

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>				1. REQUISITION NUMBER		PAGE OF 1 3	
2. CONTRACT NO. 70CDCR25DIG000014		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER		5. SOLICITATION NUMBER	
						6. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME [REDACTED]		b. TELEPHONE NUMBER (No collect calls)		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 <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (SDVOSB) <input type="checkbox"/> 8(A)		NORTH AMERICAN INDUSTRY CLASSIFICATION STANDARD (NAICS): 561612 SIZE STANDARD: \$29	
11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Various		13a. THIS CONTRACT IS A RATED <input type="checkbox"/> ORDER UNDER THE DEFENSE PRIORITIES AND ALLOCATIONS SYSTEM - DPAS (15 CFR 700)		13b. RATING 14. METHOD OF SOLICITATION <input type="checkbox"/> REQUEST FOR QUOTE (RFQ) <input type="checkbox"/> INVITATION FOR BID (IFB) <input type="checkbox"/> REQUEST FOR PROPOSAL (RFP)	
15. DELIVER TO ICE Enforcement & Removal Immigration and Customs Enforcement 500 12th St SW [REDACTED] Washington DC 20024		CODE ICE/ERO		16. ADMINISTERED BY ICE/Detention Compliance & Removals ICE Office of Acquisition Management 500 12th St SW Washington DC 20024		CODE ICE/DCR	
17a. CONTRACTOR/ OFFEROR OZARK COUNTY OF PO BOX 525 GAINESVILLE MO 656550525		CODE RQHBZK142JA8 FACILITY CODE		18a. PAYMENT WILL BE MADE BY ICE/ERO/FOD/FCH WWW.IPP.GOV		CODE ICE/ERO/FOD/FCH	
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 <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	UEI: RQHBZK142JA8 ----- COR: [REDACTED] 312-347-[REDACTED] Contracting Officer: [REDACTED] 202-853-[REDACTED] Contract Specialist: [REDACTED] 202-836-[REDACTED] ----- This is the award document for Intergovernmental Service Agreement (IGSA) No. 70CDCR25DIG000014 (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						<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.	
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.	
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:			
[REDACTED]				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) [REDACTED]			
30b. NAME AND TITLE OF SIGNER (Type or print) Cass Martin - Sheriff				30c. DATE SIGNED 2-24-2025		31b. NAME OF CONTRACTING OFFICER (Type or print) Date: 2025.02.25 11:56:58-0500b	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>with Ozark County Mo. The following are attached to this award document:</p> <ul style="list-style-type: none"> • IGSA No. 70CDCR25DIG000014 • Attachment 1 - Title 29, Part 4 Labor Standards for Federal Service Contracts • Attachment 2 - Wage Determination Number: 2015-5101 Dated 12/23/2024 • Attachment 3 - Quality Assurance Surveillance Plan and Performance Requirements Summary (NDS 2019) • Attachment 3A -Contract Discrepancy Report (CDR) Template • Attachment 4 - Quality Control Plan • Attachment 5 - Prison Rape Elimination Act (PREA) Regulations • Attachment 6 - Detention-Transportation Template_08.31.2022_v2 • Attachment 7 - Combatting Trafficking in Persons • Attachment 8 - ICE Privacy, Records Management, and Safeguarding of Sensitive Information • Attachment 10 - Transportation Requirements • Attachment 10A - Anticipated Transportation List • Attachment 11 - Virtual Attorney Visitation <p>-----</p> <p>Period of Performance: 03/01/2025 to 02/28/2030</p> <p>DETENTION SERVICES: Reimbursed at a Rate of \$ [REDACTED] per detainee/day</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	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
<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 (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

70CDCR25DIG000014

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NAME OF OFFEROR OR CONTRACTOR

OZARK COUNTY OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0002	TRANSPORTATION SERVICES Escor and Stationary Guard Rates Regular: \$ [REDACTED] Overtime: [REDACTED] Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD				
0003	Mileage Rate: \$ [REDACTED] per mile Obligated Amount: \$0.00 Product/Service Code: S206 Product/Service Description: HOUSEKEEPING- GUARD ----- This action does not obligate any funds. Services shall only be provided when authorized through a funded task order. There shall be no public disclosure regarding this agreement made by the provider (or any subcontractors) without review and approval of such disclosure by ICE. The obligated amount of award: \$0.00. The total for this award is shown in box 26.				