O. Box 1620 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) 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"> • Bed day rate; • Detainees check-in and check-out dates; • Number of bed days multiplied by the bed day <p>Continued ...</p>				

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	<p>rate;</p> <ul style="list-style-type: none"> Name of each detainee; Detainees identification information <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"> Bed day rate; Detainees check-in and check-out dates; Number of bed days multiplied by the bed day rate; Name of each detainee; Detainees identification information <p>b. Transportation Services: For transportation CLINs without a GM, the supporting documentation must include:</p> <ul style="list-style-type: none"> Mileage rate being applied for that invoice; Number of miles; Transportation routes provided; Locations serviced; Names of detainees transported; Itemized listing of all other charges; and, for reimbursable expenses (e.g. travel expenses, special meals, etc.) copies of all receipts. <p>c. Stationary Guard Services: The itemized monthly invoice shall state:</p> <ul style="list-style-type: none"> The location where the guard services were provided, The employee guard names and number of hours being billed, The employee guard names and duration of the billing (times and dates), and for individual or detainee group escort services only, the name of the detainee(s) that <p>Continued ...</p>				

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	<p>was/were escorted.</p> <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 Sensitive PII include information such as: Social Security Numbers, Alien Registration Numbers (A-Numbers), or combinations of information such as the individuals name or other unique identifier and full date of birth, citizenship, or immigration status.</p> <p>As part of your obligation to safeguard information, the follow precautions are required:</p> <p>(i) Email supporting documents containing Sensitive PII in an encrypted attachment with password sent separately to the Contracting Officer Representative assigned to the contract.</p> <p>(ii) Never leave paper documents containing Sensitive PII unattended and unsecure. When not in use, these documents will be locked in drawers, cabinets, desks, etc. so the information is not accessible to those without a need to know.</p> <p>Continued ...</p>				

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	<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>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 OCFO.CustomerService@ice.dhs.gov</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>The total amount of award: \$0.00. The obligation for this award is shown in box 26.</p>				