

**From:**

**To:**

**Cc:**

**Subject:**

Talking Points for Rescue Beacons and Rescue Phones

**Date:**

Tuesday, April 12, 2016 8:31:51 AM

**Attachments:**

[TP on Rescue Beacon and Rescue Phones.pdf](#)

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Hi (b) (6), (b) (7)(C)

Please see the talking points attached.

For the BSI event, you have been chosen to be the subject matter expert on Rescue Beacons and Rescue Phones.

At some point at the BSI event, you will speak on the topic in front of a crowd.

You will also need to be able to answer any questions media might have regarding rescue beacons and rescue phones.

You may possibly have a stand-up poster with stats on how many rescues can be attributed to rescue beacons and of those how many can be attributed rescue phones.

(b) (6), (b) (7)(C)

Please be ready to speak on Rescue beacons and rescue phones IN SPANISH after (b) (6), (b) (7)(C) does her speech.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) External Communications |

(b) (6), (b) (7)(C)

Law Enforcement Operational Programs | Field Communications | Tucson Sector | follow us on Twitter @CBPArizona

(b) (5), (b) (7)(E)



(b) (5), (b) (7)(E)

(b) (5), (b) (7)(E)



(b) (7)(E)

(b) (7)(E)



DEPARTMENT OF HOMELAND SECURITY  
CUSTOMS AND BORDER PROTECTION

PROPERTY TRANSFER ACTION

5238, P & PM

1. DOCUMENT IDENTIFICATION NUMBER

4/19/2016

2. DURATION OF TRANSFER

IF TEMPORARY, LOAN EXPIRATION DATE:

Permanent

Temporary (Loan)

3. TRANSFERRED FROM

ORGANIZATION NAME AND ADDRESS

USBPSH, Acquisition Management Branch  
Attn: (b) (6), (b) (7)(C)

4. TRANSFERRED TO

ORGANIZATION NAME AND ADDRESS

USBP, (b) (7)(E)  
2430 South Swan Road  
Tucson, Arizona 85711  
ATTN: (b) (6), (b) (7)(C)

Organization: (b) (7)(E)

Telephone: (b) (7)(E)

Organization Code

Telephone: (b) (7)(E)

5. PROPERTY ID NO.	6. QUANTITY	7. ITEM NAME AND DESCRIPTION	8. CONDITION CODE
(b) (7)(E)			

9. REMARKS

Allocated by LSC per request; CF33 (b) (7)(E)

10. LOCAL PROPERTY OFFICER OR APPROVING OFFICER TITLE AND SIGNATURE

(b) (6), (b) (7)(C)

11. RECEIVED BY (Title and Signature)

LEGIBLE SIGNATURE OF PERSON PICKING UP EQUIPMENT

12. GAINING LOCAL PROPERTY OFFICER SIGNATURE

13. SHIPPED OR DELIVERED BY (Signature)

PART 1 - Transferor

PART 2 - Shipping

PART 3 - Transferee

**(b) (6), (b) (7)(C)**

Tucson Sector deployed an additional (b) (7)(E) this week in the (b) (7)(E) area of responsibility (AOR). The recent deployment increases the total number of (b) (7)(E) within Tucson Sector to (b) (7)(E). Overall rescues are down (b) (7)(E) although (b) (7)(E) has seen a (b) (7)(E) percent increase in individuals rescued that can be directly attributed to (b) (7)(E).

(b) (7)(E)

In fiscal year 2013, 106 rescues were attributed to (b) (7)(E) throughout Tucson Sector.

TCA

2430 South Swan Road  
Tucson, Arizona 85711



**U.S. Customs and  
Border Protection**

March 14, 2016

MEMORANDUM FOR: Procurement Directorate

FROM: (b) (6), (b) (7)(C)  
Acting Division Chief  
Tucson Sector

SUBJECT: Bona-Fide Need for (b) (7)(E)

The Strategic Planning and Coordination / Fixed Technology unit requires the purchase of (b) (7)(E) to maintain and enhance the lifesaving capabilities of Tucson Sector (b) (7)(E) program. The equipment is available through GSA. Funding was not available at the cut-off time frame; therefore, this requirement did not meet the deadline date.

Without the procurement of this equipment, Strategic Planning and Coordination / Fixed Technology unit will not be able to ensure that all Tucson Sector (b) (7)(E) (b) (7)(E) (b) (7)(E) (b) (7)(E)

Print Name: (b) (6), (b) (7)(C)

Signature:

Official Title: Operations Officer

Phone: (b) (6), (b) (7)(C)

DEPARTMENT OF HOMELAND SECURITY  
PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>	7. Requestor Phone Number: <b>(b) (6), (b) (7)(C)</b>	8. Date of Request: 05/02/2014	9. Document ID Number:	
10. Ship To Address: 2430 S. Swan Rd	11. City: Tucson	12. State: AZ	13. Zip Code: 85711	
14. Vendor Name: <b>(b) (6)</b>	15. Vendor POC: <b>(b) (6)</b>	16. Vendor Phone Number: <b>(b) (6)</b>		
17. Vendor Address: <b>(b) (6)</b>	18. City: <b>(b) (6)</b>	19. State: <b>(b) (6)</b>	20. Zip Code: <b>(b) (6)</b>	
21. Detailed Justification for Purchase: The material(s) noted below are <b>(b) (7)(E)</b> Tucson Sector <b>(b) (7)(E)</b> Tucson Sector <b>(b) (7)(E)</b> are <b>(b) (7)(E)</b>				

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	<b>(b) (4), (b) (7)(E)</b>						
2	<b>(b) (4), (b) (7)(E)</b>						
3	<b>(b) (4), (b) (7)(E)</b>						
4	<b>(b) (4), (b) (7)(E)</b>						
5	<b>(b) (4), (b) (7)(E)</b>						
6	<b>(b) (4), (b) (7)(E)</b>						
7	<b>(b) (4), (b) (7)(E)</b>						
8	<b>(b) (4), (b) (7)(E)</b>						
9	<b>(b) (4), (b) (7)(E)</b>						
10	<b>(b) (4), (b) (7)(E)</b>						

ACCS 30. Accounting Data:	
FMS 31. Purchase Log ID	32. ESTIMATED ORDER TOTAL: <b>(b) (4)</b>

33. TO REQUIRED SOURCES for SUPPLIES	TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories <input type="checkbox"/> 2. Excess Prty from other Agencies <input type="checkbox"/> 3. UNICOR <input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 5. Wholesale Supply Sources <input type="checkbox"/> 6. GSA/FSS or DHS BPAs <input type="checkbox"/> 7. Optional Use Federal Supply Schedules <input checked="" type="checkbox"/> 8. Commercial	<input type="checkbox"/> 1. ABILITY ONE <input checked="" type="checkbox"/> 2. GSA/FSS <input type="checkbox"/> 3. Optional Use Federal Supply Schedules <input checked="" type="checkbox"/> 4. UNICOR or Commercial
<input type="checkbox"/> 1. IT Request <input type="checkbox"/> 2. Subscriptions <input type="checkbox"/> 3. Branding <input type="checkbox"/> 4. Legal	<input type="checkbox"/> 5. OGC-Awards <input type="checkbox"/> 6. Accountable Property <input type="checkbox"/> 7. Other	

34. FUNDS VERIFICATION OFFICIAL INFORMATION		
Printed Funding Official Name and Title:	Date:	SIGNATURE:

35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION		
Printed Approving Official Name and Title:	Date:	SIGNATURE:

36. PURCHASE CARD HOLDER INFORMATION		
Card Holder Name:	Date:	SIGNATURE:

37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)		
Printed Name and Title:	Date:	SIGNATURE:

38. PROPERTY CUSTODIAN INFORMATION (property Accountability)		
Printed Name and Title:	Date:	SIGNATURE:

39. LOCAL USE SIGNATURES (if needed)		
Printed Name and Title:	Date:	SIGNATURE:



## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

Field	Guidance
1. Cardholder Name	Name of the actual cardholder making the purchase.
2. Cardholder Telephone Number	Phone number of the cardholder.
3. Cardholder Email Address	Email address of the cardholder.
4. Component	Component where the cardholder works.
5. Program/Office	Physical location where the cardholder works.
6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
7. Requestor Phone Number	Phone number of person requesting the supplies/services.
8. Date of Request	Date the requestor submits the request.
9. Document ID Number	Unique number to identify the transaction. Determined by component.
10. Ship to Address	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases.
11. City	
12. State	
13. Zip Code	
14. Vendor Name	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies/Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.
15. Vendor POC	
16. Vendor Phone Number	
17. Vendor Address	
18. City	
19. State	
20. Zip Code	
21. Detailed Justification for Purchase	Provide a 2-3 sentence narrative of why the supplies/services are needed for. Use the justification stated on the SF-182 for training request use the information.
22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
26. Unit Issue	List the unit issue stated price listing (EA, BX, PG, RO, etc.). <sup>30</sup> Unit Price List the price of the requested item. The sum of unit pricing should tie to the estimated total.
28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
32. Estimated Total	Calculated field no input required if filling out in excel. If written then the unit price times the quantity.
33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
34. Funds Verification	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Can be an email if official is not physically available to sign prior to the purchase.
35. Approving Official	The card holders approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the card holder. It can be an email from the approving official if they are not physically available to sign prior to the purchase.
36. Purchase Card Holder	Card holder signs, puts date purchase was actually made and the actual amount paid.
37. Third Party Receipt	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature can not be the card holder, approving official, or alternate approving official of the card holder making the purchase.
38. Property Accountability	Required for all items that require accountability.
39. Local Use Signature	These blocks can be used to put in any locally required approvals if needed. Some offices require some internal approvals based on total cost, prior to the purchase being made. If none are required for your office, you can remove them from the PCTW.
<b>NOTES:</b>	
* Invoice or confirmation of delivery must be attached.	
* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	



## Para evitar deshidratarte

Si caminas durante el día, no te quites la ropa. Ya que te mantiene fresco y te protege de las quemaduras del sol.



Si empiezas a sentir mareos, dolor de cabeza y sed excesiva, te estas deshidratando, en este caso debes de tomar suero oral o agua con sal y limón.

## En tu caminata

Utiliza calzado adecuado, de preferencia zapato cerrado, puede evitar picaduras, calambres y cansancio excesivo. Consume suficientes líquidos y alimentos.



En la caminata, no te separes de tu grupo. Si llegas a perderte en el desierto prende una fogata con mucho humo para que así sea más fácil tu localización.

## Mo pic

Revisa C que vas palos, m puede h alacrane ropa y e animal

Si sufriste animal, má puedes lav ayuda inm

**DETERMINATION AND FINDINGS (D&F)**

**(b) (7)(E)** to be installed on Existing **(b) (7)(E)** in Remote Areas with **(b) (7)(E)**

1. Identification of the agency and the contracting activity.

CBP, United States Border Patrol, Tucson Sector, Strategic Planning and Coordination

2. Nature and/or description of the action being approved.

Tucson Sector is adding **(b) (7)(E)** **(b) (7)(E)**. The **(b) (7)(E)** are situated in visible locations where persons, primarily illegal entrants, can summon assistance and are currently activated via depressing a button **(b) (7)(E)**. The addition of **(b) (7)(E)** **(b) (7)(E)** where their condition can be better assessed and appropriate resources can be more efficiently utilized.

3. A description of the supplies or services required to meet the agency's needs (including the estimated total value for the base year and option years).

**(b) (7)(E)** to current **(b) (7)(E)**. Additional equipment, **(b) (7)(E)** will be included so as to **(b) (7)(E)** to the **(b) (7)(E)**

4. Identification of the rationale and, if applicable, a demonstration of the proposed contractor's unique qualifications to provide the required supply or service.

**(b) (7)(E)**

5. Determination of price reasonableness.

**(b) (7)(E)**

6. A description of the market research conducted among schedule holders, if applicable, and the results or a statement of the reason market research was not conducted.

(b) (7)(E)

7. Any other facts supporting the sole source action.

(b) (7)(E)

8. A statement of the actions, if any, the agency may take to remove or overcome any barriers that led to the restricted consideration before any subsequent acquisition for the supplies or services is made.
9. The ordering activity contracting officer's certification that the D&F is accurate and complete to the best of the contracting officer's knowledge and belief.
10. Evidence that supporting data (e.g., verification of the Government's minimum needs, requirements, or other rationale for limited sources) is complete and accurate.

**REQUISITION/PROGRAM OFFICE CERTIFICATION (over \$3,000)**

I certify that the foregoing D&F is accurate, meets the Government's minimum needs and contains complete information necessary to support the action described in this document and the authority cited.

[ ] The guidance in HSAM Subchapter 3006.3 and HSAM Appendix G have been followed.

Office:

Name: (Print):

Title:

Signature: \_\_\_\_\_ Date:

**CONTRACTING OFFICER CERTIFICATION (over \$3,000)**

I certify that the data supporting the recommended use of other than full and open competition is accurate and complete to the best of my knowledge and belief.

Name (Print):

Contracting Officer

Signature: \_\_\_\_\_ Date:

DEPARTMENT OF HOMELAND SECURITY  
**CERTIFICATE OF NEED FOR PRINTING**

Requester Name: <div style="background-color: black; color: white; padding: 2px;">(b) (6), (b) (7)(C)</div>	Date of Request: 05/05/2015
Requester Office/Organization: CBP, USBP, Tucson Sector	Requester Telephone Number: <div style="background-color: black; color: white; padding: 2px;">(b) (6), (b) (7)(C)</div>
Requester Email Address: <div style="background-color: black; color: white; padding: 2px;">(b) (6), (b) (7)(C)</div>	Name of Approving Senior Accountable Official or Component Head: ACPA <div style="background-color: black; color: white; padding: 2px;">(b) (6), (b) (7)(C)</div>
Date of Approval: 05/05/2015  (Note: I certify that this product is necessary to conduct official Government business)	Signature of Approving Senior Accountable Official or Component Head:
Number of Pages Per Product: 1	Number of Copies: <div style="background-color: black; color: white; padding: 2px;">(b) (7)(E)</div>
Printing is Required By: <input type="checkbox"/> Statute <input type="checkbox"/> Regulation <input type="checkbox"/> Collective Bargaining Agreement <input checked="" type="checkbox"/> Government's Best Interest: (Note: explain why it's in the Governments best interest) 22"x26" Instructional decals are utilized on Tucson Sector <div style="background-color: black; color: white; padding: 2px;">(b) (7)(E)</div>	
Description of report/publication to be printed: 22"x26" Instructional decals that are utilized on Tucson Sector <div style="background-color: black; color: white; padding: 2px;">(b) (7)(E)</div> <div style="background-color: black; color: white; padding: 2px;">(b) (7)(E)</div> Tucson Sector <div style="background-color: black; color: white; padding: 2px;">(b) (7)(E)</div> 22" x 26" weather resistant decal Industrial self-adhesive  Procuring the decals from a local commercial vendor cost is <div style="background-color: black; color: white; padding: 2px;">(b) (4)</div>	
Justification for Rush Job if Applicable: Procuring the decals from a local commercial vendor cost is <div style="background-color: black; color: white; padding: 2px;">(b) (4)</div>	
Description of expected results of printing versus published and distributed through electronic means: These instructional decals/panels cannot be distributed through electronic means.	
<b>Note:</b> To be completed after delivery of product:  Actual Cost for Printing:  Cost of Surcharge or Premium Costs for Rush Job:	

**Legality and Necessity.** No printing, binding, or blank-book work shall be done at the Government Printing Office or at any other printing or binding office, plant or school of the Government unless authorized by law. (See secs. 501 and 1123, title 44, U.S.C.) All printed matter issued shall be devoted to the work which the branch or officer of the Government issuing the same is required by law to undertake, and shall not contain matter which is unnecessary in the transaction of the public business or matter relating to work which any other branch of the Government service is authorized to perform. (See secs. 1102, 1113, and 1118, title 44, U.S.C.)



DEPARTMENT OF HOMELAND SECURITY  
**PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder:		2. Cardholder Telephone Number:		3. Cardholder Email Address:		4. Component:		5. Program/Office:						
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>		7. Requestor Phone Number: <b>(b) (6), (b) (7)(C)</b>		8. Date of Request: 09/03/2014		9. Document ID Number:								
10. Ship To Address: 2430 S. Swan Road				11. City: Tucson		12. State: AZ		13. Zip Code: 85711						
14. Vendor Name: <b>(b) (7)(E)</b>				15. Vendor POC: <b>(b) (6)</b>		16. Vendor Phone Number: <b>(b) (6)</b>								
17. Vendor Address: <b>(b) (7)(E)</b>				18. City: <b>(b) (7)(E)</b>		19. State: <b>(b) (7)(E)</b>		20. Zip Code: <b>(b) (7)(E)</b>						
21. Detailed Justification for Purchase: <input type="checkbox"/> Unit/Station Funds <input type="checkbox"/> Sector Funds These items are being requested to increase the visibility of Tucson Sector <b>(b) (7)(E)</b> during daylight hours.														
22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received							
1	<b>(b) (4), (b) (7)(E)</b>													
2	<b>(b) (4), (b) (7)(E)</b>													
3	<b>(b) (4), (b) (7)(E)</b>													
4	<b>(b) (4), (b) (7)(E)</b>													
5	<b>(b) (4), (b) (7)(E)</b>													
6	<b>(b) (4), (b) (7)(E)</b>													
7	<b>(b) (4), (b) (7)(E)</b>													
ACCS	30. Accounting Data:				FMB USE ONLY: <input type="checkbox"/> On BEP <input type="checkbox"/> Funds Available									
FMS	31. Purchase Log ID				32. ESTIMATED ORDER TOTAL: <b>(b) (7)(E)</b>									
33. TO REQUIRED SOURCES for SUPPLIES			TO REQUIRED SOURCES for SERVICES			TO SPECIAL APPROVALS NEEDED								
<input type="checkbox"/>	1. Agency Inventories		<input type="checkbox"/>	5. Wholesale Supply Sources		<input type="checkbox"/>	1. ABILITY ONE		<input type="checkbox"/>	1. IT Request		<input type="checkbox"/>	5. OGC-Awards	
<input type="checkbox"/>	2. Excess Prty from other Agencies		<input type="checkbox"/>	6. GSA/FSS or DHS BPAs		<input type="checkbox"/>	2. GSA/FSS		<input type="checkbox"/>	2. Subscriptions		<input type="checkbox"/>	6. Accountable Property	
<input type="checkbox"/>	3. UNICOR		<input type="checkbox"/>	7. Optional Use Federal Supply Schedules		<input type="checkbox"/>	3. Optional Use Federal Supply Schedules		<input type="checkbox"/>	3. Branding		<input type="checkbox"/>	7. Other	
<input type="checkbox"/>	4. Ability One		<input type="checkbox"/>	8. Commercial		<input type="checkbox"/>	4. UNICOR or Commercial		<input type="checkbox"/>	4. Legal				
33a. MSS BUDGET:				Date:			SIGNATURE:							
34. FUNDS VERIFICATION OFFICIAL INFORMATION (FMB)														
Printed Funding Official Name and Title:					Date:		SIGNATURE:							
35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION (Cardholder's Approving Official)														
Printed Approving Official Name and Title:					Date:		SIGNATURE:							
36. PURCHASE CARD HOLDER INFORMATION														
Card Holder Name:					Date:		SIGNATURE:							
37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)														
Printed Name and Title:					Date:		SIGNATURE:							
38. PROPERTY CUSTODIAN INFORMATION (property Accountability)														
Printed Name and Title:					Date:		SIGNATURE:							
39. LOCAL USE SIGNATURES (if needed) (Director of Mission Support)														
Printed Name and Title:					Date:		SIGNATURE:							
39a. LOCAL USE SIGNATURES (if needed) (DPAIC)														
Printed Name and Title:					Date:		SIGNATURE:							

## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

Field	Guidance
1. Cardholder Name	Name of the actual cardholder making the purchase.
2. Cardholder Telephone Number	Phone number of the cardholder.
3. Cardholder Email Address	Email address of the cardholder.
4. Component	Component where the cardholder works.
5. Program/Office	Physical location where the cardholder works.
6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
7. Requestor Phone Number	Phone number of person requesting the supplies/services.
8. Date of Request	Date the requestor submits the request.
9. Document ID Number	Unique number to identify the transaction. Determined by component.
10. Ship to Address	
11. City	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases.
12. State	
13. Zip Code	
14. Vendor Name	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies/Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.
15. Vendor POC	
16. Vendor Phone Number	
17. Vendor Address	
18. City	
19. State	
20. Zip Code	
21. Detailed Justification for Purchase	Provide a 2-3 sentence narrative of why the supplies/services are needed for. Use the justification stated on the SF-182 for training request use the information.
22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
26. Unit Issue	List the unit issue stated price listing (EA, BX, PG, RO, etc.). <sup>30</sup> Unit Price List the price of the requested item. The sum of unit pricing should tie to the estimated total.
28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
32. Estimated Total	Calculated field no input required if filling out in excel. If written then the unit price times the quantity.
33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
34. Funds Verification	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Can be an email if official is not physically available to sign prior to the purchase.
35. Approving Official	The card holders approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the card holder. It can be an email from the approving official if they are not physically available to sign prior to the purchase.
36. Purchase Card Holder	Card holder signs, puts date purchase was actually made and the actual amount paid.
37. Third Party Receipt	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature can not be the card holder, approving official, or alternate approving official of the card holder making the purchase.
38. Property Accountability	Required for all items that require accountability.
39. Local Use Signature	These blocks can be used to put in any locally required approvals if needed. Some offices require some internal approvals based on total cost, prior to the purchase being made. If none are required for your office, you can remove them from the PCTW.
<b>NOTES:</b>	
* Invoice or confirmation of delivery must be attached.	
* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	

(b) (7)(E)

(b) (7)(E)

(b) (7)(E)

Quotation

Page: 1 of 1  
Printed by: Will Call Park 5/5/2016 9:17:26 AM

Quoted by: (b) (7)(E)  
Quote Date: 5/4/2016  
Expiry Date: 5/11/2016  
Mode of Delivery:  
Delivery Notes:  
Terms of Delivery: (b) (7)(E)  
Weight (estimated):  
Tax Group: Non Tax  
Cash Discount: 0%  
Payment Days: COD

Customer: (b) (7)(E)  
U.S. Border Patrol  
(b) (7)(E) US  
Delivery Address:  
U.S. Border Patrol  
(b) (7)(E) US

Contact:  
Phone:  
Fax:  
Email:  
Notes:  
Reference:

Item Number/Customer	Config/Source	Description	Quantity	Unit	Unit Price	Ext. Price	Sales Tax	Availability
----------------------	---------------	-------------	----------	------	------------	------------	-----------	--------------

0	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
1	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
2	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
3	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
4	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
5	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
6	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock
7	(b) (7)(E)	(b) (4), (b) (7)(E)						Stock

As published in our product catalog. Copyright (b) (7)(E) 1996, 1999, 2003, and 2011. It is the policy of (b) (7)(E) to offer only the highest quality products supplied by established and approved vendors. We assume no liability beyond replacing defective merchandise and returning the purchase price, providing a claim is processed within a reasonable amount of time. We will not allow claims for consequential damage, transportation charges or for labor or other expenses incurred in removing defective products or installing replacement material. Any product manufactured by (b) (7)(E) is manufactured per applicable specifications and tested per those specifications in accredited laboratories. We hereby disclaim all warranties of fitness, fitness for purpose, and/or merchantability, express or implied, other than the limited return and replacement right set forth above and any warranties which the manufacturer may supply.

(b) (7)(E)

Sub Totals  
Freight  
Quote Total

(b) (4)





# TUCSON SECTOR

UNITED STATES BORDER PATROL

(b) (7)(E)



U.S. Customs and  
Border Protection

(b) (7)(E)



U.S. Customs and  
Border Protection

(b) (7)(E)



U.S. Customs and  
Border Protection

(b) (7) (E)

**Independent Government  
Cost Estimate (IGCE)**

For:  
Customs and Border Protection

**(b) (7)(E)**

Prepared By:

**(b) (6), (b) (7)(C)**

Operations Officer  
Tucson Sector

July 23, 2015

**Independent Government  
Cost Estimate (IGCE)  
Customs and Border Protection  
Enterprise Networks and Technology Support Division**  
(b) (7)(E)

**1 Introduction/Purpose**

The Customs and Border Protection (CBP), Office of Border Patrol (OBP), Tucson Sector is responsible for (b) (7)(E) Tucson Sector (b) (7)(E) are (b) (7)(E)

(b) (7)(E)

**2 Estimating Methods**

This specific device is has sole source manufacturer and distributor.

**3 Results**

Not Applicable

Product Number	Product Description	Quantity	Unit Price	Total
(b) (4)	(b) (4),	(b) (4)	(b) (7)(E)	(b) (4)
UPS Ground		(b) (4), (b) (7)(E)		(b) (4)
			Total	(b) (4)

4 Summary

(b) (7)(E)

(b) (3) (A), (b) (7)(E)

5 Appendices and References

Not Applicable







If you need help push the red button.  
Rescue personnel will arrive shortly to  
help you. Do not leave this area.

Si necesita ayuda oprime el botón rojo.  
Elementos de rescate llegaran pronto.  
Quedese Aquí.

Mapt 'o taccud g 'i-we:mta k 'ab 'o dags g  
s-wegi woton. Kut 'io ha'i dadda k 'am 'o  
i-m-we:mt. Pi g 'am hebai hi:m



# Mordeduras y picaduras

Revisa cuidadosamente el lugar en el que vas a descansar moviendo piedras, palos, matorrales. Ya que entre ellos puede haber serpientes, arañas y alacranes. Untate ajo en el cuerpo, en la ropa y en los zapatos, esto repele a los animales.



Si sufriste alguna picadura de animal, manten la calma, si puedes lava la herida y busca ayuda inmediata.



## Directorio

**Instituto Nacional de Migración (INM)**  
Tel. 01 800 00 46264

**Protección a Migrantes de la CMDH**  
**Frontera Norte**  
Baja California Tel. 01 800 025 4576  
Sonora Tel. 01 800 62 72 800  
Cd. Juárez Tel. 01 (656) 639 0940, 41 y 43

**Comisión Nacional de los Derechos Humanos**  
Tel. 01 800 715 2000

**Embajadas en la Ciudad de México**  
Paraguay (01 55) 5545-0405 y 5531-9905  
Perú (01 55) 1105-2270  
Brasil (01 55) 5201-4531  
Chile (01 55) 5280-9681, 5280-9682  
Colombia (01 55) 5525-0277  
Costa Rica (01 55) 5525-7766  
Guatemala (01 55) 5540-7520, 5520-6680  
Honduras (01 55) 5211-5250 y 5211-5747  
Uruguay (01 55) 5531-0880, 5531-0870  
Venezuela (01 55) 5203-4233, 5203-4435

**Embajada de México en Estados Unidos**  
001 (202) 728-1600

# **NO TE ARRIESGUES**

---



## **DETENTE:**

**Saltar el muro puede causarte heridas  
y/o fracturas graves.**

**No pongas tu vida en peligro.**

(b) (6), (b) (7)(C), (b) (7)(E)



(b) (6), (b) (7)(C), (b) (7)(E)



(b) (6), (b) (7)(C), (b) (7)(E)

FID

OBJECTID

DD X

DD Y

Name

Type

UTM\_X

(b) (7)(E)


Name	Type
Organ Pipe Sc	Tank and Flag
Little Tule	Tank and Flag
Jack's Well	Flagged Well
Charlie Bell	Flagged Well
Red Tail	Flaged Well
Jose Juan	Flagged Well
Papago Well	Flagged Well
Cipriano Pass	Tank and Flag
Dos Republic	Tank and Flag
Organ Pipe E	Tank and Flag
Organ Pipe N	Tank and Flag

(b) (7)(E)



UTM Y

(b) (7)(E)



**From:** (b) (6), (b) (7)(C)  
**To:** (b) (6), (b) (7)(C)  
**Cc:**  
**Subject:** Re: The use of a red cross on our rescue beacons and flyers  
**Date:** Tuesday, February 24, 2015 11:35:48 AM

---

Dear BPA (b) (6), (b) (7)(C)

Thank you for your message and also for the extremely informative visit along the border on Friday. The congressional staff found it to be a very valuable part of our trip to the region.

I've forwarded your message to my colleagues in charge of emblem use, who will be sure to get back to you.

Thank you again.

Very respectfully,

(b) (6), (b) (7)(C)

(b) (7)(E)

Spokeswoman  
ICRC Washington DC

(b) (6), (b) (7)(C)

Sent from my iPhone

> On Feb 24, 2015, at 12:36 PM, (b) (6), (b) (7)(C) wrote:

>

>

>

> Good Morning (b) (6), (b) (7)(C)

>

>

>

> After speaking with my Supervisor SBPA (b) (6), (b) (7)(C) he referred me to you on the use of a red cross on our rescue beacons and flyers. I am aware that you have seen one of these flyers and if not I have attached one to this email.

>

>

>

> A question was asked as to why there was a red cross on our Rescue Beacon Flyer. We explained that this symbol was used not to borrow from the Red Cross but as a recognizable symbol. So before we proceed with our messaging to save I want to make sure that we are not infringing on the red cross logo, and if so, is there a way to do a joint messaging, considering it is a humanitarian rescue effort.

>

>

>

> If it is an infringement it was not done maliciously and we will do what we can to remedy the issue (b) (5), (b) (7)(E)

(b) (5), (b) (7)(E)

but that does not mean this program cannot be adopted through the entire southwest border. We know that people feel safe and secure when they see a red cross because they understand it as a humanitarian symbol, and that is why we decided to use it on the rescue beacons. We wanted people to understand that if they need help or any other type of life saving assistance they can receive that through the use of the beacon.

>

>

>

> If you could please give me guidance in this situation I'd greatly appreciate it. I look forward to your feedback.

Thank you and have a wonderful day.

>

>

>

> Respectfully,

>

>

>

> BPA (b) (6), (b) (7)(C)

>

> Public Information Officer / Border Community Liaison

>

> Tucson Sector Field Communications Division

>

> United States Border Patrol

>

> Office: (b) (6), (b) (7)(C)

>

> - RescateFlyerPrint\_Updated\_12172014.pdf

> <RescateFlyerPrint\_Updated\_12172014.pdf>

---

The ICRC - working to protect and assist people affected by armed conflict and other situations of violence. Find out more: [www.icrc.org](http://www.icrc.org)

This e-mail is intended for the named recipient(s) only.

Its contents are confidential and may only be retained by the named recipient(s) and may only be copied or disclosed with the consent of the International Committee of the Red Cross (ICRC). If you are not an intended recipient please delete this e-mail and notify the sender.

---

From:  
To:  
Cc:

(b) (6), (b) (7)(C)

Subject: RE: We are DHS: Rescue Beacons  
Date: Tuesday, August 12, 2014 2:27:54 PM  
Attachments: [We are DHS \(3\).docx](#)  
[image001.png](#)

---

Sir,

Please see the attached revised document.

Respectfully,

~~BPA~~ (b) (6), (b) (7)(C)  
Public Information Officer / Border Community Liaison  
Tucson Sector Communications Division  
United States Border Patrol  
Office: (b) (6), (b) (7)(C)  
(b) (6), (b) (7)(C)

---

From: (b) (6), (b) (7)(C)  
Sent: Tuesday, August 12, 2014 1:48 PM  
To: (b) (6), (b) (7)(C)  
Cc: (b) (6), (b) (7)(C)  
Subject: RE: We are DHS: Rescue Beacons

10-4 will do.

Thank you,

SBPA (b) (6), (b) (7)(C)  
Tucson Sector Border Patrol  
Field Communications Branch  
Border Community Liaison Branch Chief  
(O): (b) (6), (b) (7)(C)  
(C): (b) (6), (b) (7)(C)



---

From: (b) (6), (b) (7)(C)  
Sent: Tuesday, August 12, 2014 1:44 PM  
To: (b) (6), (b) (7)(C)  
Cc: (b) (6), (b) (7)(C)  
Subject: RE: We are DHS: Rescue Beacons

(b) (6), (b) (7)(C)

This document looks good. (b) (5)

Thank you. Please include a quote from the Chief Patrol Agent and we will forward the final document up for review.

Thank you!

(b) (6), (b) (7)(C)

ACPA

(b) (6), (b) (7)(C) Desk

(b) (6), (b) (7)(C) BB

---

**From:** (b) (6), (b) (7)(C)

**Sent:** Tuesday, August 12, 2014 1:02 PM

**To:** (b) (6), (b) (7)(C)

**Cc:** (b) (6), (b) (7)(C)

**Subject:** FW: We are DHS: Rescue Beacons

Ma'am,

This is the DHS doc we would like to submit. It is recommended that a quote is provided. I recommend that this come from (b) (6), (b) (7)(C) Could you review and forward for his approval?

Thank you,

SBPA (b) (6), (b) (7)(C)

Tucson Sector Border Patrol  
Field Communications Branch  
Border Community Liaison Branch Chief

(O): (b) (6), (b) (7)(C)

(C): (b) (6), (b) (7)(C)



---

**From:** (b) (6), (b) (7)(C)

**Sent:** Tuesday, August 12, 2014 12:49 PM

**To:** (b) (6), (b) (7)(C)

**Cc:** (b) (6), (b) (7)(C)

**Subject:** FW: We are DHS: Rescue Beacons

Sir,

It was recommended that this article have a quote, I believe (b) (6), (b) (7)(C) would be the right person

for this unless this is to be attributed to the Chief.

Your thoughts?

Whoever is chosen will need to be provided the quote for edits if needed.

Thank you,

SBPA (b) (6), (b) (7)(C)  
Tucson Sector Border Patrol  
Field Communications Branch  
Border Community Liaison Branch Chief

(O): (b) (6), (b) (7)(C)  
(C):

(b) (6), (b) (7)(C)



---

From: (b) (6), (b) (7)(C)

Sent: Tuesday, August 12, 2014 10:59 AM

To: (b) (6), (b) (7)(C)

Cc: (b) (6), (b) (7)(C)

Subject: We are DHS: Rescue Beacons

Sir,

I have attached (b) (6), (b) (7)(C) changes to the document.

(b) (5)

Who would we quote in regards to those statements? Please advise.

Respectfully,

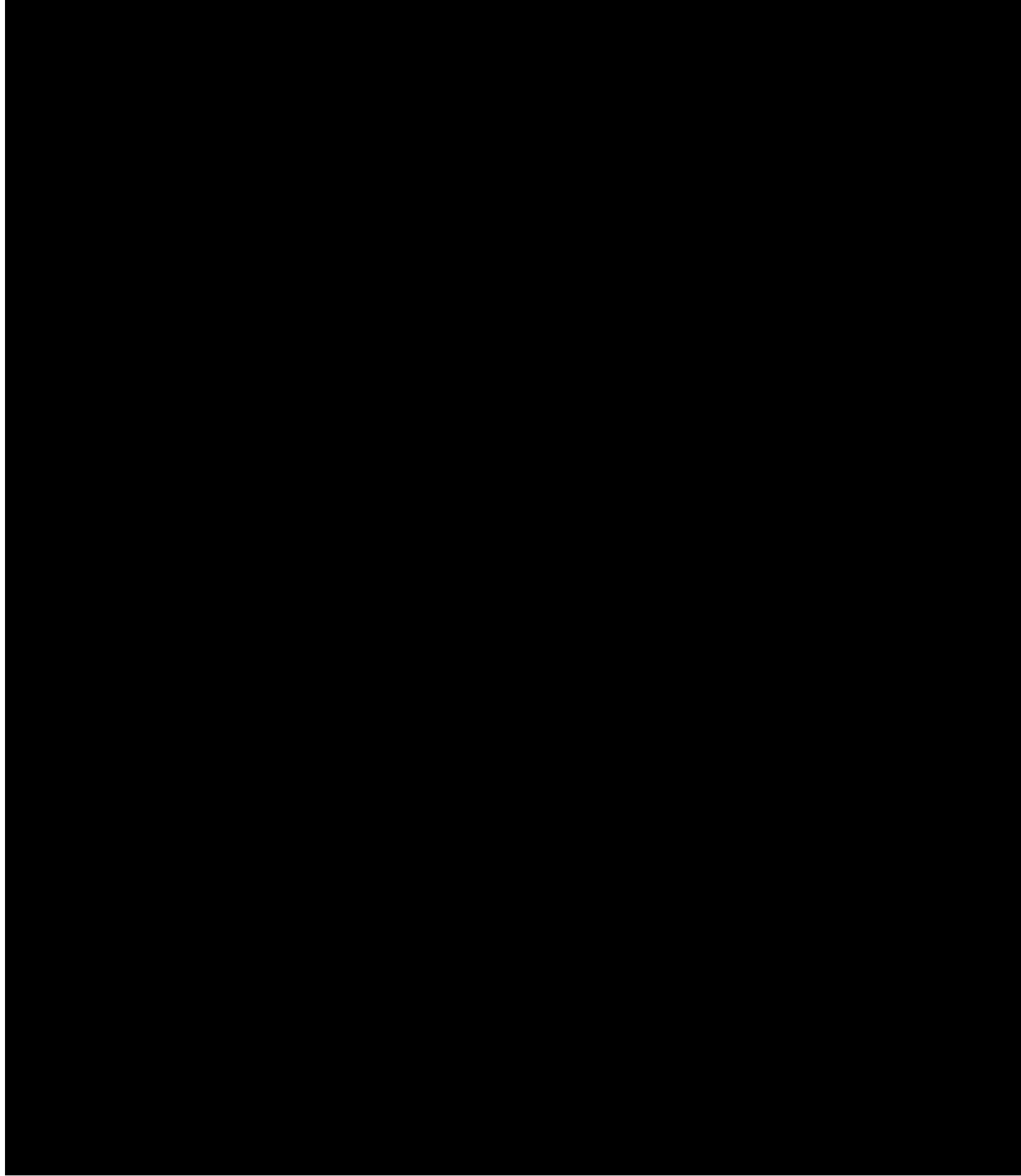
**BPA** (b) (6), (b) (7)(C)  
Public Information Officer / Border Community Liaison  
Tucson Sector Communications Division

United States Border Patrol  
Office (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)



(b) (5), (b) (7)(E)





**From:**  
**To:**  
**Cc:**  
**Subject:**  
**Date:**  
**Attachments:**

(b) (6), (b) (7)(C)

Latest Map and Spreadsheet on Rescue Beacon Locations  
Monday, January 25, 2016 1:24:42 PM  
[image003.png](#)  
[Rescue Beacons Current 08\\_14\\_2014.pdf](#)

---

Sir,

I was wondering if you had a more up to date map that includes the current placement of the rescue beacons throughout Tucson AOR, or if this map is still accurate?

Respectfully,

BPA (b) (6), (b) (7)(C)

Border Community Liaison/Public Information Officer

Tucson Sector Communications Division

(b) (6), (b) (7)(C)

*Follow us on Twitter [@CBPArizona](#)*

---

**From:** (b) (6), (b) (7)(C)

**Sent:** Thursday, January 15, 2015 2:43 PM

**To:** (b) (6), (b) (7)(C)

**Subject:** RE: Latest Map and Spreadsheet on Rescue Beacon Locations

Thank you,

SBP (b) (6), (b) (7)(C)

Field Communications Branch

Border Community Liaison

Tucson Sector Border Patrol

(O) (b) (6), (b) (7)(C)

(C)

(b) (6), (b) (7)(C)

<https://help.cbp.gov>



From: (b) (6), (b) (7)(C)

Sent: Thursday, January 15, 2015 1:30 PM

To: (b) (6), (b) (7)(C)

Cc: (b) (6), (b) (7)(C)

Subject: RE: Latest Map and Spreadsheet on Rescue Beacon Locations

(b) (6), (b) (7)(C)

I have saved the locations to the BSI 2015 folder found by clicking the link below.

(b) (7)(E)

Respectfully,

BPA (b) (6), (b) (7)(C)

Public Information Officer

Tucson Sector Communications Division

(b) (6), (b) (7)(C)



From: (b) (6), (b) (7)(C)

Sent: Thursday, January 15, 2015 12:48 PM

To: (b) (6), (b) (7)(C)

Cc: (b) (6), (b) (7)(C)

Subject: RE: Latest Map and Spreadsheet on Rescue Beacon Locations

(b) (7)(E)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C), (b) (7)(E) **LOGY DEPLOYMENT**

**OFFICE:** (b) (6), (b) (7)(C)  
**MOBILE:** (b) (6), (b) (7)(C)

---

**From:** (b) (6), (b) (7)(C)

**Sent:** Thursday, January 15, 2015 9:16 AM

**To:** (b) (6), (b) (7)(C)

**Cc:**

**Subject:** FW: Latest Map and Spreadsheet on Rescue Beacon Locations

Good Mornin (b) (6), (b) (7)(C)

I am reaching out to you from the Field Communications Division. We are beginning to plan the Border Safety Initiative event and would like to conduct this event at a rescue beacon. Attached are the most recent rescue beacon locations that I have. Could you please verify these are up-to-date? If not, could you please provide them? I appreciate your help in advance.

Respectfully,

BPA (b) (6), (b) (7)(C)

Public Information Officer

Tucson Sector Communications Division

(b) (6), (b) (7)(C)







Border Patrol Tucson Sector  
2430 S. Swan Rd  
Tucson, AZ 85711  
Ph: (520) 748-3000

Market Research

(b) (7)(E)

### I. Authority

Market research is required in accordance with:

- FAR 7.102, Acquisition Planning Policy.
- FAR 10.001, Market Research Policy

### II. Background Information

(b) (3) (A), (b) (7)(E)

(b) (7)(E)

The Expected dollar value of requirement is (b) (4)

Market research was conducted - (b) (7)(E)

(b) (7)(E)

### III. Initial Requirements

Initial Requirements for obtaining and deploying these items are listed on the DHS 1501. No other special equipment or training is necessary since they are based on currently deployed assets with a proven track record.

**Applicable Documents:** Not applicable

**Specific Order:**

(b) (7)(E)

**Deliverables and Delivery Schedule:**

Items will be delivered within 35 days of completion of purchase.

**Government-Furnished Equipment and Information:**

(b) (7)(E)

**Place of Performance:**

(b) (7)(E)

**Security:**

(b) (7)(E)

**Special Considerations:**

(b) (7)(E)

**V. Participants in Market Research**

Name	Title	Office	Telephone	E-Mail Address
(b) (6), (b) (7)(C)	Operations Officer	TCA/Tech Deployment	(b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)

**V. Market Research Techniques and Sources**

Check if part of research	Sources Used in Market Research	Details of Research/Comments
	Research Sources	
	(b) (7)(E)	
X		
X		

**VI. Vendor Performance History:**

(b) (7)(E)

**VII. Identify Product/Services and Sources Able to Meet the Requirement**

(b) (7)(E)

**VIII. Description of the Commercial Marketplace**



(b) (7)(E)

**IX. Prevalent Business Practices**

Not applicable.

**Applicable Documents:**

Not applicable.

**X. Pricing and Market Issues**

Pricing is consistent to other products provided by the vendor.

**XI. Other Considerations**

No significant administrative or operational concerns have been noted at this time.

**X. Market Analysis Summary**

Summarize the market research techniques and resources used in the market research.

- Identify:

(b) (7)(E)

- Summarize:

(b) (7)(E)

Provide market research conclusions and recommendations:

(b) (5), (b) (7)(E)

The following table provides a checklist for Market Analysis Summary information.

Yes	No	Market Analysis Summary
X		Are there products/services and sources capable of satisfying the Government's requirements?
	X	Are commercial items available to meet requirements?
	X	Are commercial items available that could be modified to meet requirements?
	X	Are commercial items available that could meet requirements if the requirements are modified to a reasonable extent?
	X	Are available items used exclusively for Governmental purposes?
	X	If commercial items are not available, are non-developmental items available to meet requirements?
	X	If commercial items are not available, are non-developmental items available that could be modified to meet requirements?
	X	If commercial items are not available, are non-developmental items available that could be modified to meet requirements if the requirements are modified to a reasonable extent?
	X	Could commercial items or non-developmental items be incorporated at the component level?
X		Provided: Customary industry terms and conditions including warranties, buyer financing, discounts.
X		Provided: Requirements of any laws and regulations unique to the item being acquired.
X		Provided: Extent of competitive environment.
X		Provided: Environmental considerations and concerns.
X		Provided: SAFETY Act consideration/applicability.
X		Provided: Distribution and support capabilities of potential vendors, including alternative arrangements and cost estimates.
X		Provided: Size and status of potential sources (including small business status and if use of source is required by FAR Part 8).
X		Provided: Identify available commercial items and describe the respective merits and shortcomings of each.
	X	Provided: Description of any market conditions that may be time sensitive or changes in supply or demand, technology, laws, and supplier costs, etc.
X		Provided: Identification of potential sources. Description of capabilities of individual vendors, pricing information; delivery schedules, and standard terms and conditions, such as incentives and warranties.
	X	Provided: Any market surveys developed by industry or other Federal agencies.
	X	Provided: Pricing issues, price ranges, and price variations.
	X	Provided: Description of industry/market trends – technical/pricing/business, etc.
	X	Provided: Buy American Act Consideration.
	X	Provided: Trade Agreements Act Consideration.
	X	Provided: Other: Specify.



# TUCSON SECTOR

UNITED STATES BORDER PATROL

# Rescue Beacons

- Purpose of the rescue beacons (RB) is to reduce deaths in the isolated areas.
- Original deployed in 2005
- Activation of the Rescue Beacon summons Border Patrol personnel through (b) (7)(E)
- Public Service Announcement Campaign  
- Blue Light of Life -



U.S. Customs and  
Border Protection

# Rescue Beacons

(b) (7)(E)



U.S. Customs and  
Border Protection



# Rescue Beacons

(b) (7)(E)



U.S. Customs and  
Border Protection



# Simple Instructions

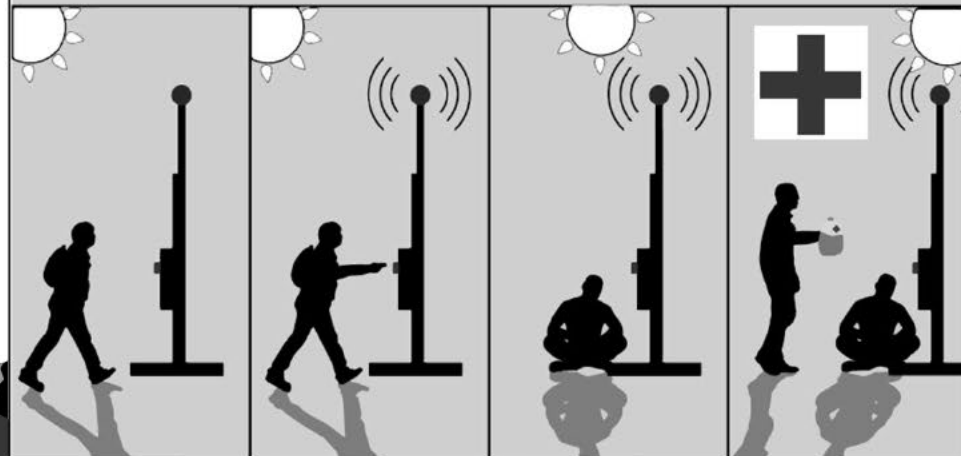
## Instructions in 3 Languages and Pictograms

(b) (7)(E)

If you need help push the red button.  
Rescue personnel will arrive shortly to  
help you. Do not leave this area.

Si necesita ayuda oprime el botón rojo.  
Elementos de rescate llegaran pronto.  
Quedese Aquí.

Mapt 'o taccud g 'i-we:mta k 'ab 'o dags g  
s-wegi woton. Kut 'io ha'i dadda k 'am 'o  
i-m-we:mt. Pi g 'am hebai hi:m



U.S. Customs and  
Border Protection



# Rescue Beacons

- (b) (7)(E)

(b) (7)(E)



# Proposal

- Placement of additional Rescue Beacons on (b) (7)(E)
- (b) (7)(E)
- (b) (7)(E)



Rescue Beacon

(b) (7)(E)



Rescue Beacon

(b) (7)(E)



Rescue Beacon

(b) (7)(E)



# Questions?



**JUSTIFICATION FOR SOLICITING:**

**A SINGLE SOURCE [FAR 13.106-1(b)(1)]**  
**(Actions Estimated over \$3,000 - \$100,000)**

**Procurement Request No:**

**1. Identification of agency, contracting activity and location:**

U.S. Customs and Border Protection  
FM&E  
U.S. Border Patrol  
Tucson Sector  
2430 S. Swan Rd.  
Tucson, AZ 85711

**2. Nature and/or description of the supplies or services being procured and the intended use. Include the anticipated cost/price. Give a breakdown of costs/prices as applicable.**

**(b) (4), (b) (7)(E)**

**3. Single source justification rationale (Check (√) one and explain the rationale selected in the spaces below—see FAR 13.106(b)(1)):**



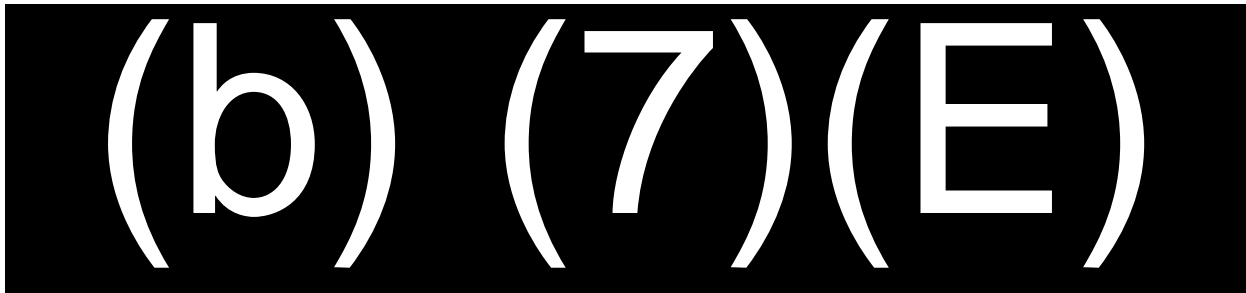
Only one known responsible source is available to fulfill the requirement. Explain the proposed contractor's/vendor's unique qualifications or the nature of acquisition that justifies the use of a single contractor/vendor (Explain the extent of the market survey conducted below).

Urgent and compelling circumstances exist that preclude the solicitation of other sources (Include critical delivery or performance dates. Provide a specific statement of the detrimental impact on Government operations, financial or otherwise, if required delivery or performance dates are not met.)

Exclusive licensing agreements exists.

Other:

Explain the rationale selected above and the extent of the market survey conducted:



**4. Displaying and synopsis requirements.**

Compliance with the public display and synopsis requirements of FAR 5.101 and 5.203 is required, unless an exception in FAR 5.202 applies.

A.  Will display in a public place, or by an appropriate electronic means, an unclassified notice of the solicitation or copy of the solicitation containing the information contained at FAR 5.207(c). (Required for actions expected to exceed \$10,000, but not expected to exceed \$25,000) OR

Per FAR 5.101(a)(2)(ii), the Contracting Officer need not comply with the above display requirement when one of the exceptions at FAR 5.202(a)(1), (a)(4) through (a) (9), or (a)(11) apply.

[Check (√) one of those exceptions as shown below, as applicable, and include an explanation of the exception in the spaces below if not covered in block 3 above]

B.  Will synopsized in FedBizOpps (Required for actions expected to exceed \$25,000, but not exceed \$100,000)

If the action will not be synopsized, check (✓) the applicable exception below, as applicable, and include an explanation of the exception in the spaces below if not covered in block 3 above:

- Synopsis cannot be worded to preclude disclosure of an agency's needs and such disclosure would compromise national security [see FAR 5.202(a)(1)]
- Urgent and compelling circumstances [see FAR 5.202(a)(2)]
- Written direction of a foreign government reimbursing the agency for acquisition costs or terms of an international agreement or treaty (sources are specified) [see FAR 5.202(a)(3)]
- Authorized or required by statute (Small Business Administration 8(a) program, a workshop for the blind, etc.) [see FAR 5.202(a)(4)]
- Utility services other than telecommunications and only one source is available [see FAR 5.202(a)(5)]
- An order placed under an indefinite delivery contract [see FAR 5.202(a)(1)(6)]
- Acceptance of a proposal under the Small Business Innovation Development Act (P.L. 97-219) [see FAR 5.202(a)(7)]
- Acceptance of an unsolicited proposal [see FAR 5.202(a)(8)]
- Perishable subsistence supplies, and advance notice is not appropriate or reasonable [see FAR 5.202(a)(9)]
- Made under conditions described in FAR 6.302-3 or 6.302-5 with regard to brand name commercial items for authorized resale, or 6.302-7, and advance notice is not appropriate or reasonable [see FAR 5.202(a)(10)]
- Made under the terms of an existing contract that was previously synopsized in sufficient detail to comply with the requirements of FAR 5.207 with respect to the current proposed action [see FAR 5.202(a)(11)]
- Made under the conditions described in FAR 6.302-3 for services of an expert to support the Federal Government in any current or anticipated litigation or dispute [FAR 5.202(a)(14)]

Explanation of the exception used:

**5. Determination of price reasonableness.**

A statement of price reasonableness will be placed in the order/contract file. Price reasonableness will be determined by the using one or more of the pricing techniques listed in FAR 13.106-3(b)(2).

**CERTIFICATIONS:**

I hereby certify that this requirement reflects the Government's actual needs or scheduled requirements and that foregoing justification is complete and accurate to the best of my knowledge and belief:

\_\_\_\_\_  
Requisitioner's Signature

\_\_\_\_\_  
Date

I hereby certify the foregoing justification is complete and accurate to the best of my knowledge and belief:

\_\_\_\_\_  
Contracting Officer's Signature

\_\_\_\_\_  
Date

Copy to: Small Business Specialist



**(b) (7)(E) Tucson Sector  
New Rescue Beacons**

The Tucson Sector Rescue Beacon program is designed as a life saving measure to all persons in need of assistance in remote desolate locations. The program was initiated circa 2001 under the Safe Border Initiative. The primary propose of the program is to provide highly visible locations where persons can summon assistance. Any person in these areas may utilize the Rescue Beacon. The mission of the Rescue Beacon program is to reduce deaths associated with illegal cross border entries.

Tucson Sector periodically analyzes the deployment locations of Rescue Beacons in its area of responsibility to ensure the most efficient use of the Rescue Beacons. January 27, 2014, Tucson Sector identified the requirement to

(b) (7)(E)  
(b) (7)(E)

(b) (6), (b) (7)(C), (b) (7)(E)

(b) (7)(E)

(b) (6), (b) (7)(C), (b) (7)(E)

**Location:**

(b) (7)(E)

(b) (7)(E)

**Participating Organizations:**

**Federal Agencies**

(b) (7)(E)

**PARTICIPANTS:**

**CBP**

(b) (6), (b) (7)(C), (b) (7)(E)

**Timeline Summary:**

- 01/27/2014  
Analysis of existing Rescue Beacons (RBs) &  
**(b) (7)(E)**
- 03/25/2014  
Request for funding of **(b) (7)(E)**
- 04/23/2014  
Funding Received from OBP
- 04/25/2014  
Procurement of material commences.
- 04/30/2014  
TCA-PAO Media Event announcing new RBs
- 07/09/2014  
TCA and OIT Rescue Beacon build out coordination meeting.  
Test planned agreed to and implemented.
- 07/16/2014  
RB deployment authorization received from the **(b) (7)(E)**.
- 07/17/2014  
New RB end successful test period.
- 07/18/2014  
RB deployment authorization received from the **(b) (7)(E)**.
- 07/22/2014  
First <sup>(b)(7)(E)</sup> RBs deployed to **(b) (7)(E)** with the assistance of **(b) (7)(E)**  
**(b) (7)(E)**
- 07/25/2014  
**(b) (6), (b) (7)(C), (b) (7)(E)**
- 08/05/2014 through 08/08/2014  
**(b) (6), (b) (7)(C), (b) (7)(E)**
- **(b) (7)(E)**



**Hold Harmless Agreement**  
Department of Homeland Security  
U.S. Customs and Border Protection  
United States Border Patrol, Tucson Sector

I, **Name:** \_\_\_\_\_, will be participating in a visit to United States Border Patrol facilities and a ride along with Border Patrol Agents on 12/18/2013. I have requested permission to enter onto and/or have access to the premises of the Department of Homeland Security (DHS), U.S. Customs and Border Protection (CBP), United States Border Patrol (Border Patrol) and/or have requested permission to be transported in a vehicle, aircraft, or other equipment, which is owned and/or operated by CBP. Initials.

I, hereby accept all risk and responsibility for any accident or injury, which may occur, in connection with or arising out of the above-described visit and/or ride along. I further understand that serious injury and/or death may occur in the course of such visit and ride along. Initials.

In consideration of the permission extended to me to by the Border Patrol to participate in the above-described event, and/or be transported in a conveyance operated by CBP, I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge the United States Government, DHS, CBP and Border Patrol, and their officers, employees, agents, servants, and employees, their heirs, successor, or assigns, from any and all claims, demands, actions, or causes of action from any injury or damages arising out of or incident to my participation in the above described event or continuances thereof, as well as all activities incident thereto. Initials.

In addition, I agree to reimburse the United States, its employees, or agents from any necessary expenses, attorney's fees, or costs incurred in the enforcement of any part of this agreement within thirty (30) days after receiving written notice that the United States, its employees, or agents has incurred them. Initials.

In consideration for my permitted participation in the above-described event, I also agree to comply with all applicable Federal and state laws and regulations governing conduct on United States Government premises, including all laws and regulations applicable to the disclosure of sensitive law enforcement information, investigative techniques, and the identity of law enforcement personnel and/or detainees. Initials.

Furthermore, in consideration of my permission to participate in the above-described event, I agree to not photograph, videotape, record, or film any Border Patrol facility, employee or agent of the Border Patrol, or detainee without prior consultation and approval by an authorized agent of the Border Patrol. Initials.

I, Name \_\_\_\_\_, being of sound mind and of legal age, agree to all of the above.

---

Signature

---

Date

---

Printed Name

---

Address

---

---

Signature

---

Date

---

Witness (printed name)

(b) (7)(E)



U.S. Customs and  
Border Protection

DEPARTMENT OF HOMELAND SECURITY  
**PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>	7. Requestor Phone Number: <b>(b) (6), (b) (7)(C)</b>	8. Date of Request: 04/29/2014	9. Document ID Number:	
10. Ship To Address:	11. City:	12. State: AZ	13. Zip Code:	
14. Vendor Name: <b>(b) (7)(E)</b>	15. Vendor POC: <b>(b) (7)(E)</b>	16. Vendor Phone Number:		
17. Vendor Address:	18. City:	19. State:	20. Zip Code:	

21. Detailed Justification for Purchase:  
**(b) (7)(E)**

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	<b>(b) (4), (b) (7)(E)</b>						
2							
3							
4							
5							
6							
7							
8							
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID      32. ESTIMATED ORDER TOTAL: **(b) (4)**

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request <input type="checkbox"/> 5. OGC-Awards
<input type="checkbox"/> 2. Excess Prty from other Agencies	<input checked="" type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input checked="" type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions <input type="checkbox"/> 6. Accountable Property
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding <input type="checkbox"/> 7. Other
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input checked="" type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal

**34. FUNDS VERIFICATION OFFICIAL INFORMATION**

Printed Funding Official Name and Title:	Date:	SIGNATURE:
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**35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION**

Printed Approving Official Name and Title:	Date:	SIGNATURE:
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**36. PURCHASE CARD HOLDER INFORMATION**

Card Holder Name:	Date:	SIGNATURE:
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**37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)**

Printed Name and Title:	Date:	SIGNATURE:
-------------------------	-------	------------

**38. PROPERTY CUSTODIAN INFORMATION (property Accountability)**

Printed Name and Title:	Date:	SIGNATURE:
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**39. LOCAL USE SIGNATURES (if needed)**

Printed Name and Title:	Date:	SIGNATURE:
-------------------------	-------	------------

## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

Field	Guidance
1. Cardholder Name	Name of the actual cardholder making the purchase.
2. Cardholder Telephone Number	Phone number of the cardholder.
3. Cardholder Email Address	Email address of the cardholder.
4. Component	Component where the cardholder works.
5. Program/Office	Physical location where the cardholder works.
6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
7. Requestor Phone Number	Phone number of person requesting the supplies/services.
8. Date of Request	Date the requestor submits the request.
9. Document ID Number	Unique number to identify the transaction. Determined by component.
10. Ship to Address	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases.
11. City	
12. State	
13. Zip Code	
14. Vendor Name	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies/Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.
15. Vendor POC	
16. Vendor Phone Number	
17. Vendor Address	
18. City	
19. State	
20. Zip Code	
21. Detailed Justification for Purchase	Provide a 2-3 sentence narrative of why the supplies/services are needed for. Use the justification stated on the SF-182 for training request use the information.
22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
26. Unit Issue	List the unit issue stated price listing (EA, BX, PG, RO, etc.). <sup>30</sup> Unit Price List the price of the requested item. The sum of unit pricing should tie to the estimated total.
28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
32. Estimated Total	Calculated field no input required if filling out in excel. If written then the unit price times the quantity.
33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
34. Funds Verification	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Can be an email if official is not physically available to sign prior to the purchase.
35. Approving Official	The card holders approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the card holder. It can be an email from the approving official if they are not physically available to sign prior to the purchase.
36. Purchase Card Holder	Card holder signs, puts date purchase was actually made and the actual amount paid.
37. Third Party Receipt	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature can not be the card holder, approving official, or alternate approving official of the card holder making the purchase.
38. Property Accountability	Required for all items that require accountability.
39. Local Use Signature	These blocks can be used to put in any locally required approvals if needed. Some offices require some internal approvals based on total cost, prior to the purchase being made. If none are required for your office, you can remove them from the PCTW.
<b>NOTES:</b>	
* Invoice or confirmation of delivery must be attached.	
* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
RIGHT-OF-WAY GRANT

SERIAL NUMBER (b) (7)(E)

1. A right-of-way is hereby granted pursuant to Title V of the Federal Land Policy and Management Act of October 21, 1976 (90 Stat. 2776; 43 U.S.C. 1761).

2. Nature of Interest:

a. By this instrument, the holder:

Department of Homeland Security  
CBP Border Patrol, Tucson Sector  
2430 South Swan Road  
Tucson, AZ 85711

receives a right to construct, operate, maintain, and terminate a rescue beacon on the public lands described as follows:

(b) (7)(E) Arizona.

b. The right-of-way granted herein is for (b) (7)(E)

(b) (7)(E)

c. This instrument shall terminate on December 31, 2041, unless prior thereto, it is relinquished, abandoned, terminated or modified pursuant to the terms and conditions of this instrument or any applicable federal law or regulation.

d. This instrument may be renewed. If renewed, the grant shall be subject to the regulations existing at the time of renewal and any other terms and conditions that the authorized officer deems necessary to protect the public interest.

e. Notwithstanding the expiration of this instrument or any renewal thereof, early relinquishment, abandonment, or termination, the provisions of this instrument, to the extent applicable, shall continue in effect and shall be binding on the holder, its successors, or assigns, until they have fully satisfied the obligations and/or liabilities accruing herein before or on account of the expiration or prior termination, of the grant.

3. Rental:



For and in consideration of the rights granted, the holder agrees to pay the Bureau of Land Management fair market value rental as determined by the authorized officer unless specifically exempted from such payment by regulation. Provided, however, that the rental may be adjusted by the authorized officer, whenever necessary, to reflect changes in the fair market rental value as determined by the application of sound business management principles, and so far as practicable and feasible, in accordance with comparable commercial practices.

4. Terms and Conditions:

- a. This grant or permit is issued subject to the holder's compliance with all applicable regulations contained in Title 43 Code of Federal Regulations part 2800.
- b. Upon grant termination by the authorized officer, all improvements shall be removed from the public lands within 90 days, or otherwise disposed of as provided in paragraph (4)(d) or as directed by the authorized officer.
- c. The map and stipulations set forth in Exhibit A and B, dated May 5, 2011, attached hereto, are incorporated into and made a part of this instrument as fully and effectively as if they were set forth herein in their entirety.
- d. Failure of the holder to comply with applicable law or any provision of this right-of-way grant or permit shall constitute grounds for suspension or termination thereof.
- e. The holder shall perform all operations in a good and workmanlike manner so as to ensure protection of the environment and the health and safety of the public.

IN WITNESS WHEREOF, The undersigned agrees to the terms and conditions of this right-of-way grant or permit.

**(b) (6), (b) (7)(C)**

\_\_\_\_\_  
(Signature of Holder)

*Emily Gas*

\_\_\_\_\_  
(Signature of Authorized Officer)

*X* BRANCH CHIEF

(Title)

*Manager, Lower Sonoran Field Office*

(Title)

*X* MAY 16, 2011

(Date)

*May 19, 2011*

\_\_\_\_\_  
(Effective Date of Permit)

STIPULATIONS (b) (7)(E) DHS/CBP – Rescue Beacon

1. All applicable regulations in accordance with 43 CFR 2800.
2. Any cultural and/or paleontological resources (historic or prehistoric site or object) discovered by the holder or any person working on the holders behalf, on public or federal land shall be immediately reported to the authorized officer. The holder shall suspend all operations in the immediate area of such discovery until written authorization to proceed is issued by the authorized officer. An evaluation of the discovery will be made the authorized officer to determine the appropriate actions to prevent the loss of significant cultural or scientific values. The holder will be responsible for the cost of the evaluation and any decision as to the proper mitigation measures will be made by the authorized officer after consulting with the holder.
3. Care should be taken by personnel when installing, monitoring and maintaining the beacon to avoid running over desert tortoises with vehicles or equipment.
4. If determined necessary by (b) (7)(E) DHS/CBP will be required to move the beacon off the (b) (7)(E) right-of-way during (b) (7)(E)
5. (b) (7)(E) will not be held responsible (by the DHS/CBP) for any damage to the beacon if during a (b) (7)(E) emergency or other unusual situation (b) (7)(E) is required to immediately remove the beacon from the (b) (7)(E) right-of- way to allow (b) (7)(E)
6. The DHS/CBP will notify (b) (7)(E) prior to the installation of the beacon so (b) (7)(E) can be on site during installation. (b) (7)(E) will then know the exact (installation) location, the vehicle/equipment used to transport it to the site, equipment used to install the beacon, etc. This will ensure the (b) (7)(E) is not affected by the installation.



**JUSTIFICATION FOR SOLICITING:**

**A SINGLE SOURCE [FAR 13.106-1(b)(1)]**  
**(Actions Estimated over \$3,000 - \$100,000)**

**Procurement Request No:**

**1. Identification of agency, contracting activity and location:**

U.S. Customs and Border Protection  
FM&E  
U.S. Border Patrol  
Tucson Sector  
2430 S. Swan Rd.  
Tucson, AZ 85711

**2. Nature and/or description of the supplies or services being procured and the intended use. Include the anticipated cost/price. Give a breakdown of costs/prices as applicable.**

The United States Border Patrol's Tucson Sector is increasing its inventory of (b) (7)(E) from (b) (7)(E) Tucson Sector (b) (7)(E) are

**(b) (7)(E)**

**(b) (4), (b) (7)(E)**

**3. Single source justification rationale (Check (✓) one and explain the rationale selected in the spaces below—see FAR 13.106(b)(1)):**

Only one known responsible source is available to fulfill the requirement. Explain the proposed contractor's/vendor's unique qualifications or the nature of acquisition that justifies the use of a single contractor/vendor (Explain the extent of the market survey conducted below).

Urgent and compelling circumstances exist that preclude the solicitation of other sources (Include critical delivery or performance dates. Provide a specific statement of the detrimental impact on Government operations, financial or otherwise, if required delivery or performance dates are not met.)

Exclusive licensing agreements exists.

Other:

Explain the rationale selected above and the extent of the market survey conducted:

(b) (7) (E)

**4. Displaying and synopsis requirements.**

Compliance with the public display and synopsis requirements of FAR 5.101 and 5.203 is required, unless an exception in FAR 5.202 applies.

A.  Will display in a public place, or by an appropriate electronic means, an unclassified notice of the solicitation or copy of the solicitation containing the information contained at FAR 5.207(c). (Required for actions expected to exceed \$10,000, but not expected to exceed \$25,000) OR

Per FAR 5.101(a)(2)(ii), the Contracting Officer need not comply with the above display requirement when one of the exceptions at FAR 5.202(a)(1), (a)(4) through (a) (9), or (a)(11) apply.

[Check (√) one of those exceptions as shown below, as applicable, and include an explanation of the exception in the spaces below if not covered in block 3 above]

B.  Will synopsized in FedBizOpps (Required for actions expected to exceed \$25,000, but not exceed \$100,000)

If the action will not be synopsized, check (√) the applicable exception below, as applicable, and include an explanation of the exception in the spaces below if not covered in block 3 above:

Synopsis cannot be worded to preclude disclosure of an agency's needs and such disclosure would compromise national security [see FAR 5.202(a)(1)]

Urgent and compelling circumstances [see FAR 5.202(a)(2)]

Written direction of a foreign government reimbursing the agency for acquisition costs or terms of an international agreement or treaty (sources are specified) [see FAR 5.202(a)(3)]

Authorized or required by statute (Small Business Administration 8(a) program, a workshop for the blind, etc.) [see FAR 5.202(a)(4)]

Utility services other than telecommunications and only one source is available [see FAR 5.202(a)(5)]

An order placed under an indefinite delivery contract [see FAR 5.202(a)(1)(6)]

Acceptance of a proposal under the Small Business Innovation Development Act (P.L. 97-219) [see FAR 5.202(a)(7)]

Acceptance of an unsolicited proposal [see FAR 5.202(a)(8)]

Perishable subsistence supplies, and advance notice is not appropriate or reasonable [see FAR 5.202(a)(9)]

Made under conditions described in FAR 6.302-3 or 6.302-5 with regard to brand name commercial items for authorized resale, or 6.302-7, and advance notice is not appropriate or reasonable [see FAR 5.202(a)(10)]

Made under the terms of an existing contract that was previously synopsized in sufficient detail to comply with the requirements of FAR 5.207 with respect to the current proposed action [see FAR 5.202(a)(11)]

Made under the conditions described in FAR 6.302-3 for services of an expert to support the Federal Government in any current or anticipated litigation or dispute [FAR 5.202(a)(14)]

Explanation of the exception used:

**5. Determination of price reasonableness.**

A statement of price reasonableness will be placed in the order/contract file. Price reasonableness will be determined by the using one or more of the pricing techniques listed in FAR 13.106-3(b)(2).

**CERTIFICATIONS:**

I hereby certify that this requirement reflects the Government's actual needs or scheduled requirements and that foregoing justification is complete and accurate to the best of my knowledge and belief:

\_\_\_\_\_  
Requisitioner's Signature

\_\_\_\_\_  
Date

I hereby certify the foregoing justification is complete and accurate to the best of my knowledge and belief:

\_\_\_\_\_  
Contracting Officer's Signature

\_\_\_\_\_  
Date

Copy to: Small Business Specialist



**Statement of Work  
For  
Equipment or Supplies**

**1. BACKGROUND:**

The Customs and Border Protection (CBP), Office of Border Patrol (OBP), Tucson Sector is responsible for (b) (7)(E) (b) (7)(E) Tucson Sector (b) (7)(E) are strategically deployed in

**(b) (7)(E)**

**2. SCOPE:**

**(b) (7)(E)**

**3. APPLICABLE DOCUMENTS:**

Commercial standards shall be used wherever practicable.

**4. SPECIFIC TASKS:**

The contractor shall complete the following tasks as required to comply with this SOW.

**4.1 Program Management.**

The contractor shall exercise technical direction and control of the, engineering, manufacturing, and test effort required to produce the equipment. This requirement includes the necessary management support tasks related to production, configuration control, risk management, testing, quality assurance, and data management required to carry out that task and comply with this SOW.

**4.2 Testing.**

The contractor shall test and functionality certify all equipment prior to delivery.

**4.3 Delivery.**

The contractor shall deliver the equipment outlined in Section 5.1.

**4.4 Documentation.**

The contractor shall be responsible for issuing existing documents as requested by CBP. (See section 5.3)

**5. DELIVERABLES AND DELIVERY SCHEDULE:**

**5.1 Equipment.**

The contractor shall deliver equipment as outlined in the table below. The equipment shall be drop shipped to the address provided.

Item	Part / Model Number	Description	Qty
------	---------------------	-------------	-----

(b) (7)(E)

**5.2 Shipping Address.**

Name: United States Border Patrol, Sector HQ  
Address: 2430 S. Swan Road, Tucson AZ 85711  
Phone Number: (b) (6), (b) (7)(C)  
Attn: (b) (6), (b) (7)(C)

**5.3 Data.**

As referenced in section 4.3 above the contractor shall provide copies of the documents listed below. One copy of the data shall be delivered in paper form and one copy in electronic form. The electronic form shall be in MS Word format or Adobe Acrobat. The documents are deliverables under the contract and shall be delivered to the COR no later than thirty days after contract award:

- a. Operations Manual
- b. Equipment Specification

**6. GOVERNMENT-FURNISHED EQUIPMENT AND INFORMATION:**

The Government does not anticipate providing any GFE or GFI.

**7. PLACE OF PERFORMANCE:**

The place of performance shall be at the contractor's facility.

**8. PERIOD OF PERFORMANCE:**

The period of performance shall be a one year base period and no option periods and shall commence upon contract award.

**9. SECURITY:**

There are no specific security classification level requirements associated with this procurement action. Information is deemed unclassified.

**10. SPECIAL CONSIDERATIONS:**

**10.1 Changes to the SOW**

No changes to this SOW or cost increases shall be incurred without written prior approval of the Contracting Officer as coordinated by the COR. Any changes or cost increases will not take effect until the Contracting Officer executes a written modification.

**10.2 Travel**

Travel is not required to support the tasks identified in this SOW.

**11. POINTS OF CONTACT:**

Program POC:

Name

Division/Department

Title

Phone (b) (6), (b) (7)(C)

Email: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

COTR (if applicable):

Name

Division/Department

Title

Phone:

Email:

Contracting Officer:

Name

Division/Department

Title

Phone:

Email:



DEPARTMENT OF HOMELAND SECURITY  
**PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>		7. Requestor Phone Number:	8. Date of Request: 05/04/2016	
9. Document ID Number:		10. Ship To Address: 2430 S. Swan Rd		11. City: Tucson
12. State: AZ		13. Zip Code: 85711		14. Vendor Name:
15. Vendor POC: <b>(b) (7)(E)</b>		16. Vendor Phone Number:		
17. Vendor Address: <b>(b) (7)(E)</b>		18. City:	19. State:	20. Zip Code:

21. Detailed Justification for Purchase:

(b) (7)(E)

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	(b) (4), (b) (7)(E)						
2	(b) (4), (b) (7)(E)						
3	(b) (4), (b) (7)(E)						
4	(b) (4), (b) (7)(E)						
5	(b) (4), (b) (7)(E)						
6	(b) (4), (b) (7)(E)						
7	(b) (4), (b) (7)(E)						
8	(b) (4), (b) (7)(E)						
9	(b) (4), (b) (7)(E)						
10	(b) (4), (b) (7)(E)						

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID

32. ESTIMATED ORDER TOTAL:

(b) (4)

**33. TO REQUIRED SOURCES for SUPPLIES**

**TO REQUIRED SOURCES for SERVICES**

**TO SPECIAL APPROVALS NEEDED**

<input type="checkbox"/> 1. Agency Inventories <input type="checkbox"/> 2. Excess Prty from other Agencies <input type="checkbox"/> 3. UNICOR <input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 5. Wholesale Supply Sources <input type="checkbox"/> 6. GSA/FSS or DHS BPAs <input type="checkbox"/> 7. Optional Use Federal Supply Schedules <input checked="" type="checkbox"/> 8. Commercial	<input type="checkbox"/> 1. ABILITY ONE <input type="checkbox"/> 2. GSA/FSS <input type="checkbox"/> 3. Optional Use Federal Supply Schedules <input checked="" type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 1. IT Request <input type="checkbox"/> 2. Subscriptions <input type="checkbox"/> 3. Branding <input type="checkbox"/> 4. Legal <input type="checkbox"/> 5. OGC-Awards <input type="checkbox"/> 6. Accountable Property <input type="checkbox"/> 7. Other
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**34. FUNDS VERIFICATION OFFICIAL INFORMATION**

Printed Funding Official Name and Title:	Date:	SIGNATURE:
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**35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION**

Printed Approving Official Name and Title:	Date:	SIGNATURE:
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**36. PURCHASE CARD HOLDER INFORMATION**

Card Holder Name:	Date:	SIGNATURE:
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**37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)**

Printed Name and Title:	Date:	SIGNATURE:
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**38. PROPERTY CUSTODIAN INFORMATION (property Accountability)**

Printed Name and Title:	Date:	SIGNATURE:
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**39. LOCAL USE SIGNATURES (if needed)**

Printed Name and Title:	Date:	SIGNATURE:
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## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

Field	Guidance
1. Cardholder Name	Name of the actual cardholder making the purchase.
2. Cardholder Telephone Number	Phone number of the cardholder.
3. Cardholder Email Address	Email address of the cardholder.
4. Component	Component where the cardholder works.
5. Program/Office	Physical location where the cardholder works.
6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
7. Requestor Phone Number	Phone number of person requesting the supplies/services.
8. Date of Request	Date the requestor submits the request.
9. Document ID Number	Unique number to identify the transaction. Determined by component.
10. Ship to Address	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases.
11. City	
12. State	
13. Zip Code	
14. Vendor Name	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies/Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.
15. Vendor POC	
16. Vendor Phone Number	
17. Vendor Address	
18. City	
19. State	
20. Zip Code	
21. Detailed Justification for Purchase	Provide a 2-3 sentence narrative of why the supplies/services are needed for. Use the justification stated on the SF-182 for training request use the information.
22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
26. Unit Issue	List the unit issue stated price listing (EA, BX, PG, RO, etc.). <sup>30</sup> Unit Price List the price of the requested item. The sum of unit pricing should tie to the estimated total.
28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
32. Estimated Total	Calculated field no input required if filling out in excel. If written then the unit price times the quantity.
33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
34. Funds Verification	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Can be an email if official is not physically available to sign prior to the purchase.
35. Approving Official	The card holders approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the card holder. It can be an email from the approving official if they are not physically available to sign prior to the purchase.
36. Purchase Card Holder	Card holder signs, puts date purchase was actually made and the actual amount paid.
37. Third Party Receipt	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature can not be the card holder, approving official, or alternate approving official of the card holder making the purchase.
38. Property Accountability	Required for all items that require accountability.
39. Local Use Signature	These blocks can be used to put in any locally required approvals if needed. Some offices require some internal approvals based on total cost, prior to the purchase being made. If none are required for your office, you can remove them from the PCTW.
<b>NOTES:</b>	
* Invoice or confirmation of delivery must be attached.	
* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	

(b) (7)(E)

Prepared by: (b) (6)

DATE: 10/7/2016

(b) (6)

Click on above image or visit us at: (b) (7)(E)

Price for the entire quote, valid for this calendar month only.

Quotation number: (b) (7)(E)

BILL TO: (b) (7)(E)

SHIP TO: (b) (7)(E)

Page: 1

Date: 04/30/14

Bur Customs&Border Patrol  
DHS/CBP/OIT

Bur Customs&Border Patrol  
DHS/CBP/OIT

Telephone: (b) (6), (b) (7)(C)

Name: (b) (6), (b) (7)(C)

(b) (7)(E)

(b) (7)(E)

US Dollars

SKU #	Unit of measure	Description	Manufacturer part number	Order qty	Unit price	Extended price
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(b) (7)(E)

EA  
EA  
EA

(b) (7)(E)

(b) (4), (b) (7)(E)

(b) (4)

lead time is 2-3 weeks  
Any changes made to this quote as a whole could affect pricing. Quotes are valid for this calendar month only. Please call to confirm current pricing.

Stock availability and lead-times may be subject to change. A confirmed order is required in order to reserve stock.

Ship via: 5 Day Estimated weight: (b) (7)(E)

(b) (7)(E)

Destination & handling:  
AZ Sales tax:  
Total:

(b) (4)

Based on Pricing level at time of request.  
To confirm price and availability, build a Worksheet on (b) (7)(E) for your current, everyday lowest total cost.



DEPARTMENT OF HOMELAND SECURITY  
PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name: (b) (6), (b) (7)(C)	7. Requestor Phone Number: (b) (6), (b) (7)(C)	8. Date of Request: 04/29/2014	9. Document ID Number:	
10. Ship To Address: (b) (7)(E)	11. City: (b) (7)(E)	12. State: AZ	13. Zip Code: (b) (7)(E)	
14. Vendor Name:	15. Vendor POC:	16. Vendor Phone Number:		
17. Vendor Address:	18. City:	19. State:	20. Zip Code:	

21. Detailed Justification for Purchase:

(b) (7)(E) (b) (7)(E)

**(b) (7)(E)**

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	<b>(b) (4), (b) (7)(E)</b>						
2							
3							
4							
5							
6							
7							
8							
9							
10							

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID

32. ESTIMATED ORDER TOTAL: **(b) (4)**

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request
<input type="checkbox"/> 2. Excess Prty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding
<input type="checkbox"/> 4. Ability One	<input checked="" type="checkbox"/> 8. Commercial	<input checked="" type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal
			<input type="checkbox"/> 5. OGC-Awards
			<input type="checkbox"/> 6. Accountable Property
			<input type="checkbox"/> 7. Other

**34. FUNDS VERIFICATION OFFICIAL INFORMATION**

Printed Funding Official Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION**

Printed Approving Official Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**36. PURCHASE CARD HOLDER INFORMATION**

Card Holder Name: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**38. PROPERTY CUSTODIAN INFORMATION (property Accountability)**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**39. LOCAL USE SIGNATURES (if needed)**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

Field	Guidance
1. Cardholder Name	Name of the actual cardholder making the purchase.
2. Cardholder Telephone Number	Phone number of the cardholder.
3. Cardholder Email Address	Email address of the cardholder.
4. Component	Component where the cardholder works.
5. Program/Office	Physical location where the cardholder works.
6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
7. Requestor Phone Number	Phone number of person requesting the supplies/services.
8. Date of Request	Date the requestor submits the request.
9. Document ID Number	Unique number to identify the transaction. Determined by component.
10. Ship to Address	
11. City	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases.
12. State	
13. Zip Code	
14. Vendor Name	
15. Vendor POC	
16. Vendor Phone Number	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies/Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.
17. Vendor Address	
18. City	
19. State	
20. Zip Code	
21. Detailed Justification for Purchase	Provide a 2-3 sentence narrative of why the supplies/services are needed for. Use the justification stated on the SF-182 for training request use the information.
22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
26. Unit Issue	List the unit issue stated price listing (EA, BX, PG, RO, etc.). <sup>30</sup> Unit Price List the price of the requested item. The sum of unit pricing should tie to the estimated total.
28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
32. Estimated Total	Calculated field no input required if filling out in excel. If written then the unit price times the quantity.
33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
34. Funds Verification	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Can be an email if official is not physically available to sign prior to the purchase.
35. Approving Official	The card holders approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the card holder. It can be an email from the approving official if they are not physically available to sign prior to the purchase.
36. Purchase Card Holder	Card holder signs, puts date purchase was actually made and the actual amount paid.
37. Third Party Receipt	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature can not be the card holder, approving official, or alternate approving official of the card holder making the purchase.
38. Property Accountability	Required for all items that require accountability.
39. Local Use Signature	These blocks can be used to put in any locally required approvals if needed. Some offices require some internal approvals based on total cost, prior to the purchase being made. If none are required for your office, you can remove them from the PCTW.
<b>NOTES:</b>	
* Invoice or confirmation of delivery must be attached.	
* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	

**DETERMINATION AND FINDINGS (D&F)**

**(b) (7)(E)**

1. Identification of the agency and the contracting activity:

The Agency that will accept the products conducted under this purchase order will be the USBP/TCA HQ/ **(b) (7)(E)**. These items will be distributed throughout the Operational Area Tucson Sector oversees by operational need. The company that will provide this service is **(b) (7)(E)**. Their contact information is:

**(b) (7)(E)**

GSA contract number: **(b) (3) (A)**

2. Nature and/or description of the action being approved:

Tucson Sector is enhancing **(b) (7)(E)** to provide **(b) (7)(E)**  
**(b) (7)(E)**

3. A description of the supplies or services required to meet the agency's needs (including the estimated total value for the base year and option years):

**(b) (7)(E)**

4. Identification of the rationale and, if applicable, a demonstration of the proposed contractor's unique qualifications to provide the required supply or service:

(b) (7)(E)

(b) (7)(E)

5. Determination of price reasonableness:

(b) (4), (b) (7)(E)

(b) (7)(E)

6. A description of the market research conducted among schedule holders, if applicable, and the results or a statement of the reason market research was not conducted:

Not applicable.



7. Any other facts supporting the sole source action:

(b) (7)(E)

8. A statement of the actions, if any, the agency may take to remove or overcome any barriers that led to the restricted consideration before any subsequent acquisition for the supplies or services is made:

Not Applicable

**REQUISITION/PROGRAM OFFICE CERTIFICATION (over \$3,000)**

I certify that the foregoing D&F is accurate, meets the Government's minimum needs and contains complete information necessary to support the action described in this document and the authority cited.

[ ] The guidance in HSAM Subchapter 3006.3 and HSAM Appendix G have been followed.

Office:

Name: (Print):

Title:

Signature: \_\_\_\_\_ Date:

**CONTRACTING OFFICER CERTIFICATION (over \$3,000)**

I certify that the data supporting the recommended use of other than full and open competition is accurate and complete to the best of my knowledge and belief.

Name (Print):

Contracting Officer

Signature: \_\_\_\_\_ Date:



**(b) (3) (A), (b) (7)(E)**

**Bill To**

**(b) (6), (b) (7)(C)**

US Border Patrol-Tucson Sector  
2430 South Swan Road  
Tucson AZ 85711

**Ship To**

**(b) (6), (b) (7)(C)**

US Border Patrol-Tucson Sector  
2430 South Swan Road  
Tucson AZ 85711

Sales Rep	Valid until	Last Modified Date	Created Date	Terms	Shipping Method
<b>(b) (6)</b>	6/9/2016	3/11/2016	3/11/2016	Net 30	UPS® Ground

Item	Description	Quantity	Units	Rate	Amount	Tax	Carrier
<b>(b) (4), (b) (7)(E)</b>	<b>(b) (4), (b) (7)(E)</b>						UPS
UPS® Ground				<b>(b) (4)</b>			UPS
<b>Total</b>					<b>(b) (4)</b>		

- Pricing reflects GSA Discounts. Our GSA contract number is: **(b) (3) (A)**

Delivery on all equipment is 30 days. All pricing is in U.S. Dollars and is good for 30 days unless otherwise noted. All taxes, duties, import fees, etc. are the responsibility of the customer. **(b) (7)(E)** must receive payment prior to the order shipping. **(b) (7)(E)** systems come with a standard six month warranty on all parts and a 12 month warranty on internal parts. Shipping charges are pre-paid and add with shipments via UPS Ground unless otherwise noted. Returns are subject to a 10% re-stocking fee and all the conditions of the Return Policy. Contact **(b) (7)(E)** for more details.

(b) (7) (E)

**Bill To**

(b) (6), (b) (7)(C)

US Border Patrol-Tucson Sector  
2430 South Swan Road  
Tucson AZ 85711

**Ship To**

(b) (6), (b) (7)(C)

US Border Patrol-Tucson Sector  
2430 South Swan Road  
Tucson AZ 85711

Sales Rep	Valid until	Last Modified Date	Created Date	Terms	Shipping Method
(b) (6)	6/9/2016	3/11/2016	3/11/2016	(b) (7)(E)	UPS® Ground

Item	Description	Quantity	Units	Rate	Amount	Tax	Carrier
	(b) (4), (b) (7)(E)						UPS
UPS® Ground				(b) (4)			UPS
					<b>Total</b>	(b) (4)	

(b) (4)

Delivery on all equipment is 30 days. All pricing is in U.S. Dollars and is good for 30 days unless otherwise noted. All taxes, duties, import fees, etc. are the responsibility of the customer. (b) (7)(E) must receive payment prior to the order shipping. (b) (7)(E) systems come with a standard six month warranty on all parts and a 12 month warranty on internal parts. Shipping charges are pre-paid and add with shipments via UPS Ground unless otherwise noted. Returns are subject to a 10% re-stocking fee and all the conditions of the Return Policy. Contact (b) (7)(E) for more details.

DEPARTMENT OF HOMELAND SECURITY  
PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>	7. Requestor Phone Number:	8. Date of Request: 05/17/2016	9. Document ID Number:	
10. Ship To Address: <b>(b) (6), (b) (7)(C)</b>	11. City:	12. State:	13. Zip Code:	
14. Vendor Name: <b>(b) (6), (b) (7)(C), (b) (7)(E)</b>	15. Vendor POC:	16. Vendor Phone Number:		
17. Vendor Address: <b>(b) (6), (b) (7)(C), (b) (7)(E)</b>	18. City:	19. State:	20. Zip Code:	
21. Detailed Justification for Purchase: <b>(b) (7)(E)</b>				

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	<b>(b) (4), (b) (7)(E)</b>						
2	<b>(b) (4), (b) (7)(E)</b>						
3	<b>(b) (4), (b) (7)(E)</b>						
4	<b>(b) (4), (b) (7)(E)</b>						
5	<b>(b) (4), (b) (7)(E)</b>						
6	<b>(b) (4), (b) (7)(E)</b>						
7	<b>(b) (4), (b) (7)(E)</b>						
8	<b>(b) (4), (b) (7)(E)</b>						
9	<b>(b) (4), (b) (7)(E)</b>						
10	<b>(b) (4), (b) (7)(E)</b>						

ACCS 30. Accounting Data:	
FMS 31. Purchase Log ID	32. ESTIMATED ORDER TOTAL: <b>(b) (4)</b>

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED	
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request	<input type="checkbox"/> 5. OGC-Awards
<input type="checkbox"/> 2. Excess Prty from other Agencies	<input type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions	<input type="checkbox"/> 6. Accountable Property
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding	<input type="checkbox"/> 7. Other
<input type="checkbox"/> 4. Ability One	<input checked="" type="checkbox"/> 8. Commercial	<input checked="" type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal	

34. FUNDS VERIFICATION OFFICIAL INFORMATION		
Printed Funding Official Name and Title:	Date:	SIGNATURE:

35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION		
Printed Approving Official Name and Title:	Date:	SIGNATURE:

36. PURCHASE CARD HOLDER INFORMATION		
Card Holder Name:	Date:	SIGNATURE:

37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)		
Printed Name and Title:	Date:	SIGNATURE:

38. PROPERTY CUSTODIAN INFORMATION (property Accountability)		
Printed Name and Title:	Date:	SIGNATURE:

39. LOCAL USE SIGNATURES (if needed)		
Printed Name and Title:	Date:	SIGNATURE:

## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

Field	Guidance
1. Cardholder Name	Name of the actual cardholder making the purchase.
2. Cardholder Telephone Number	Phone number of the cardholder.
3. Cardholder Email Address	Email address of the cardholder.
4. Component	Component where the cardholder works.
5. Program/Office	Physical location where the cardholder works.
6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
7. Requestor Phone Number	Phone number of person requesting the supplies/services.
8. Date of Request	Date the requestor submits the request.
9. Document ID Number	Unique number to identify the transaction. Determined by component.
10. Ship to Address	Address supplies/services are to be delivered or consumed. Use the address where the goods are consumed for in-store purchases.
11. City	
12. State	
13. Zip Code	
14. Vendor Name	Information of the vendor that the requestor got the initial quote for supplies/services from. This may or may not be the actual vendor the items are purchased from based on the Required Sources of Supplies/Services. If the vendor changes at the time the order is placed based on mandatory sources or pricing the cardholder will annotate the vendor the items were actually purchased from in these blocks by lining through the information and writing in the actual.
15. Vendor POC	
16. Vendor Phone Number	
17. Vendor Address	
18. City	
19. State	
20. Zip Code	
21. Detailed Justification for Purchase	Provide a 2-3 sentence narrative of why the supplies/services are needed for. Use the justification stated on the SF-182 for training request use the information.
22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
26. Unit Issue	List the unit issue stated price listing (EA, BX, PG, RO, etc.). <sup>30</sup> Unit Price List the price of the requested item. The sum of unit pricing should tie to the estimated total.
28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
32. Estimated Total	Calculated field no input required if filling out in excel. If written then the unit price times the quantity.
33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
34. Funds Verification	Signature and date of person authorized to validate funds availability. Date must be PRIOR to the purchase being made. Can be an email if official is not physically available to sign prior to the purchase.
35. Approving Official	The card holders approving official (that is set up in the bank system) signs and dates PRIOR to the purchase being made. Typed name may be prepopulated by the card holder. It can be an email from the approving official if they are not physically available to sign prior to the purchase.
36. Purchase Card Holder	Card holder signs, puts date purchase was actually made and the actual amount paid.
37. Third Party Receipt	This signature indicates the items purchased were received by the government. Normally the person that requested the items would sign indicating receipt of the requested items. If items were delivered to a remote location an email from the person receiving the items can be used. Packing lists from the shipments with "Received By:" and the persons printed name, date and signature is acceptable. This signature can not be the card holder, approving official, or alternate approving official of the card holder making the purchase.
38. Property Accountability	Required for all items that require accountability.
39. Local Use Signature	These blocks can be used to put in any locally required approvals if needed. Some offices require some internal approvals based on total cost, prior to the purchase being made. If none are required for your office, you can remove them from the PCTW.
<b>NOTES:</b>	
* Invoice or confirmation of delivery must be attached.	
* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	



DEPARTMENT OF HOMELAND SECURITY  
PURCHASE CARD TRANSACTION WORKSHEET

1. Name of Cardholder:	2. Cardholder Telephone Number:	3. Cardholder Email Address:	4. Component:	5. Program/Office:
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>	7. Requestor Phone Number:	8. Date of Request: 04/30/2014	9. Document ID Number:	
10. Ship To Address: 2430 S. Swan Rd	11. City: Tucson	12. State: AZ	13. Zip Code: 85711	
14. Vendor Name:	15. Vendor POC:	16. Vendor Phone Number:		
17. Vendor Address:	18. City: <b>(b) (7)(E)</b>	19. State:	20. Zip Code:	

21. Detailed Justification for Purchase:  
**(b) (7)(E)** Tucson Sector **(b) (7)(E)** **(b) (7)(E)**  
**(b) (7)(E)**

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	<b>(b) (4), (b) (7)(E)</b>						
2	<b>(b) (4), (b) (7)(E)</b>						
3	<b>(b) (4), (b) (7)(E)</b>						
4	<b>(b) (4), (b) (7)(E)</b>						
5	<b>(b) (4), (b) (7)(E)</b>						
6	<b>(b) (4), (b) (7)(E)</b>						
7	<b>(b) (4), (b) (7)(E)</b>						
8	<b>(b) (4), (b) (7)(E)</b>						
9	<b>(b) (4), (b) (7)(E)</b>						
10	<b>(b) (4), (b) (7)(E)</b>						

ACCS 30. Accounting Data:

FMS 31. Purchase Log ID      32. ESTIMATED ORDER TOTAL: **(b) (4)**

33. TO REQUIRED SOURCES for SUPPLIES		TO REQUIRED SOURCES for SERVICES	TO SPECIAL APPROVALS NEEDED
<input type="checkbox"/> 1. Agency Inventories	<input type="checkbox"/> 5. Wholesale Supply Sources	<input type="checkbox"/> 1. ABILITY ONE	<input type="checkbox"/> 1. IT Request <input type="checkbox"/> 5. OGC-Awards
<input type="checkbox"/> 2. Excess Prty from other Agencies	<input checked="" type="checkbox"/> 6. GSA/FSS or DHS BPAs	<input checked="" type="checkbox"/> 2. GSA/FSS	<input type="checkbox"/> 2. Subscriptions <input type="checkbox"/> 6. Accountable Property
<input type="checkbox"/> 3. UNICOR	<input type="checkbox"/> 7. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Optional Use Federal Supply Schedules	<input type="checkbox"/> 3. Branding <input type="checkbox"/> 7. Other
<input type="checkbox"/> 4. Ability One	<input type="checkbox"/> 8. Commercial	<input checked="" type="checkbox"/> 4. UNICOR or Commercial	<input type="checkbox"/> 4. Legal

**34. FUNDS VERIFICATION OFFICIAL INFORMATION**

Printed Funding Official Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION**

Printed Approving Official Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**36. PURCHASE CARD HOLDER INFORMATION**

Card Holder Name: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**38. PROPERTY CUSTODIAN INFORMATION (property Accountability)**

Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**39. LOCAL USE SIGNATURES (if needed)**

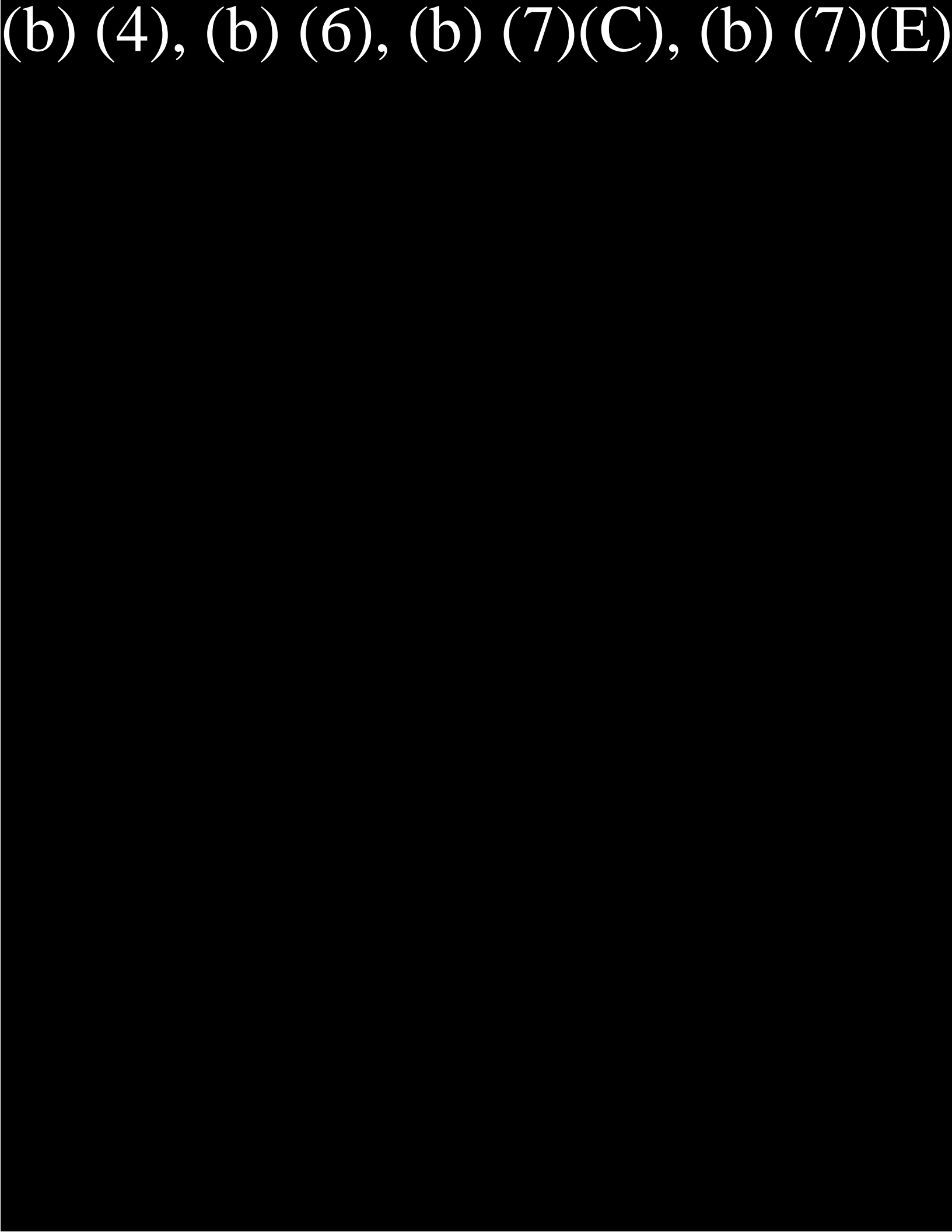
Printed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## Purchase Card Worksheet Guidance

The following guidance should be used to complete the Purchase Card Worksheet. This worksheet provides a consolidated source for documenting and tracking purchase card requirements as established by applicable laws, regulations, and guidance. Once completed, attach the applicable supporting documentation and retain in a central location. This worksheet, along with the applicable documentation, should be submitted to the Component's Organization Program Coordinator for review during the Post Payment Audit process. Contact Peggy Wilson (DHS Bankcard Manager) at 202-447-5833 or via email at [peggy.wilson@dhs.gov](mailto:peggy.wilson@dhs.gov) for questions related to the bankcard program. Contact Joanne Skinner (Purchase Card Agency Program Coordinator) at 202-447-5213 or via email at [joanne.skinner@dhs.gov](mailto:joanne.skinner@dhs.gov) for questions regarding the purchase card program.

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1. Cardholder Name	Name of the actual cardholder making the purchase.
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6. Requestor Name	Name of person requesting the supplies/services. If replenishing supply stock, this can be the cardholder.
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17. Vendor Address	
18. City	
19. State	
20. Zip Code	
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22. Item #	N/A - Count function only.
23. Item Description	Requestor needs to give enough information in the item description to make sure the correct items are purchased. You can insert more lines if necessary or you may indicate "See Attached Sheet" if items are listed on another document.
25. Quantity	Number of items requested.
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28. Subtotals	
29. Date Received	The date the item was actually received.
30. Accounting Data	Funding source for purchase. Attached a copy of the BPA if using as funding source for requested purchase. Example: A BPA is used for shipping items via FedEx.
31. Purchase Log ID Number	Purchase Log ID Number or the Document ID number, if the bank system does not generate a Purchase Log ID Number.
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33. Required Sources of Supplies	Use as a check list to make sure you are looking at required sources in the proper sequence.
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<b>NOTES:</b>	
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* Special approval is required for all computer related purchases (Hardware, Software, Services). Attach Approved ITS.	
* OMB A-123 requires that duties of approver, purchaser, and receiver be separate.	
* Copy of SF-182 required for all training classes.	
* Shipping charges \$100 or more requires a separate invoice.	
* If AO gives email approval for purchase a copy of an email indicating this must be attached.	

(b) (4), (b) (6), (b) (7)(C), (b) (7)(E)



DEPARTMENT OF HOMELAND SECURITY  
**PURCHASE CARD TRANSACTION WORKSHEET**

1. Name of Cardholder:		2. Cardholder Telephone Number:		3. Cardholder Email Address:		4. Component:		5. Program/Office: TCA	
6. Requestor Name: <b>(b) (6), (b) (7)(C)</b>		7. Requestor Phone Number:		8. Date of Request: 03/14/2016		9. Document ID Number:			
10. Ship To Address: 2430 S. Swan Rd.				11. City: Tucson		12. State: AZ		13. Zip Code: 85711	
14. Vendor Name: <b>(b) (7)(E)</b>				15. Vendor POC:		16. Vendor Phone Number:			
17. Vendor Address: <b>(b) (7)(E)</b>				18. City:		19. State:		20. Zip Code:	
21. Detailed Justification for Purchase: <input type="checkbox"/> Unit/Station Funds <input checked="" type="checkbox"/> Sector Funds <b>(b) (7)(E)</b> Tucson Sector <b>(b) (7)(E)</b> <b>(b) (7)(E)</b> <b>(b) (7)(E)</b>									

22. Item #	23. Item Description	24. Stock Number	25. Quantity	26. Unit of Issue	27. Unit Price	28. Subtotals	29. Date Received
1	<b>(b) (4), (b) (7)(E)</b>						
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5	<b>(b) (4), (b) (7)(E)</b>						
6	<b>(b) (4), (b) (7)(E)</b>						
7	<b>(b) (4), (b) (7)(E)</b>						

ACCS	30. Accounting Data:	FMB USE ONLY: <input type="checkbox"/> On BEP <input type="checkbox"/> Funds Available
FMS	31. Purchase Log ID	32. ESTIMATED ORDER TOTAL: <b>(b) (4)</b>
33. TO REQUIRED SOURCES for SUPPLIES      TO REQUIRED SOURCES for SERVICES      TO SPECIAL APPROVALS NEEDED		
<input type="checkbox"/> 1. Agency Inventories <input type="checkbox"/> 5. Wholesale Supply Sources <input type="checkbox"/> 1. ABILITY ONE <input type="checkbox"/> 1. IT Request <input type="checkbox"/> 5. OGC-Awards <input type="checkbox"/> 2. Excess Prty from other Agencies <input checked="" type="checkbox"/> 6. GSA/FSS or DHS BPAs <input type="checkbox"/> 2. GSA/FSS <input type="checkbox"/> 2. Subscriptions <input type="checkbox"/> 6. Accountable Property <input type="checkbox"/> 3. UNICOR <input type="checkbox"/> 7. Optional Use Federal Supply Schedules <input type="checkbox"/> 3. Optional Use Federal Supply Schedules <input type="checkbox"/> 3. Branding <input type="checkbox"/> 7. Other <input type="checkbox"/> 4. Ability One <input checked="" type="checkbox"/> 8. Commercial <input type="checkbox"/> 4. UNICOR or Commercial <input type="checkbox"/> 4. Legal		

33a. MSS BUDGET:		Date:	SIGNATURE:
34. FUNDS VERIFICATION OFFICIAL INFORMATION (FMB)			
Printed Funding Official Name and Title:		Date:	SIGNATURE:
35. APPROVING OFFICIAL/ALTERNATE APPROVING OFFICIAL INFORMATION (Cardholder's Approving Official)			
Printed Approving Official Name and Title:		Date:	SIGNATURE:
36. PURCHASE CARD HOLDER INFORMATION			
Card Holder Name:		Date:	SIGNATURE:
37. ALL THE ABOVE ITEMS HAVE BEEN RECEIVED (Third Party- Cannot be the cardholder or the approving official)			
Printed Name and Title:		Date:	SIGNATURE:
38. PROPERTY CUSTODIAN INFORMATION (property Accountability)			
Printed Name and Title:		Date:	SIGNATURE:
39. LOCAL USE SIGNATURES (if needed) (Director of Mission Support)			
Printed Name and Title:		Date:	SIGNATURE:
39a. LOCAL USE SIGNATURES (if needed) (DPAIC)			
Printed Name and Title:		Date:	SIGNATURE:



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