AMENDMENT OF SOLICITATION/MOD	FICATION OF CONTRACT	1, CONTRACT ID CODE	¹ 11	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE RE	Q. NO.	5. PROJECT NO. (If applicable) NONE 000-000
	See Block 16C			
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Office of Acquisition Man	agement	Office of Acquis	ition Mar	nagement
801 I Street NW, Suite 93	0	801 I Street NW,	Suite 93	30
Washington DC 20001	18	Washington DC 200)01	
		. (9A. AMENDMENT OF SOLIC	TATION NO.	
8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP Code)	(x) SA AMERICANERY OF BOLIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
COUNTY OF HUDSON		98. DATED (SEE ITEM 11)		
95 NEWARK AVENUE				
ERSEY CITY NJ 073062394		10A MODIFICATION OF CO	ACTENDE	SP NO.
	_ x	× ACB-5-I-0001	MINICIONDE	erno.
	**		*	
		10B. DATED (SEE ITEM 13)		*
CODE	FACILITY CODE	04/23/2007		
CODE 1997344480000	The state of the s	TO AMENDMENTS OF SOLICITATION	8	
to the solicitation and this amendment, and is re 12. ACCOUNTING AND APPROPRIATION DATA See Schedule	(if required) TO MODIFICATION OF CONTRACTS/O	14 St	MORDER NO. A	S DESCRIBED IN ITEM 14.
CHECK ONE A. THIS CHANGE ORDER IS ISS ORDER NO. IN ITEM 10A.	UED PURSUANT TO: (Specify authority)	THE CHANGES SET FORTH IN ITEM	14 ARE MADE	IN THE CONTRACT
B. THE ABOVE NUMBERED COI appropriation date, etc.) SET I	NTRACT/ORDER IS MODIFIED TO REF FORTH IN ITEM 14, PURSUANT TO THI	LECT THE ADMINISTRATIVE CHANG E AUTHORITY OF FAR 43.103(b).	ES (such as char	nges in paying office,
C. THIS SUPPLEMENTAL AGRE	EMENT IS ENTERED INTO PURSUANT	TO AUTHORITY OF:		1860 1860
D. OTHER (Specify type of modific	cation and authority)	M		
x FAR 43.103(a) Bil	ateral modification			alleg affice
E_IMPORTANT: Contractor	not, 🗵 is required to sign this docum	ent and return1	copies to the it	
14. DESCRIPTION OF AMENDMENT/MODIFICA	TION (Organized by UCF section headle	ngs, including solicitation/contract subje	ct matter where	feasible.)
Tax ID Number: 22-600244	3			
100724440	49			Abo TCE
W	ication is to increa	se the detainee day	rate, in	ncorporate the ICE
2008 and 2010 Performance	Based National Dete	ntion Standards (PB	NDS) and	specify the
recreational and visitati	on requirements.			36
recreationar and total	- 12	8 5		
	*			
		x 50		
The IGSA is amended as for	allows:			*
The IGSA is amended as it	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9	E 20
	25 65	#1 VIII		(2)
ė.				
Continued	at the state of the state of the state of	or 10A se heratofow changed, remail	ns unchanged at	nd in full force and effect.
Except as provided herein, all terms and condition	ins of the document referenced in item so	16A, NAME AND TITLE OF	CONTRACTING	OFFICER (Type or print)
164 NAME AND TITLE OF SIGNER (Type of pr	un,			
		<u> </u>		16C. DATE SIGNED
(9)(q)	15C. DATE SIG	(9)(q)		1
q)	3.23.			- 123 MAR 2
	3. 23.	IV.		STANDARD FORM 30 (REV. 10-83)
NSN 7540-01-152-8070	:22			Prescribed by GSA
Previous edition unusable	7.0		110	FAR (48 CFR) 53.243

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AND WILLIAM OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED			1 2	ا ء
CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED ACB-5-1-0001/P00003	5.0		4	

NAME OF OFFEROR OR CONTRACTOR

EM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
,,,,,			М		
	1) The Detainee Day rate specified in	ľ			
	Article II is increased from \$90.00 per day to				
	ONE HUNDRED - TEN DOLLARS and 00/100 (\$110.00)		1	.00	
	per detained day.		Ιİ		
			ΙI	¥6 gc	
	The effective date of this rate change is the	1			<u>*</u>
	date of this modification.	1			
			ΙI		
	a. To some print are incorporated as	1			
	2) The ICE 2008 PBNDS are incorporated as	ļ.	ı		
	follows:	1			
			1 1		
		1			;#C
	Remove the following language from Article II [
	Covered Services and Article III D Support and			¥.	
	Medical Services:	- 8			9
es:	Medical Services.	l			
	Oconsistent with the types and levels of services		1		
	and programs routinely afforded its own	1		200	
	population, []	1			
*	populacionya				OK.
	4	İ	:		
					0.5
	and replace it with:			ű.	36
82	Din accordance with the most current edition of	- P	1		- 1
	the ICE Performance Based National Detention		1	¥.	
	Standards (PBNDS) found within the ICE Detention	20		Υ.	
	Operations Manual located at			000	(1)
	http://www.ice.gov/partners/dro/PBNDS/index.htm,			<i>9</i> :	
	and fully consistent with all applicable laws,	1	. 60		3.9
	standards, policies and procedures and court	1			
	orders applicable to its facility (or				19 mm
	facilities), unless or as specifically modified		1		114.11
	under this Agreement. This modification	i			
	incorporates by reference the 2010 ICE				9
	Performance Based National Detention Standards	1	1		
	(2010 PBNDS). The Contractor agrees to use its	ė.	1	*	<u> </u>
	best efforts to comply with the minimal	1	1	5.23	
	performance levels and also agrees use its best				
·	efforts to attain the optimal levels of	1	1	·	-
	performance contained in the 2010 PBNDS.□	10		·	
		1	ĺ		ē, ·
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	28 G				
1 8577	*				1
	3) Specify the recreation and visitation as	1	1.	1	1
	Continued	8		1	_ =
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•	(*)				72
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OPTIONAL FORM 336 (4-8) Sponsored by GSA FAR (48 CFR) 53.110

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	ACB-5-I-0001/P00003	3	3

NAME OF OFFEROR OR CONTRACTOR COUNTY OF HUDSON

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	follows:	107	, ,	(6)	16 °
	10110#8.			38	8
35		ň.		K	×
	a) Under Article II add the following:	8			
	ICE detainees housed in each housing unit will be				ā
	permitted open access to an adjoining outdoor	18			
	recreation yard during a minimum ten hour period each day, seven days a week.				
j				28	· II
	B 1				2 9
_	b) Under Article II add the following:				20
2	TAR Detained will be awarded at a minimum				
	ICE Detainees will be provided at a minimum, visitation privileges four days per week to				See See
	include evening visitation, one day of weekend visitation and one day of contact visitation.		32	10	0960
	visitation and one day of contact visitation.	12			(e)
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8 5					: £
	· · ·			3	
	Field Office POC: (973)			*D	1 6
93	77 (9)				
	Program POC:	84		*	
	70		. 8		6
27	Procurement POC: Contracting Officer, (202) 73				
*				vi	59
*): T	Procurement POC: Contract Specialist, (202) 7	- (1			
l	- u				6 8
	All other terms and conditions of the agreement remain the same.				
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N 7540-01-152-8					OPTIONAL FORM \$35 (4-88)

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Office of Acquisition Management 301 I Street NN, Suite 930 Mashington DC 20001 NAME AND ADDRESS OF CONTRACTOR (No. 1994, 1994) (1995	ICE/Detention Mngt/Detenti	on IGSAs	TICE	/Detention Mngt/Detent:		
801 I Street NW, Suite 930 NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND DODGES OF CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND THE CONTRACT CONTRACT CONTRACTOR (no. seed, county, State and ZP Goos) N. NAME AND THE CONTRACT CONTRACT CONTRACTOR (no. seed, county, No. see				18/		
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OUNTY OF HUDSON 95. NEWARK AVENUE ERSEY CITY NJ 073062394	B. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP Code)	(V) 9A	AMENDMENT OF SOLICITATION NO.		
SS. DATED (SEE ITEM 11) 66. DATED (SEE ITEM 11) 104. MODIFICATION OF CONTRACT/RODER NO. ACCH-5-1-0.001 1 1997344480000 FACILITY CODE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e 1		٣	· · · · · · · · · · · · · · · · · · ·	==	
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Offers must schronkrige recipies of this amendment prior to the hour and data specified in the solidation or as senended, by one of the following methods (s) 8) completing littlens 8 and 15, and returning opinion of the amendment (s) by schronkrighty method the solidation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE FLACE DESIGNATION TO CONTROL TO THE FLACE DESIGNATION TO CONTROL CONTROL TO CONT	The above numbered solicitation is amended as s	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	ended. Tis not extended.	
A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation falls, etc.) SET FORTH IN ITEM 14 PURSUANT TO THE AUTHORITY OF PAR 43.103(b). C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority) LIMPORTANT: Contractor [E] is not. [Is required to sign this document and return	virtue of this amendment you desire to change an to the solicitation and this amendment, and is rece	offer already submitted, such change may lived prior to the opening hour and date sp	be made			
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. CHECKONE A THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify sutharity) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (suich as changes in paying office, specification size, soil, SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAA 43.103(9). C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority) D. OTHER (Specify type of modification is required to sign this document and return		·				
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C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: D. OTHER (Specify type of modification and authority) IMPORTANT: Contractor	eppropriation date, etc.) SET FO	RTH IN ITEM 14, PURSUANT TO THE AL	JTHORIT	OF FAR 43.103(b).	, ,,,,	
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The purpose of this modification is to edit contact information referenced in P00001. Tield Office POC: Trogram POC: Trocurement POC:				*		34
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	(Signature of person authorized to sign)				24	
	NSN 7540-01-152-8070	3:		vi		10-83)

Prescribed by GSA FAR (48 CFR) 53.243

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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION STEET	ACB-5-I-0001/P00002	2	2	

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.			SUPPLIES/SERVICE	is .		QUANTIT	LUNIT	UNIT PRICE	AMOUNT
(A)			(B)			(C)	(D)		(F)
	All other remain the	terms and	conditions	of the agre	ement			. es	
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									42

AMENDMENT OF SOLICITATION/MODIFICA	ATIL. JF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4, REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00001	11/19/2008		NONE000-000
6. ISSUED BY CODE	ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DI
ICE/Detention Mngt/Detention Immigration and Customs Enfo Office of Acquisition Manager 801 I Street NW, Suite 930 Washington DC 20001	rcement	ICE/Detention Mngt/Deter Immigration and Customs Office of Acquisition Ma 801 I Street NW, Suite Washington DC 20001	Enforcement anagement
3. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
COUNTY OF HUDSON 595 NEWARK AVENUE JERSEY CITY NJ 073062394	80 8 9	98. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORD	DER NO.
8	8	ACB-5-I-0001	
		10B, DATED (SEE ITEM 11)	27
CODE 1997344480000	FACILITY CODE 11. THIS ITEM ONLY APPLIES TO AN	04/23/2007	*
tems 8 and 15, and returning copi separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF O virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (If requi	to the solicitation and amendment numb PFERS PRIOR TO THE HOUR AND DA elready submitted, such change may be prior to the opening hour and date speci	TE SPECIFIED MAY RESULT IN REJECTION made by telegram or letter, provided each teleg	IT TO BE RECEIVED AT OF YOUR OFFER. If by
See Schedule	(8)	•	
13. THIS ITEM ONLY APPLIES TO MOD	HFICATION OF CONTRACTS/ORDERS.	IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.
ORDER NO. IN ITEM 10A.		CHANGES SET FORTH IN ITEM 14 ARE MAD	
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH X C. THIS SUPPLEMENTAL AGREEMENT		THE ADMINISTRATIVE CHANGES (such as chaority OF FAR 43.103(b). JTHORITY OF:	enges in paying ornice,
D. OTHER (Specify type of modification a	and authority.	•	12
b. OTHER (Specify type of mounication e	and equivacy)		×
IMPORTANT: Contractor X is not,	is required to sign this document and	retum copies to the is	suing office.
4. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, inc	luding solicitation/contract subject matter where	feasible.)
OUNS Number: 199734448		i	
he purpose of this modification			
Paragraph B. Effective 1 De	eçember 2008, invoid	ces shall be submitted	via one of the
following three methods:			ia (
. By mail:		9	
OHS, ICE			*
Burlington Finance Center		13 - 경	*
.O. Box 1620	*		10
ontinued		· · · · · · · · · · · · · · · · · · ·	
except as provided herein, all terms and conditions of the	document referenced in Item 9A or 10/		
5A. NAME AND TITLE OF SIGNER (Type or print)	190	18A. NAME AND TITLE OF CONTRACTING	OFFICER (Type of print)
5B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	(9	16C. DATE SIGNED
•		(9)(q)	10 1
(Signature of person authorized to sign)			- LUNN AR
ISN 7540-01-152-8070 Previous edition unusable		3	DARD FORM 30 (REV. 10-83) Prescribed by GSA EAR (48 CER) 53 243

CONTINUATION SHEET	REFERENCE NO. OL JUMENT BEING CONTINUED	PAGE	OF.	-
OCITITOATION STILL!	ACB-5-I-0001/P00001	2		3

NAME OF OFFEROR OR CONTRACTOR
COUNTY OF HUDSON

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Williston, VT 05495-1620	 	-		· · · · · · · · · · · · · · · · · · ·
	Attn: ICE-DRO-FOD-FNY (New York)	1		194	•
	(Q)	İ			
	b. By facsimile (fax): (include a cover sheet				*
	with point of contact & # of pages)		1 1	•	
	802-288-7658			•	
	Du a mail.]	4) (9		,
	c. By e-mail:	48			
	Invoice.Consolidation@dhs.gov	1	ΙI	S	
	Invoice. Consolitazioneans. gov	•	ш		8.5
	Invoices submitted by other than these three				(8.1
	methods will be returned.		ll	7	
	The contractor's Taxpayer Identification Number	1			
,	(TIN) must be registered in the Central			: 	* *
	Contractor Registration (http://www.ccr.gov)	96			· · · · · · · · · · · · · · · · · · ·
	prior to award and shall be notated on every				_
	invoice submitted to ICE on or after Nov 17, 2008			138	8.7
,	to ensure prompt payment provisions are met.	1			
	Please remember that failure to remain up to date		A.C.		
	in CCR will cause no payment to be processed as	l			
	well as no funding rewarded. It is the responsibility of the contractor to maintain		1 1	100	
- 1	registration in CCR.		1 1		
	regisciación in con.	200	1 1		
	The information required with each invoice			66 .	製
	submission is as follows:	69	1		2, W
		¥6	ll	'	
	Each invoice submitted shall contain the	340			Ú.
- 1	following information:	1			
		×	ll		,
	a. The name and address of the facility;	ĺ			
I	b. Invoice date and number;		li		1,34
¥	c. Agreement number, line item number and, if			·	
	applicable, the task order number;				
	d. Terms of any discount for prompt payment		1	86 90	
	e. Name, title, and phone number of person to				
	notify in event of defective invoice;	\$3		¥	*
	f. Taxpayer Identification Number (TIN). The	147			1.00
0.	Contractor shall include its TIN on the invoice	50		3	177
	only if required elsewhere in this Agreement.				
5)62	(See paragraph 1 above.)		1	843 89	
į	g. The daily rate;				
	h. The total number of residential/detainee days;				
1	i. The name of each ICE resident/detainee;		1 1		
l	j. Resident's/detainee's A-number;		Į Į		9.80
	k. Specific dates of detention for each				
- 1	Continued	1			
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94	· ·				51
	₩ #(1		•	
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CONTINUATION SHEET REFERENCE NO. O. JUMENT BEING CONTINUED ACB-5-I-0001/P00001	3	3

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	resident/detainee;				1
	1. The total residential/detainee days multiplied	1		10	*
	by the daily rate;]	l	72	
	m. For stationary guard services, the itemized	İ			1
	monthly invoice shall state the number of hours	1	1		
	being billed, the duration of the billing (times				
9	and dates) and the name of the				
	resident(s)/detainee(s) that was guarded.	•			at-
	Thomas (a.), the manuals (b.), and (b.)		Ι.		
	Items (a.) through (h.) must be on the cover page of each invoice. Invoices without the above	ł		5)	1907
	information may be returned for resubmission.				
	Information may be returned for resubmission.				İ
02	Field Office POC:	i			61 ₆₀ G
90	<u> </u>	l	1		£
	Program POC:	ψ.		580	3 0
	<u>o</u>	1	1		
	Procurement POC:				1
	Officer, (202) 7	1			
-		Ì		*(E 120
	Procurement POC: Contract			9	*:
	Specialist, (202) 73			94	*8
	30 T	1			
	All other terms and conditions of the agreement				*:
	remain the same.	524			90)
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					¥. •

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United States Department of Homeland Security

U.S. Immigration and Customs Enforcement
Office of Detention and Removal

Modification of Intergovernmental Service Agreement

1. Agreement Number ACB-5-I-0001	2. Effective as of d	ate in block 8	3. Modification Number 0005	
4. Issuing Office:		5. Local Govern	ment:	
ICE/DRO Headquarters 425 I Street, NW Washington, DC 20536			f Hudson onia Avenue ity, NJ 07306	
Contact Person: Phone:		Contact Person: Phone: (201) 79 FAX: (201) 79	(6)	

6. Description of Modification (EXCEPT AS SPECIFICALLY PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE AGREEMENT IDENTIFIED IN BLOCK 1 REMAIN UNCHANGED):

The purpose of this modification is to change the detainee day rate from \$77 to \$90 per day and to change the hourly guard rate from \$23.76 to \$35. All other terms and conditions remain unchanged.

DHS/ICE shall be responsible for reviewing and approving the costs associated with this agreement and subsequent modifications utilizing all applicable federal procurement laws, regulations and standards in arriving at the detainee day rate. Future rate proposals shall be prepared using the ICE Jail Services Cost Statement in accordance with the OMB Circular A-87.

DHS/ICE shall reimburse the Service Provider at the fixed detainee day rate shown above. The Parties may adjust the rate twenty-four (24) months after the effective date of the agreement and every twelve (12) months thereafter. The Parties shall base the cost portion of the rate adjustment on the principles of allowability and allocability as set forth in OMB Circular A-87, federal procurement laws, regulations, and standards in arriving at the detainee day rate. The request for adjustment shall be submitted on an ICE Jail Services Cost Statement. If DHS/ICE does not receive an official request for a detainee day rate adjustment that is supported by an ICE Jail Services Cost Statement, the fixed detainee day rate will be in place indefinitely.

DHS/ICE reserves the right to audit the actual and/or prospective costs upon which the rate adjustment is based. All rate adjustments are prospective. As this is a fixed rate agreement, there will be **no** retroactive adjustment(s).

United States Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Detention and Removal

Modification of Intergovernmental Service Agreement

□ Local Gove Documer		quired to sign this		Government is require cument.	ed to sign this	
	(9)(q)		2/24/2007	(9)(q)	County Administrato	
indraine.			Date	Name and Title	(Type or Print)	
. Federal Gov			11/2 -1-	(9)(Contracting Officer	
	(9)(q)		4/25/2007	Name and Title	Contracting Officer (Type or Print)	

Hudson County Correctional Center Department of Corrections Federal Liaison Office

TO:

D.E.O. Department of Immigration

FROM:

Federal Liaison

DATE: November 18, 2002

SUBJECT: Intergovernmental Service Agreement Contract

Intergovernmental Service Agreement Contract Number with

Hudson County is as follows; # ACB-5-I-0001

Date of Agreement signed was 4/5/1996 Signed by Contracting Officer For the Department of Immigration

Officer For the Department of Vermont and Hudson County Executive



cc Peputy Director

United States Department of Justice Immigration & Naturalization Service

Intergovernmental Service Agreement for Housing Federal Detainees

1. Agreement Number	2. Effective a	s of	3. Modification Number			
ACB-5-I-0001	date in ble		03			
Issuing INS Office Address:		5. City/0	County/State Government:			
Immigration & Naturalization Service			County of Hudson			
70 Kimball Avenue			567 Pavonia Avenue			
South Burlington, VT 05403-6813		Jersey City, NJ 07306				
:+:						
Contact Person: Contracting Officer			Person: , County Administrator			
Phone: (802) 8	SPECIFICALL	Phone: (DED HEREIN, ALL TERMS AND CONDITIONS			
OF THE AGREEMENT IDENTIFIED IN	BLOCK 1 REM	AIN UNC	HANGED):			
This modification number 03 is to reals	aaitam 1 in A	מתוכו ד	W David of Daufarrance with the			
This modification number 03 is to repla following:	ce item i in A	KIICLE	E V — Period of Performance with the			
Tollowing.						
ARTICLE V – Period of Performan	ce and Bedspa	ace Guara	antee			
1 This Intercovernmental Cooperative	A creamant A	Jumbar O	22 50 02 is hat was the United States			
1. This Intergovernmental Cooperative	-		vice and the County of Hudson New Jersey,			
			ticles I through XII and Schedules A, B,			
			ices for 384 federal prisoners/detainees			
•	-		_			
	(128 in USMS custody and 256 in INS custody) each day at the Hudson County Jail for a period of fifteen (15) years commencing on the date of completion of all project(s) listed in the schedules and					
			shall remain in effect through the period			
			ispended in writing by either party. Such			
notice will be provided thirty (30) da	ays in advance	of the e	ffective date of formal termination and at			
least two (2) weeks in advance of a s	suspension or	restrictio	n of use unless an emergency situation			
requires the immediate relocation of						
•						
	aiam shia	⊠ 1.00	al Government is required to sign this document			
Local Government is not required to a document.	sign this	and				
document.						
7. Local Government:			(9)(q)			
7. Local Government.						
			Hudson County Executive			
Signature	Date		Name and Title (Type or print)			
(For additional signatures, please attach another page)						
8. Federal Government:						
(p)(q)	1 10	\	(9)(q)			
<u> </u>	Date	اصد	Name (type or print)			

STATE OF NEW JERSEY) : SS COUNTY OF HUDSON)

BOARD OF CHOSEN FREEHOLDERS

Subscribed and sworn to

before me this day

of June, 2002

MARIA CORSO

NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Feb. 19, 20
ID Number 2108977