

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL PRODUCTS AND COMMERCIAL SERVICES

NOTE: OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, AND 30.

1. REQUISITION NUMBER 2. CONTRACT NUMBER 3. AWARD/EFFECTIVE DATE 4. ORDER NUMBER 5. SOLICITATION NUMBER 70CDCR26R00000016 6. SOLICITATION ISSUE DATE 06/11/2026 7. FOR SOLICITATION INFORMATION CALL: a. NAME GENNA BRADEN b. TELEPHONE NUMBER (No collect calls) 214-905-8309 8. OFFER DUE DATE/ LOCAL TIME 07/07/2026 1200 CT		PAGE 1 OF 11 9. ISSUED BY CODE 70CDCR DETENTION COMPLIANCE AND REMOVALS ICE Office of Acquisition Management 500 12th St SW WASHINGTON DC 20024 10. THIS ACQUISITION IS ☐ UNRESTRICTED OR ☒ SET ASIDE: 100.00% FOR: ☒ SMALL BUSINESS ☐ WOMEN-OWNED SMALL BUSINESS (WOSB) NORTH AMERICAN ☐ HUBZONE SMALL BUSINESS ☐ ECONOMICALLY DISADVANTAGED INDUSTRY CLASSIFICATION ☐ SERVICE-DISABLED ☐ DISADVANTAGED 621512 ☐ VETERAN-OWNED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: ☐ SMALL BUSINESS (SDVOSB) ☐ 8(A) \$19 11. DELIVERY FOR FREE ON BOARD (FOB) DESTINATION UNLESS BLOCK IS MARKED ☒ SEE SCHEDULE 12. DISCOUNT TERMS 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 ☐ REQUEST ☐ INVITATION ☒ FOR PROPOSAL ☐ FOR QUOTE (RFQ) ☐ FOR BID (IFB) (RFP)			
15. DELIVER TO CODE SEE PWS		16. ADMINISTERED BY CODE			
17a. CONTRACTOR/ OFFEROR CODE TELEPHONE NUMBER		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER ☐ 18a. PAYMENT WILL BE MADE BY CODE 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
	This solicitation is for teleradiology services for the Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) in accordance with the terms outlined in sections A-M of this request for proposal (RFP), including all Continued... (Use Reverse and/or Attach Additional Sheets as Necessary)				
25. ACCOUNTING AND APPROPRIATION DATA				26. TOTAL AWARD AMOUNT (For Government Use Only)	
☒ 27a. SOLICITATION INCORPORATES BY REFERENCE (FEDERAL ACQUISITION REGULATION) FAR 52.212-1, 52.212-4. ADDENDA FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ☒ 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 <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			☐ 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
			GENNA BRADEN		

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	attachments (see section J). The resultant contract from this solicitation has an anticipated period of performance that will include a base period of one year from the date of contract award and four, one-year option periods in accordance with Revolutionary Federal Acquisition Regulation Overhaul (RFO) 17.2 (Deviation 25-36). Included in the base period is a 120-day transition-in period and a 245-day operational period. All below dates are estimated dates.				
0001	Chest X-Ray Anticipated Award Type: Firm-fixed-price Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	100000	EA		
0002	Other Than Chest X-Ray Anticipated Award Type: Firm-fixed-price Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	5000	EA		
0003	Registration Fees Alexandria Staging Facility - Louisiana: \$XX.XX Continued...	1	LO		

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. EMAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED
CORRECT FOR

36. PAYMENT

37. CHECK NUMBER

☐ PARTIAL ☐ FINAL☐ COMPLETE ☐ PARTIAL ☐ FINAL

STOCK RECORD (S/R)

40. PAID BY

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE RECEIVED (MM/DD/YYYY)

42d. TOTAL CONTAINERS

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	El Paso Processing Center - Texas: \$XX.XX Eloy Detention Center - Arizona: \$XX.XX Florence Service Processing Center - Arizona: \$XX.XX Houston Contract Detention Center - Texas: \$XX.XX Jena - LaSalle ICE Processing Center - Louisiana: \$XX.XX Krome Service Processing Center - Florida: \$XX.XX Montgomery Processing Center - Texas: \$XX.XX Pearsall South Texas ICE Processing Center - Texas: \$XX.XX Port Isabel Service Processing Center - Texas: \$XX.XX Tacoma Northwest ICE Processing Center - Washington: \$XX.XX This CLIN will be billed on a FFP basis at the unit prices specified above in accordance with the PWS and all other terms and conditions of this contract as applicable per state regulation. Note, the contractor shall not bill the government if a state does not require registration or does not charge registration fees. Anticipated Award Type: Firm-fixed-price Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES				
0004	Transition-In 120 Days This is a FFP CLIN and will be billed on a monthly basis at the unit prices specified below in accordance with the PWS and all other terms and conditions of this contract. Anticipated Award Type: Firm-fixed-price Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	4	MO		
1001	Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) Continued...	100000	EA		

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
1002	08/27/2027 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES Other Than Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2027 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	5000	EA		
1003	Registration Fees Alexandria Staging Facility - Louisiana: \$XX.XX El Paso Processing Center - Texas: \$XX.XX Eloy Detention Center - Arizona: \$XX.XX Florence Service Processing Center - Arizona: \$XX.XX Houston Contract Detention Center - Texas: \$XX.XX Jena - LaSalle ICE Processing Center - Louisiana: \$XX.XX Krome Service Processing Center - Florida: \$XX.XX Montgomery Processing Center - Texas: \$XX.XX Pearsall South Texas ICE Processing Center - Texas: \$XX.XX Port Isabel Service Processing Center - Texas: \$XX.XX Tacoma Northwest ICE Processing Center - Washington: \$XX.XX This CLIN will be billed on a FFP basis at the unit prices specified above in accordance with the PWS and all other terms and conditions of this contract as applicable per state regulation. Note, the contractor shall not bill the government if a state does not require registration or does not charge registration fees. Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2027 Product/Service Code: Q522 Product/Service Description: RADIOLOGY Continued...	1	LO		

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	SERVICES				
2001	Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2028 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	100000	EA		
2002	Other Than Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2028 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	5000	EA		
2003	Registration Fees Alexandria Staging Facility - Louisiana: \$XX.XX El Paso Processing Center - Texas: \$XX.XX Eloy Detention Center - Arizona: \$XX.XX Florence Service Processing Center - Arizona: \$XX.XX Houston Contract Detention Center - Texas: \$XX.XX Jena - LaSalle ICE Processing Center - Louisiana: \$XX.XX Krome Service Processing Center - Florida: \$XX.XX Montgomery Processing Center - Texas: \$XX.XX Pearsall South Texas ICE Processing Center - Texas: \$XX.XX Port Isabel Service Processing Center - Texas: \$XX.XX Tacoma Northwest ICE Processing Center - Washington: \$XX.XX This CLIN will be billed on a FFP basis at the unit prices specified above in accordance with the PWS and all other terms and conditions of this contract as applicable per state regulation. Note, the contractor shall not bill the government if a state does not require registration or does not charge registration fees. Continued...	1	LO		

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2028 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES				
3001	Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2029 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	100000	EA		
3002	Other Than Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2029 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	5000	EA		
3003	Registration Fees Alexandria Staging Facility - Louisiana: \$XX.XX El Paso Processing Center - Texas: \$XX.XX Eloy Detention Center - Arizona: \$XX.XX Florence Service Processing Center - Arizona: \$XX.XX Houston Contract Detention Center - Texas: \$XX.XX Jena - LaSalle ICE Processing Center - Louisiana: \$XX.XX Krome Service Processing Center - Florida: \$XX.XX Montgomery Processing Center - Texas: \$XX.XX Pearsall South Texas ICE Processing Center - Texas: \$XX.XX Port Isabel Service Processing Center - Texas: \$XX.XX Tacoma Northwest ICE Processing Center - Washington: \$XX.XX This CLIN will be billed on a FFP basis at the unit prices specified above in accordance with the PWS and all other terms and conditions of Continued...	1	LO		

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	this contract as applicable per state regulation. Note, the contractor shall not bill the government if a state does not require registration or does not charge registration fees. Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2029 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES				
4001	Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2030 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	100000	EA		
4002	Other Than Chest X-Ray Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2030 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES	5000	EA		
4003	Registration Fees Alexandria Staging Facility - Louisiana: \$XX.XX El Paso Processing Center - Texas: \$XX.XX Eloy Detention Center - Arizona: \$XX.XX Florence Service Processing Center - Arizona: \$XX.XX Houston Contract Detention Center - Texas: \$XX.XX Jena - LaSalle ICE Processing Center - Louisiana: \$XX.XX Krome Service Processing Center - Florida: \$XX.XX Montgomery Processing Center - Texas: \$XX.XX Pearsall South Texas ICE Processing Center - Texas: \$XX.XX Port Isabel Service Processing Center - Texas: \$XX.XX Tacoma Northwest ICE Processing Center - Continued...	1	LO		

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Washington: \$XX.XX This CLIN will be billed on a FFP basis at the unit prices specified above in accordance with the PWS and all other terms and conditions of this contract as applicable per state regulation. Note, the contractor shall not bill the government if a state does not require registration or does not charge registration fees. Anticipated Award Type: Firm-fixed-price (Option Line Item) 08/27/2030 Product/Service Code: Q522 Product/Service Description: RADIOLOGY SERVICES 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; (iii) Invoice date and number; (iv) Contract number, line items and, if Continued...				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	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 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 will be required to complete the invoice submission 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. The contractor shall follow the above invoicing procedures unless the Contracting Officer or Contracting Officer's Representative determines that the below procedures shall be followed. INVOICE INSTRUCTIONS 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: Continued...				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	"...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; (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 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: 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. 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/FHQ/DMD Invoice b. Mail: DHS, ICE Financial Service Center Burlington Attn: ICE/ERO/FHQ/DMD Invoice P.O. Box 1620 Williston, VT 05495-1620 Continued...				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	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 OCF0.CustomerService@ice.dhs.gov Invoices without the above information may be returned for resubmission.				