

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1 3
2. AMENDMENT/MODIFICATION NO. P00003	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable) NONE000-000
6. ISSUED BY ICE/Detention Mngt/Detention IGSAs Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20001	CODE ICE/DM/DI	7. ADMINISTERED BY (If other than Item 6) ICE/Detention Mngt/Detention IGSAs Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20001	CODE ICE/DM/DI
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  COUNTY OF HUDSON 595 NEWARK AVENUE JERSEY CITY NJ 073062394		(x) 9A. AMENDMENT OF SOLICITATION NO.	
		9B. DATED (SEE ITEM 11)	
		x 10A. MODIFICATION OF CONTRACT/ORDER NO. ACB-5-I-0001	
		10B. DATED (SEE ITEM 13) 04/23/2007	
CODE 1997344480000	FACILITY CODE		

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

☐ is extended, ☐ is not extended.

**12. ACCOUNTING AND APPROPRIATION DATA (If required)**

See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	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 data, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)
X	FAR 43.103(a) Bilateral modification

E. IMPORTANT: Contractor ☐ is not, ☒ is required to sign this document and return \_\_\_\_\_ 1 \_\_\_\_\_ copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

Tax ID Number: 22-6002443

DUNS Number: 199734448

The purpose of this modification is to increase the detainee day rate, incorporate the ICE 2008 and 2010 Performance Based National Detention Standards (PBNS) and specify the recreational and visitation requirements.

The IGSA is amended as follows:

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

16A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
(b)(6)		(b)(6)	
16C. DATE SIGNED 3-23-10		16C. DATE SIGNED 23 MAR 2010	

NSN 7540-01-152-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

NAME OF OFFEROR OR CONTRACTOR  
COUNTY OF HUDSON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>1) The Detainee Day rate specified in Article II is increased from \$90.00 per day to ONE HUNDRED - TEN DOLLARS and 00/100 (\$110.00) per detained day.</p> <p>The effective date of this rate change is the date of this modification.</p> <p>2) The ICE 2008 PBNDs are incorporated as follows:</p> <p>Remove the following language from Article II <input type="checkbox"/> Covered Services and Article III <input type="checkbox"/> Support and Medical Services:</p> <p><input type="checkbox"/> consistent with the types and levels of services and programs routinely afforded its own population, <input type="checkbox"/></p> <p>and replace it with:</p> <p><input type="checkbox"/> in accordance with the most current edition of the ICE Performance Based National Detention Standards (PBNDs) found within the ICE Detention Operations Manual located at <a href="http://www.ice.gov/partners/dro/PBNDs/index.htm">http://www.ice.gov/partners/dro/PBNDs/index.htm</a>, and fully consistent with all applicable laws, standards, policies and procedures and court orders applicable to its facility (or facilities), unless or as specifically modified under this Agreement. This modification incorporates by reference the 2010 ICE Performance Based National Detention Standards (2010 PBNDs). The Contractor agrees to use its best efforts to comply with the minimal performance levels and also agrees use its best efforts to attain the optimal levels of performance contained in the 2010 PBNDs. <input type="checkbox"/></p> <p>3) Specify the recreation and visitation as Continued ...</p>				

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ACB-5-I-0001/P00003

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NAME OF OFFEROR OR CONTRACTOR  
COUNTY OF HUDSON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>follows:</p> <p>a) Under Article II add the following:</p> <p>ICE detainees housed in each housing unit will be permitted open access to an adjoining outdoor recreation yard during a minimum ten hour period each day, seven days a week.</p> <p>b) Under Article II add the following:</p> <p>ICE Detainees will be provided at a minimum, visitation privileges four days per week to include evening visitation, one day of weekend visitation and one day of contact visitation.</p> <p>Field Office POC: (b)(6) (973) 77 (b)(6)</p> <p>Program POC: (b)(6)</p> <p>Procurement POC: (b)(6) Contracting Officer, (202) 73 (b)(6)</p> <p>Procurement POC: (b)(6) Contract Specialist, (202) 7 (b)(6)</p> <p>All other terms and conditions of the agreement remain the same.</p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		<b>1. CONTRACT ID CODE</b>		<b>PAGE OF PAGES</b> 1 2	
<b>2. AMENDMENT/MODIFICATION NO.</b> P00002		<b>3. EFFECTIVE DATE</b> 11/24/2008		<b>4. REQUISITION/PURCHASE REQ. NO.</b>	
<b>5. PROJECT NO. (If applicable)</b> NONE000-000		<b>6. ISSUED BY</b> ICE/Detention Mngt/Detention IGSAs Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20001		<b>7. ADMINISTERED BY (If other than Item 6)</b> ICE/Detention Mngt/Detention IGSAs Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20001	
<b>8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)</b> COUNTY OF HUDSON 595 NEWARK AVENUE JERSEY CITY NJ 073062394		<b>9A. AMENDMENT OF SOLICITATION NO.</b> (x)		<b>9B. DATED (SEE ITEM 11)</b>	
<b>CODE</b> 1997344480000		<b>FACILITY CODE</b>		<b>10A. MODIFICATION OF CONTRACT/ORDER NO.</b> ACB-5-I-0001	
				<b>10B. DATED (SEE ITEM 11)</b> 04/23/2007	

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

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Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**12. ACCOUNTING AND APPROPRIATION DATA (If required)**

See Schedule

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

<b>CHECK ONE</b>	<b>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>
X	<b>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</b>
	<b>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</b>
	<b>D. OTHER (Specify type of modification and authority)</b>

**E. IMPORTANT:** Contractor ☒ is not, ☐ is required to sign this document and return 0 copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

Tax ID Number: 22-6002443

DUNS Number: 199734448

The purpose of this modification is to edit contact information referenced in P00001.

Field Office POC: (b)(6)

Program POC: (b)(6)

Procurement POC: (b)(6) Contracting Officer, (202) 73

Procurement POC: (b)(6) Contract Specialist, (202) 7

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

<b>15A. NAME AND TITLE OF SIGNER (Type or print)</b>		<b>16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)</b>	
<b>15B. CONTRACTOR/OFFEROR</b>		<b>16B. DATE SIGNED</b>	
(Signature of person authorized to sign)		(b)(6)	
		<b>16C. DATE SIGNED</b> 24 Nov 08	

NSN 7540-01-152-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
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**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

COUNTY OF HUDSON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All other terms and conditions of the agreement remain the same.				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		<b>1. CONTRACT ID CODE</b>		<b>PAGE OF PAGES</b> 1 3	
<b>2. AMENDMENT/MODIFICATION NO.</b> P00001		<b>3. EFFECTIVE DATE</b> 11/19/2008		<b>4. REQUISITION/PURCHASE REQ. NO.</b>	
<b>5. PROJECT NO. (If applicable)</b> NONE000-000		<b>6. ISSUED BY</b> ICE/Detention Mngt/Detention IGSA Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20001		<b>7. ADMINISTERED BY (If other than Item 6)</b> ICE/Detention Mngt/Detention IGSA Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, Suite 930 Washington DC 20001	
<b>8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)</b> COUNTY OF HUDSON 595 NEWARK AVENUE JERSEY CITY NJ 073062394		<b>9A. AMENDMENT OF SOLICITATION NO.</b>		<b>9B. DATED (SEE ITEM 11)</b>	
<b>CODE</b> 1997344480000 <b>FACILITY CODE</b>		<b>10A. MODIFICATION OF CONTRACT/ORDER NO.</b> ACB-5-I-0001		<b>10B. DATED (SEE ITEM 11)</b> 04/23/2007	

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Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

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<b>X</b>	<b>B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).</b>
	<b>C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:</b>
	<b>D. OTHER (Specify type of modification and authority)</b>

**E. IMPORTANT:** Contractor ☒ is not, ☐ is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

DUNS Number: 199734448

The purpose of this modification is to revise the invoicing language under Article VI, Paragraph B. Effective 1 December 2008, invoices shall be submitted via one of the following three methods:

a. By mail:

DHS, ICE  
Burlington Finance Center  
P.O. Box 1620  
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

<b>15A. NAME AND TITLE OF SIGNER (Type or print)</b>		<b>16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)</b>	
<b>15B. CONTRACTOR/OFFEROR</b>  (Signature of person authorized to sign)		<b>15C. DATE SIGNED</b>  (b)(6)	
		<b>16C. DATE SIGNED</b> R N N 88	

NSN 7540-01-152-8070  
Previous edition unusable

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## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ACB-5-I-0001/P00001PAGE OF  
2 3NAME OF OFFEROR OR CONTRACTOR  
COUNTY OF HUDSON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Williston, VT 05495-1620 Attn: ICE-DRO-FOD-FNY (New York)</p> <p>b. By facsimile (fax): (include a cover sheet with point of contact &amp; # of pages).</p> <p>802-288-7658</p> <p>c. By e-mail:</p> <p>Invoice.Consolidation@dhs.gov</p> <p>Invoices submitted by other than these three methods will be returned.</p> <p>The contractor's Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (<a href="http://www.ccr.gov">http://www.ccr.gov</a>) prior to award and shall be notated on every invoice submitted to ICE on or after Nov 17, 2008 to ensure prompt payment provisions are met. Please remember that failure to remain up to date in CCR will cause no payment to be processed as well as no funding rewarded. It is the responsibility of the contractor to maintain registration in CCR.</p> <p>The information required with each invoice submission is as follows:</p> <p>Each invoice submitted shall contain the following information:</p> <p>a. The name and address of the facility; b. Invoice date and number; c. Agreement number, line item number and, if applicable, the task order number; d. Terms of any discount for prompt payment offered; e. Name, title, and phone number of person to notify in event of defective invoice; f. Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this Agreement. (See paragraph 1 above.) g. The daily rate; h. The total number of residential/detainee days; i. The name of each ICE resident/detainee; j. Resident's/detainee's A-number; k. Specific dates of detention for each</p> <p>Continued ...</p>				

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
ACB-5-I-0001/P00001

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NAME OF OFFEROR OR CONTRACTOR  
COUNTY OF HUDSON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>resident/detainee;</p> <p>1. The total residential/detainee days multiplied by the daily rate;</p> <p>m. For stationary guard services, the itemized monthly invoice shall state the number of hours being billed, the duration of the billing (times and dates) and the name of the resident(s)/detainee(s) that was guarded.</p> <p>Items (a.) through (h.) must be on the cover page of each invoice. Invoices without the above information may be returned for resubmission.</p> <p>Field Office POC: (b)(6)</p> <p>Program POC: (b)(6)</p> <p>Procurement POC: (b)(6) Contracting Officer, (202) 73 (b)(6)</p> <p>Procurement POC: (b)(6) Contract Specialist, (202) 73 (b)(6)</p> <p>All other terms and conditions of the agreement remain the same.</p>				







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

***Modification of Intergovernmental Service Agreement***

<b>1. Agreement Number</b> ACB-5-I-0001	<b>2. Effective as of date in block 8</b>	<b>3. Modification Number</b> 0005
<b>4. Issuing Office:</b>  ICE/DRO Headquarters 425 I Street, NW Washington, DC 20536  <b>Contact Person:</b> <b>Phone:</b>	<b>5. Local Government:</b>  County of Hudson 567 Pavonia Avenue Jersey City, NJ 07306  <b>Contact Person:</b> <b>Phone:</b> (201) 79 <b>FAX:</b> (201) 79	
<b>6. Description of Modification (EXCEPT AS SPECIFICALLY PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE AGREEMENT IDENTIFIED IN BLOCK 1 REMAIN UNCHANGED):</b> <p style="margin-top: 20px;"><b>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.</b></p> <p>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.</p> <p>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.</p> <p>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).</p>		

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

**Modification of Intergovernmental Service Agreement**

<input type="checkbox"/> Local Government is not required to sign this Document.		<input checked="" type="checkbox"/> Local Government is required to sign this Document.	
 Signature	<u>2/24/2007</u> Date	 Name and Title	<u>County Administrator</u> (Type or Print)
<b>8. Federal Government:</b>			
 Signature	<u>4/25/2007</u> Date	 Name and Title	<u>Contracting Officer</u> (Type or Print)

*Hudson County Correctional Center  
Department of Corrections  
Federal Liaison Office*

\*\*\*\*\*

TO: [REDACTED] (b)(6) (b)(7)(C) D.E.O. Department of Immigration

FROM: [REDACTED] (b)(7)(C) 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 [REDACTED] (b)(6) from South  
Burlington Office in the State of Vermont and Hudson County Executive*

[REDACTED] (b)(6)

[REDACTED] (b)(6), (b)(7)(C)

cc [REDACTED] (b)(6) Deputy Director

United States Department of Justice  
Immigration & Naturalization Service

*Intergovernmental Service Agreement for Housing Federal Detainees*

1. Agreement Number ACB-5-I-0001	2. Effective as of date in block 8	3. Modification Number 03
4. Issuing INS Office Address:  Immigration & Naturalization Service 70 Kimball Avenue South Burlington, VT 05403-6813  Contact Person: (b)(6) Contracting Officer Phone: (802) 8 (b)(6)		5. City/County/State Government:  County of Hudson 567 Pavonia Avenue Jersey City, NJ 07306  Contact Person: (b)(6), County Administrator Phone: (201) 79 (b)(6)
6. Description of Modification (EXCEPT AS SPECIFICALLY PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE AGREEMENT IDENTIFIED IN BLOCK 1 REMAIN UNCHANGED):  This modification number 03 is to replace item 1 in ARTICLE V – Period of Performance with the following:  ARTICLE V – Period of Performance and Bedspace Guarantee  1. This Intergovernmental Cooperative Agreement Number 02-50-02 is between the United States Marshals Service, the Immigration and Naturalization Service and the County of Hudson New Jersey, in accordance with the terms and conditions set forth in Articles I through XII and Schedules A, B, and C. The County shall provide detention space and services 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 the fulfillment of payments by the USMS. This agreement shall remain in effect through the period of the CAP agreement, and thereafter until terminated or suspended in writing by either party. Such notice will be provided thirty (30) days in advance of the effective date of formal termination and at least two (2) weeks in advance of a suspension or restriction of use unless an emergency situation requires the immediate relocation of prisoners/detainees.		
<input type="checkbox"/> Local Government is not required to sign this document. <input checked="" type="checkbox"/> Local Government is required to sign this document and return copies to the issuing office.		
7. Local Government:  Signature _____ Date _____ (For additional signatures, please attach another page)		(b)(6) Hudson County Executive
8. Federal Government:  (b)(6) _____ Contracting Officer Signature		6/7/02 _____ Date Name (Type or print) (b)(6)

STATE OF NEW JERSEY   )  
  : SS  
COUNTY OF HUDSON    )

BE IT REMEMBERED, that on this 14th day of June, Two Thousand and Two, before me, the subscriber, a Notary Public personally appeared (b)(6) who being by me duly sworn according to law, on her oath says that she is the Clerk of the Board of Chosen Freeholders of the County of Hudson and that (b)(6) is the County Executive, that he knows the corporate seal of said County of Hudson and that the seal affixed to the foregoing instrument is the seal of said County; that the said (b)(6) as County Executive signed said instrument and affixed said seal thereto as his voluntary act and deed for the uses and purposes therein expressed, in attestation whereof, she the said (b)(6) as Clerk, subscribed her name thereto

(b)(6)

BOARD OF CHOSEN FREEHOLDERS

Subscribed and sworn to

before me this 14th day

of June, 2002

Maria Corso

MARIA CORSO  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Feb. 19, 2003  
ID Number 2108977