



AGREEMENT SUMMARY

1. Other Contracting Party:
United States of America

2. Proposed Action:
[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):
U.S. Government Simplified Lease

4. Purpose/Description:
To lease 34,783.1 square feet of land for radiation portal monitors and associated observation booth to the U.S. Customs and Border Protection

5. Special Provisions (select if applicable):
[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ _____ or _____%
[] CBE Program [] Cash Match Required: \$ _____ or _____%

6.a. Effective Dates (for new agreements only):
Start : October 1, 2019
End: September 30, 2020

6.b. Effective Dates (amendments only):
[] No Change
[] End date has changed from _____ to _____.
[] Term has from to .

7. Contract Administrator:
Name: Jorge A Hernández
Phone: 954-468-3501

8. Contract Type:
[] Cost reimbursement [] Open-end
[] Firm fixed price [] Time and materials
[] Performance-based [X] Other NO COST

9.a. Contract Value (new contracts)
Table with columns for Actual/Estimated and rows for Base amount, Reimbursables (0), Optional Services (0), Total contract value.

9.b. Contract Value (amendments only)
Table with columns for No change/Actual/Estimated and rows for Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method
[] Lump Sum Payment
[] Milestone or Progress-Based
[] Scheduled or Time-Based
[X] Other No Cost

11. Payment Terms
NOT APPLICABLE

12. Cost Adjustment
[X] Not Applicable [] Fixed Percentage - ___% [] Actual Cost
[] CPI or other Index [] Fixed Amount - \$_____ [] Other:

13. Equity Program Participation Summary
a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:
ADDITIONAL YEARLY RENEWAL OPTIONS UP TO FIVE (5) YEARS.

15. Termination and Cancellation Provisions
For Cause: SECTION 1.04
For Convenience: N/A

16. Deliverables, milestones or scope of this action:
N/A

17. List terms, considerations or deviations from standard county form.
The U.S. Government Simplified Lease Form is being used.



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[X] New Contract [] Amendment, Number [] Renewal [] Extension

3. Document Type (select one):
U.S. Government Simplified Lease

4. Purpose/Description:
To lease 70,373.7 square feet of land for radiation portal monitors and associated observation booth to the U.S. Customs and Border Protection

5. Special Provisions (select if applicable):
[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ _____ or _____%
[] CBE Program [] Cash Match Required: \$ _____ or _____%

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[] CPI or other Index [] Fixed Amount - \$_____ [] Other:

13. Equity Program Participation Summary
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b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

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15. Termination and Cancellation Provisions
For Cause: SECTION 1.04
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3. Document Type (select one):
U.S. Government Simplified Lease

4. Purpose/Description:
To lease 34,443.3 square feet of land for radiation portal monitors and associated observation booth to the U.S. Customs and Border Protection

5. Special Provisions (select if applicable):
[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ ___ or ___%
[] CBE Program [] Cash Match Required: \$ ___ or ___%

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3. Document Type (select one):
U.S. Government Simplified Lease

4. Purpose/Description:
To lease 43,485.1 square feet of land for an inspection facility to the U.S. Customs and Border Protection

5. Special Provisions (select if applicable):
[] Living Wage Program [] SBE Sheltered Market Program
[] Workforce Investment Pilot Program [] M/WBE Program
[] Federal DBE/ACDBE program [] In-Kind Match Required: \$ ___ or ___ %
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