




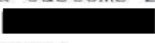
2. CONTRACT NO. 70CDCR24DIG000019  
 3. AWARD/EFFECTIVE DATE see 31c  
 4. ORDER NUMBER \_\_\_\_\_  
 5. SOLICITATION NUMBER \_\_\_\_\_  
 6. SOLICITATION ISSUE DATE \_\_\_\_\_

7. **FOR SOLICITATION INFORMATION CALL:**  b. TELEPHONE NUMBER (No collect calls) 202-732-  
 8. OFFER DUE DATE/LOCAL TIME \_\_\_\_\_

9. ISSUED BY: DETENTION COMPLIANCE AND REMOVALS  
 ICE Office of Acquisition Management  
 500 12th St SW  
 WASHINGTON DC 20024  
 CODE: 70CDCR

10. THIS ACQUISITION IS:  UNRESTRICTED OR  SET ASIDE: \_\_\_\_\_ % FOR: \_\_\_\_\_  
 SMALL BUSINESS  WOMEN-OWNED SMALL BUSINESS (WOSB)  NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 561612  
 HUBZONE SMALL BUSINESS  ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB)  SIZE STANDARD:   
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB)  8(A)

11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED  SEE SCHEDULE  
 12. DISCOUNT TERMS: Net 30  
 13a. THIS CONTRACT IS A RATED ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)   
 13b. RATING: \_\_\_\_\_  
 14. METHOD OF SOLICITATION:  REQUEST FOR QUOTE (RFQ)  INVITATION FOR BID (IFB)  REQUEST FOR PROPOSAL (RFP)

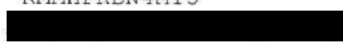





15. DELIVER TO: ICE/ERO  
 ICE Enforcement & Removal  
 Immigration and Customs Enforcement  
 500 12th St SW   
 Washington DC 20024  
 CODE: ICE/ERO

16. ADMINISTERED BY: ICE/DCR  
 ICE/Detention Compliance & Removals  
 ICE Office of Acquisition Management  
 500 12th St SW  
 Washington DC 20024

17a. CONTRACTOR/OFFEROR: GARVIN COUNTY OF  
 201 WEST GRANT  
 PAULS VALLEY OK 730753234  
 CODE: KMMHPKBN4MT5  
 FACILITY CODE: \_\_\_\_\_

18a. PAYMENT WILL BE MADE BY: DHS, ICE  
 Burlington Finance Center  
 P.O. Box 1620  
 Attn: ICE-ERO/FOD-FDA  
 Williston VT 05495-1620  
 CODE: ICE-ERO/FOD-FDA


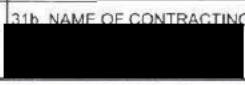
TELEPHONE NO. \_\_\_\_\_  
 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER  
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED  SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	UE1: KMMHPKBN4MT5 COR:   ACOR - RA/POC:   CO:   The purpose of 70CDCR24DIG000019 is to establish (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA: See schedule  
 26. TOTAL AWARD AMOUNT (For Government Use Only): \$0.00

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  ARE  ARE NOT ATTACHED.  
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA  ARE  ARE NOT ATTACHED.

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.  
 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:

31a. UNIT:   
 31b. NAME OF CONTRACTING OFFICER (Type or print):   
 31c. DATE SIGNED: 9/20/2024  
 DATE SIGNED: 9/20/24

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>an Inter-Governmental Service Agreement (IGSA) between the United States Department of Homeland Security (DHS) Immigration and Customs Enforcement (ICE) and Garvin County, TX for the provision of detention, detention-related services, transportation, and stationary guard services for ICE noncitizens at the Garvin County Detention Center located at 201 West Grant, Pauls Valley, OK 73075. This agreement replaces DROIGSA-09-0004.</p> <p>The period of performance/ordering period for this IGSA is 09/30/2024 to 09/29/2029. A new wage determination will be incorporated into this agreement on the annual anniversary of this agreement. 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>By signing this agreement, the service provider ensures that any subcontract includes all provisions of this agreement.</p> <p>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 <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
--	--------------------	---------------------------------	--	------------------

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 (YY/MM/DD)

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED

70CDCR24DIG000019

PAGE OF

3

8

NAME OF OFFEROR OR CONTRACTOR

GARVIN COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>The following documents constitute the complete agreement and are hereby incorporated into this award:</p> <p>Standard Form 1449 70CDCR24DIG000019</p> <p>IGSA 70CDCR24DIG000018 and the following 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: 2015-5331, Revision 26</li> <li>- Attachment 3 - Quality Assurance Surveillance Plan and Performance Requirements Summary (NDS 2019)</li> <li>- Attachment 3A -Contract Discrepancy Report (CDR) Template</li> <li>- Attachment 4 - Quality Control Plan</li> <li>- Attachment 5A G-324B Operational Review Self-Assessment (ORSA) Detention Inspection Form Worksheet</li> <li>- Attachment 5B Facility Significant Incident Summary (SIS) Sample</li> <li>-Attachment 6 - Prison Rape Elimination Act (PREA) Regulations</li> <li>- Attachment 7 - Detention- Transportation Template</li> <li>- Attachment 8 - Combating Trafficking in Persons</li> <li>- Attachment 9- ICE Privacy, Records Management, and Safeguarding of Sensitive information</li> <li>- Attachment 10 - Transportation Requirement</li> <li>- Attachment 11A - Staffing Plan/Technical</li> <li>- Attachment 11B - Medical Staffing Plan</li> </ul> <p>The values listed below are maximum values and do not indicate actual or estimated usage of the facility.</p> <p>Period of Performance: 09/30/2024 to 09/29/2029</p> <p>Detention Services</p> <p>Bed Day Rate: <span style="background-color: black; color: black;">██████████</span></p> <p>Total Maximum Value over 5 years: 72*(365*5)</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR

GARVIN COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	<p>* [REDACTED]</p> <p>Obligated Amount: \$0.00</p> <p>Award Type: Firm-fixed-price</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <p>Transportation Services</p> <p>On-Call Guard Rate: [REDACTED] /hr.</p> <p>On-Call Guard Rate Overtime: [REDACTED] /hr.</p> <p>Mileage is GSA Current Rate: [REDACTED] /mile</p> <p>Total Maximum Value over 5 years = 25 hours*(365*5)*[REDACTED] /hr + [REDACTED] /miles/day*(365*5)= [REDACTED] +</p> <p>Obligated Amount: \$0.00</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: HOUSEKEEPING- GUARD</p> <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"> <li>(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;</li> <li>(ii) Unique Entity Identifier (UEI) number;</li> <li>(iii) Invoice date and number;</li> <li>(iv) Contract number, line items and, if</li> </ul> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
GARVIN COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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 persons 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: Invoice.Consolidation@ice.dhs.gov Attn: ICE-ERO/FOD-FDA Invoice</p> <p>b. Mail: DHS, ICE Financial Service Center Burlington Attn: ICE-ERO/FOD-FDA Invoice 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 Continued ...</p>				

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
70CDCR24DIG000019

PAGE OF  
6 8

NAME OF OFFEROR OR CONTRACTOR  
GARVIN COUNTY OF

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

NAME OF OFFEROR OR CONTRACTOR  
GARVIN COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>must include:</p> <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,</p> <p>Continued ...</p>				

NAME OF OFFEROR OR CONTRACTOR  
GARVIN COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>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>(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 total amount of award: [REDACTED]. The obligation for this award is shown in box 26.</p>				