

2. AMENDMENT/MODIFICATION NO. 0016	3. EFFECTIVE DATE 10/17/2013	4. REQUISITION/PURCHASE REQ. NO. 14EM000056	5. PROJECT NO. (If applicable)
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6. ISSUED BY EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202	CODE 03001	7. ADMINISTERED BY (If other than Item 6) Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601
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8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) HPM CORPORATION Attn: LAURA MILLS 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 99382320	(x)	9A. AMENDMENT OF SOLICITATION NO.
		9B. DATED (SEE ITEM 11)
	x	10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043
		10B. DATED (SEE ITEM 13) 06/08/2012

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 is extended, is not extended. 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.

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.
X	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).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)

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.)

Tax ID Number: 91-2131802
DUNS Number: 012911892
Occupational Medical Services for DOE Hanford Site.

- The purpose of this zero dollar administrative modification is to reconcile funding balances that were reassigned between Performance Baseline Summaries (RL 11, 12, 13, 20, 30, and 40) due to funding shortfalls that resulted from the lapse in FY14 appropriations.
- All other terms and conditions remain unchanged.

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.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) John J. Wiltshire
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED
16B. UNITED STATES OF AMERICA Signature on File (Signature of Contracting Officer)	16C. DATE SIGNED 10/17/2013

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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>LIST OF CHANGES: Reason for Modification : Other Administrative Action Total Amount for this Modification: \$0.00 New Total Amount for this Award: \$98,712,733.33</p> <p>CHANGES FOR LINE ITEM NUMBER: 2</p> <p>NEW ACCOUNTING CODE ADDED: HPMC Fixed Price Fund 00000 Appr Year 0000 Allottee 00 Reporting Entity 000000 Object Class 00000 Program 0000000 Project 0000000 WFO 0000000 Local Use 0000000 Amount: \$0.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 3</p> <p>NEW ACCOUNTING CODE ADDED: HPMC Cost Reimbursable Fund 00000 Appr Year 0000 Allottee 00 Reporting Entity 000000 Object Class 00000 Program 0000000 Project 0000000 WFO 0000000 Local Use 0000000 Amount: \$0.00 Percent: 0</p> <p>Delivery Location Code: 00601 Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352 US</p> <p>FOB: Destination Period of Performance: 10/01/2012 to 09/30/2018</p> <p>Change Item 00002 to read as follows (amount shown is the total amount): Continued ...</p>				

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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00002	<p>OCCMED Hanford - Base (Years 1-2) FPAF Line item value is:: \$22,916,204.00 Incrementally Funded Amount: \$12,176,654.32</p> <p>Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: RL-41 - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: RLPD - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: ORP-PD - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: RL-13 - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: RL-13 - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: ORP-14 - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: RL-20 - Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: Continued ...</p>				22,916,204.00

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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00003	<p>Funded: \$0.00 Accounting Info: HPMC Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Funded: \$0.00 Accounting Info: HPMC Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Funded: \$0.00 Accounting Info: HPMC Cost Reimbursable Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Funded: \$0.00 Accounting Info: HPMC Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Funded: \$0.00 Accounting Info: HPMC Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Funded: \$0.00 Accounting Info: HPMC Fixed Price Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Change Item 00003 to read as follows (amount shown is the total amount):</p> <p>OCCMED Hanford - Base (Years 1-2) Cost Reimbursement Line item value is:: \$8,282,000.00 Incrementally Funded Amount: \$5,056,100.00</p> <p>Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000</p> <p>Funded: \$0.00 Accounting Info: RL-41 Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Continued ...</p>				8,282,000.00

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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Local Use: 0000000 Funded: \$0.00 Accounting Info: RLPD Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: ORP-PD Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: RL-13 Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: RL-13 Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: ORP-14 Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: RL-20 Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: EEOICPA Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Continued ...				

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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: HPMC Cost Reimbursable Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000 Funded: \$0.00				

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Transaction Information

IDV Type: Other IDC **Prepared Date:** 10/17/2013 16:33:09 **Prepared User:** BRENDA SVALADEZ
IDV Status: Final **Last Modified Date:** 10/21/2013 10:38:57 **Last Modified User:** JOHN_J_WILTSHIRE@RL.GOV

Document Information

	Agency	Procurement Identifier	Modification No
IDV ID:	8900	DEEM0002043	16
Referenced IDV ID:			
Reason For Modification:	OTHER ADMINISTRATIVE ACTION		
Solicitation ID:	DE-SOL-0002437		
	Agency Main Identifier	Sub Account	Initiative
Treasury Account Symbol:	89	0243	Select One

Dates

Date Signed: 10/17/2013
Effective Date: 10/17/2013
Last Date to Order: 09/30/2018

Amounts

	Current	Total
Action Obligation:	\$0.00	\$17,330,938.65
Base And All Options Value:	\$0.00	\$98,687,733.33

Purchaser Information

Contracting Office Agency ID: 8900	Contracting Office Agency Name: ENERGY, DEPARTMENT OF
Contracting Office ID: 00006	Contracting Office Name: RICHLAND OPERATIONS OFFICE
Funding Agency ID: 8900	Funding Agency Name: ENERGY, DEPARTMENT OF
Funding Office ID: 00006	Funding Office Name: RICHLAND OPERATIONS OFFICE
Foreign Funding: Not Applicable	

Contractor Information

SAM Exception: [Remove Exception](#)

DUNS No: 012911892	Street: 4304 W 24TH AVE # 100
Vendor Name: HPM CORPORATION	Street2:
DBAN:	City: KENNEWICK
	State: WA Zip: 993382320
	Country: UNITED STATES
	Phone: (509) 737-8939
	Fax No: (509) 737-8938
	Congressional District: WASHINGTON 04

Business Category

Organization Type: OTHER
Number of Employees: 65
State of Incorporation:
Country of Incorporation:
Annual Revenue: \$7,900,000

Socio Economic Data

- ✓ Minority Owned Business
- ✓ Other than one of the preceding
- ✓ Woman Owned Business
- Relationship With Federal Government**
- ✓ Both (Contracts and Grants)
- Organization Factors**
- ✓ For Profit Organization
- ✓ Subchapter S Corporation
- Certifications**
- ✓ SBA Certified Small Disadvantaged Business

[Show Details](#)

Contract Data

Type of Contract: Fixed Price Award Fee
Major Program: OCCUPATIONAL MEDIC
National Interest Action: None
Type of IDC: Indefinite Delivery / Indefinite Quantity
Multiple Or Single Award IDV: Single Award
Program Acronym:
Cost Or Pricing Data: Yes
Cost Accounting Standards Clause: Not Applicable exempt from CAS
Consolidated Contract: No
Undefinited Action: No
Multiyear Contract: No
Performance Based Service Acquisition: Yes - Service where PBA is used.

* FY 2004 and prior; 80% or more specified as performance requirement
 * FY 2005 and later; 50% or more specified as

performance requirement

Contingency Humanitarian Peacekeeping Operation:

Legislative Mandates

Clinger-Cohen Act:
 Service Contract Act:
 Walsh-Healey Act:
 Davis Bacon Act:

Inter Agency Contracting Authority

Interagency Contracting Authority:
 Other Interagency Contracting Statutory Authority:
 (1000 characters)

Contract Marketing Data

Website URL: (<http://www.fpds.gov>)
 Who Can Use:
 FIPS 95 codes / Other Text:
 Email Contact:
 Maximum Order Limit:
 Fee for Use of Service:
 Fixed %
 Varies by Amount Lower Value Upper Value
 Varies by Other Factor
 No Fee
 Ordering Procedure:
 (Optional if Website URL is provided, otherwise mandatory.)

Product Or Service Information

Product/Service Code: Description:
 Principal NAICS Code: Description:
 Claimant Program Code: Description:
 Bundled Contract:
 GFE/GFP Provided Under This Action:
 Recovered Materials/Sustainability: [OMB Policy on Sustainable Acquisition](#)
 Domestic or Foreign Entity:
 Sea Transportation:
 Description Of Contract Requirement:
 (4000 characters)

Competition Information

Extent Competed For Referenced IDV:
 Extent Competed:
 Solicitation Procedures:
 Type Of Set Aside:
 Evaluated Preference:
 SBIR/STTR:
 Fair Opportunity/Limited Sources:
 Other Than Full And Open Competition:
 Commercial Item Acquisition Procedures:
 A76 Action:
 FedBizOpps:
 Local Area Set Aside:
 Number Of Offers Received:
 Small Business Competitiveness Demonstration Program:
 Commercial Item Test Program:
 Preference Programs / Other Data
 Contracting Officer's Business Size Selection:
 Subcontract Plan: