

Company Name:
EYAK Technology

Contract Number:
HSCEMS-09-C-00011 (HSCEMS09C00011)

Solicitation Number:
HSCEMS-09-R-00023 (HSCEMS09R00023)

Period of Performance:
9/29/2009 through 9/28/2010

Services Provided:
Provides personnel, facilities, equipment, material, supplies, and service with the exception of Government Property furnishings and otherwise do all things necessary for or incidental to providing Tactical Communications Equipment, Subscribers, and Limited Services.

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>			1. REQUISITION NUMBER	PAGE OF 1 58	
2. CONTRACT NO. HSCEMS-09-C-00011	3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER	5. SOLICITATION NUMBER HSCEMS-09-R-00023	6. SOLICITATION ISSUE DATE	
7. FOR SOLICITATION INFORMATION CALL: [REDACTED]	8. NAME Shellee Scott	9. TELEPHONE NUMBER 202-732-2631	10. OFFER DUE DATE/LOCAL TIME		
9. ISSUED BY ICE/Mission Support/Asst. Secretary Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 980 Washington DC 20536		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR NAICS: 334220 SIZE STANDARD: 750	<input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETFRAN-OWNED SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> Sole Source <input type="checkbox"/> S(M)		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS Net 15	13. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
16. DELIVER TO DHS/ICE HQ Hub Facility 1200 Mercantile Lane Largo MD 20774	15. ADMINISTERED BY ICE/Mission Support/Asst. Secretary Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 980 Attn: Shellee Scott Washington DC 20536	14. METHOD OF SOLICITATION <input type="checkbox"/> RFP <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR EYAK TECHNOLOGY LLC 22980 INDIAN CREEK DRIVE SUITE 400 DULLES VA 201666729	18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-NIRU Williston VT 05495-1620	17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			

15b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 15a UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: 112710947 ----- Contact Information: Contract Officer's Technical Representative: Thom Ingles (877)423-(b)(6), (b)(7)c Contract Specialist: Shellee Scott (202)732-(b)(6), (b)(7)c Contracting Officer: Candace T. Lightfoot (202)732-(b)(6), (b)(7)c ----- (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA

26. TOTAL AWARD AMOUNT (For Govt. Use Only)
\$29,113,568.12

27a. SOLICITATION INCORPORATES BY REFERENCE 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 HEREIN.

29. AWARD OF CONTRACT REF. Proposal OFFER DATED 08/31/2009 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
[Signature]

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
Candace T. Lightfoot

30b. NAME AND TITLE OF SIGNER (Type or print)
VICTOR CENNAME VP COMMUNICATIONS

30c. DATE SIGNED
9/25/09

31b. NAME OF CONTRACTING OFFICER (Type or print)
Candace T. Lightfoot

31c. DATE SIGNED
09/26/2009

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<p>The Contractor shall provide all personnel, facilities, equipment, material, supplies, and service with the exception of Government Property furnishings and otherwise do all things necessary for or incidental to providing Tactical Communications Equipment, Subscribers, and Limited Services in accordance with Attachment A - Statement of Work.</p> <p>The accounting and appropriation data for each Contract Line Item Number (CLIN) is located on Attachment B - Equipment List.</p> <p>This is a Firm-Fixed Price Contract with a Cost Reimbursable Line Item (0014) for Travel. Period of Performance: 09/29/2009 to 09/28/2010</p>				
0001	<p>Tab 1 - OIO & OPR</p> <p>Requisition: 192109NIR00000006 = (b)(4) 192109NIR00000020 = (b)(4) Obligated Amount: (b)(4)</p>				(b)(4)
0002	<p>Tab 2 - SC</p> <p>Requisition: 192109NIR00000010 = (b)(4) Continued ...</p>				(b)(4)

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

NAME OF OFFEROR OR CONTRACTOR
EYAK TECHNOLOGY LLC

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Obligated Amount: (b)(4)				
0003	Tab 3 - FPS Requisition: 192109PHQCIP07046 = (b)(4) 192109PHQCIP7050 = (b)(4) 192109CIOENG03027 = (b)(4) Obligated Amount: (b)(4)				(b)(4)
0004	Tab 4 - SWC IN Requisition: 192109NIR00000020 = (b)(4) Obligated Amount: (b)(4)				(b)(4)
0005	Tab 5 - SWC SUB Requisition: 192109NIR00000020 = (b)(4) Obligated Amount: (b)(4)				(b)(4)
0006	Tab 6 - SWC DEPLOY Requisition: 192109NIR00000020 = (b)(4) Obligated Amount: (b)(4)				(b)(4)
0007	Tab 7 - NYC SUB Requisition: 192109CIOENG2NYCS = (b)(4) Obligated Amount: (b)(4)				(b)(4)
0008	Tab 8 - NYC SUB UP Requisition: 192109CIOENG2NYCS = (b)(4) 192109NIR00000020 = (b)(4) Obligated Amount: (b)(4) Continued ...				(b)(4)

NAME OF OFFEROR OR CONTRACTOR
EYAK TECHNOLOGY LLC

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0009	<p>Tab 9 - OI Subscribers</p> <p>Requisition: 192109CIOENG20ISB = (b)(4) 192109CIOENG03027 = (b)(4) Obligated Amount: (b)(4)</p>				(b)(4)
0010	<p>Tab 10 - OI SW</p> <p>Requisition: 192109CIOENG20IBS = (b)(4) 192109CIOENG03027 = (b)(4) Obligated Amount: (b)(4)</p>				(b)(4)
0011	<p>Tab 11 - Iowa</p> <p>Requisition: 192109CIOENG2IWSE = (b)(4) 192109CIOENG03027 = (b)(4) Obligated Amount: (b)(4)</p>				(b)(4)
0012	<p>Tab 12 - FPS DEPLOY</p> <p>Requisition: 192109PHQCIP07047 = (b)(4) Obligated Amount: (b)(4)</p>				(b)(4)
0013	<p>Tab 13 - NIRU</p> <p>Requisition: 192109FLMURQ00024 = (b)(4) 192109CIOENG03027 = (b)(4) 192109NIR00000020 = (b)(4) Obligated Amount: (b)(4)</p>				(b)(4)
0014	<p>TRAVEL - (b)(4) (NTE)</p> <p>Requisition: 192109NIR00000020 = (b)(4)</p> <p>TRAVEL (Not-To-Exceed) -This contract includes Continued ...</p>				(b)(4)

NAME OF OFFEROR OR CONTRACTOR
EYAK TECHNOLOGY LLC

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>funding for travel by contractor personnel. The Contracting Officer's Technical Representative must approve all travel in advance. All travel must comply with the Federal Travel Regulation (FTR) . The Government will reimburse the contractor for travel based on the actual cost of the travel in accordance with the FTR. Obligated Amount: (b)(4)</p> <p>-----</p> <p>The Contractor shall submit invoices to the Burlington Finance Center (BFC) via one of the following three methods:</p> <p>a. By mail: DHS, ICE Burlington Finance Center P.O. Box 1620 Williston, VT 05495-1620 Attn: ICE-NIRU</p> <p>b. By facsimile (fax): (include a cover sheet with point of contact and number of pages) (802) 288--p(2)Hig</p> <p>c. By e-mail: Invoice.Consolidation@dhs.gov</p> <p>Invoices submitted by other than these three methods will be returned. The contractor is Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE to ensure prompt payment provisions are met. The ICE program office shall also be notated on every invoice.</p> <p>The total amount of award: \$29,113,568.12. The obligation for this award is shown in box 26.</p>				