| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | CONTRACT ID CODE | | | F PAGES | | | | |
|--|---|---|---|----------|---------------|--------------------|--|--|--|--|
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | 4. REQ | UISITION/PURCHASE REQ. NO. | 5. PR | 1 OJECT NO |). (If applicable) | | | | |
| P00010 | See Block 16C | | | 09/ | 20/20 | 22 | | | | |
| 6. ISSUED BY CODE | | 7. ADN | DMINISTERED BY (If other than Item 6) CODE ICE/DCR | | | | | | | |
| DETENTION COMPLIANCE AND REMOVALS U.S. Immigration and Customs Enforcement Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024 | | ICE/Detention Compliance & Removals Immigration and Customs Enforcement Office of Acquisition Management 500 12th st sw Washington DC 20024 | | | | | | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street | t, county, State and ZIP Code) | (x) 9A. | AMENDMENT OF SOLICITATION NO. | | | | | | | |
| PARAGON PROFESSIONAL SERVICES LLC ATTN 3301 C STREET SUITE 400 | | 9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORDER NO. 7 0 CDCR 2 2 D 0 0 0 0 0 1 2 | | | | | | | | |
| | | 100 | DATED (SEE ITEM 42) | | | | | | | |
| CODE K8DNMK1 CCOM3 | FACILITY CODE | 4 | DATED (SEE ITEM 13) | | | | | | | |
| CODE K8RNMK1CCQW3 | 11. THIS ITEM ONLY APPLIES TO | | 9/29/2022 | | | | | | | |
| CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. | change an offer already submitted, such nee to the solicitation and this amendmentuired) IODIFICATION OF CONTRACTS/ORDER PURSUANT TO: (Specify authority) THE | change int, and is | may be made by letter or electronic communica | ecified. | ED IN ITEM | | | | | |
| X | IT IS ENTERED INTO PURSUANT TO A | | | | | | | | | |
| | | | | | | | | | | |
| E. IMPORTANT: Contractor | | cluding s | | | | | | | | |
| Continued | | | | | | | | | | |
| Except as provided herein, all terms and conditions of to 15A. NAME AND TITLE OF SIGNER (Type or print) | he document referenced in Item 9 A or 10 | | etofore changed, remains unchanged and in fu NAME AND TITLE OF CONTRACTING OFFIC | | | | | | | |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) Previous edition unusable | 15C. DATE SIGNED | | | | | | | | | |

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR22D00000012/P00010
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NAME OF OFFEROR OR CONTRACTOR

PARAGON PROFESSIONAL SERVICES LLC

| ITEM NO. (A) | SUPPLIES/SERVICES | QUANTITY (C) | UNIT | UNIT PRICE (E) | AMOUNT (F) |
|--------------|--|-----------------|------|-------------------|---------------|
| (A) | (B) 2. Update the invoice instructions, see below. | (C) | (D) | (E) | (F) |
| | 2. opdate the invoice institutions, see selow. | | | | |
| | 3. Add the vendor CPARS point of contact (POC) | | | | |
| | information. | | | | |
| | 4. The total value of this IDIQ has not changed: | | | | |
| | 4. The total value of this ibig has not changed. | | | | |
| | From: | | | | |
| | Ву: \$0 | | | | |
| | To: | | | | |
| | All other terms and conditions of this contract | | | | |
| | All other terms and conditions of this contract remain unchanged. | | | | |
| | Temain unchanged. | | | | |
| | For inquiries regarding ICE detainee information | | | | |
| | or ICE's usage of this agreement, there shall be | | | | |
| | no public disclosures regarding this agreement | | | | |
| | made by the Provider (or any subcontractors) | | | | |
| | without review and approval of such disclosure by ICE. | | | | |
| | ICE. | | | | |
| | Period of Performance: 09/30/2024 to 09/29/2025 | | | | |
| | ICE - IPP INVOICE INSTRUCTIONS | | | | |
| | | | | | |
| | Beginning December 9, 2024 all invoicing | | | | |
| | procedures will take place on www.IPP.gov. | | | | |
| | Vendors must be registered www.IPP.gov. Registration on www.IPP.gov is required to | | | | |
| | receive payment. | | | | |
| | Invoices will not be accepted by any other | | | | |
| | method. | | | | |
| | 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". | | | | |
| | 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- | | | | |
| | (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; | | | | |
| | Continued | | | | |
| | | | | | |
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 70 CDCR22D00000012/P00010
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NAME OF OFFEROR OR CONTRACTOR

PARAGON PROFESSIONAL SERVICES LLC

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|--|----------|------|------------|---------------|
| (A) | (B) | | (D) | (E) | AMOUNT (F) |
| (/ | (iii) Invoice date and number; | (3) | (2) | (=) | (2) |
| | (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; | | | | |
| | <pre>(vii) Terms of any discount for prompt payment offered;</pre> | | | | |
| | (viii) Remit to Address; | | | | |
| | (ix) Name, title, and phone number of person 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 3. Invoice submission: The above information wil | | | | |
| | be required to complete the invoice submission | Ī | | | |
| | requirements within IPP. Please refer to | | | | |
| | www.IPP.gov for additional information on Getting | | | | |
| | Started, Benefits, Features, and Enrollment. | | | | |
| | Invoices without the above information may be | | | | |
| | returned for resubmission. | | | | |
| | VENDOR CPARS POC | | | | |
| | Vendor CPARS POC: | | | | |
| | Vendor CPARS POC Email: | | | | |
| | Vendor CPARS POC Phone Number: 907-334- | | | | |
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