

SOLICITATION, OFFER AND AWARD

1 THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

RATING

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2. CONTRACT NUMBER 89303320CEM000075	3. SOLICITATION NUMBER 89303318REM000012	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (FB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED 02/07/2019	6. REQUISITION/PURCHASE NUMBER 20EM001743
7. ISSUED BY EM -Environmental Mgmt Con Bus Ctr EMCBC U.S. Department of Energy EM Consolidated Business Center 550 Main Street, Room 7-010 Cincinnati OH 45202	CODE 893033	8. ADDRESS OFFER TO (if other than Item 7)		

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository/located in _____ until _____ (Hour) _____ local time _____ (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section I, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL: A. NAME Layne S. Papenfuss	AREA CODE 509	NUMBER 376-3769	EXT. 07	B. TELEPHONE (NO COLLECT CALLS)	C. E-MAIL ADDRESS Layne_papenfuss@corp.doe.gov

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(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE							
<input type="checkbox"/>	A	SOLICITATION/CONTRACT FORM		<input type="checkbox"/>	I	CONTRACT CLAUSES	
<input type="checkbox"/>	B	SUPPLIES OR SERVICES AND PRICES/COSTS		PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
<input type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT		<input type="checkbox"/>	J	LIST OF ATTACHMENTS	
<input type="checkbox"/>	D	PACKAGING AND MARKING		PART IV - REPRESENTATIONS AND INSTRUCTIONS			
<input type="checkbox"/>	E	INSPECTION AND ACCEPTANCE		<input type="checkbox"/>	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
<input type="checkbox"/>	F	DELIVERIES OR PERFORMANCE		<input type="checkbox"/>	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
<input type="checkbox"/>	G	CONTRACT ADMINISTRATION DATA		<input type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD	
<input type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS					

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ 0 _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s) within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8)		10 CALENDAR DAYS (%) NET 30	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
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14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE 117009144	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)
Hanford Laboratory Management and Integration LLC Attn: Susana Navarro-Valenti 710 George Washington Way Ste J Richland WA 993524254			

15B. TELEPHONE NUMBER	EXT.	16C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE
		<input type="checkbox"/>		

AWARD (To be completed by government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT \$389,110,769.96	21. ACCOUNTING AND APPROPRIATION TANK FALTIMS	ITEM
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22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c)) <input type="checkbox"/> 41 U.S.C. 253 (c))	23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)	24. ADMINISTERED BY (If other than Item 7) See Schedule G	25. PAYMENT WILL BE MADE BY See Schedule G	CODE 00524
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26. NAME OF CONTRACTING OFFICER (Type or print) Kimberly A. Tate	27. UNITED STATES OF AMERICA Original signed	28. AWARD DATE 9/29/2020
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(Signature of Contracting Officer)

IMPORTANT - Award will be made on this Form, or on Standard Form 28, or by other authorized official written notice. AUTHORIZED FOR LOCAL REPRODUCTION Previous edition is unusable

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
89303320CEM000075

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NAME OF OFFEROR OR CONTRACTOR
Hanford Laboratory Management and Integration LLC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	DUNS Number: 117009144 Payment: OR for ORP U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Fund: 01250 Appr Year: 2020 Allottee: 34 Report Entity: 421301 Object Class: 25422 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0000000 Period of Performance: 09/29/2020 to 09/28/2025				
00010	Transition (100 calendar days included in the 60-month Base Period of Performance) Line item value is: \$1,440,494.10 Incrementally Funded Amount: \$1,440,494.10				1,440,494.10
00020	Standard Operations. See Section C.2 of the contract for details.				181,811,011.33
00021	Enhanced Operations CLIN. See Section C.5 of the Contract for details. Amount: \$9,356,197.63 (Option Line Item) CLIN 0021 will be executed upon written notification from the U.S. Department of Energy (DOE) Contracting Officer (CO).				9,356,197.63
00030	Hanford Site Benefits Plans CLIN. See Section C.6 of the Contract for details.				40,142,498.30
00040	Usage-Based Services Provided CLIN. Costs offset by UBS Reimbursement from OHCs. See Section C.4 for details.				1,038,408.71
00041	Usage-Based Services Received CLIN. See Section C.4 of the Contract for details.				31,096,806.67
01020	Option 1 Standard Operations CLIN. See Section C.2 of the Contract for details. Amount: \$40,272,473.78 (Option Line Item)				40,272,473.78
01021	Option 1 Enhanced Operations CLIN. See Section C.5 of the Contract for details. Amount: \$4,455,920.98 (Option Line Item)				4,455,920.98
01030	Option 1 Hanford Site Benefit Plans CLIN. See Section C.6 of the Contract for details. Continued ...				8,967,769.14

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
89303320CEM000075

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NAME OF OFFEROR OR CONTRACTOR
Hanford Laboratory Management and Integration LLC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Amount: \$8,967,769.14 (Option Line Item)				
01040	Option 1 Usage-Based Services Provided CLIN. Costs offset by UBS Reimbursement from OHCs. See Section C.4 for details. Amount: \$266,414.08 (Option Line Item)				266,414.08
01041	Option 1 Usage-Based Services Received CLIN. See Section C.4 for details. Amount: \$7,501,884.51 (Option Line Item)				7,501,884.51
02020	Option 2 Standard Operations CLIN. See Section C.2 for details Amount: \$41,165,540.91 (Option Line Item)				41,165,540.91
02021	Option 2 Enhanced Operations CLIN. See Section C.5 of the Contract for details. Amount: \$4,558,262.76 (Option Line Item)				4,558,262.76
02030	Option 2 Hanford Site Benefit Plans CLIN. See Section C.6 for details. Amount: \$8,882,548.62 (Option Line Item)				8,882,548.62
02040	Option 2 Usage-Based Services Provided CLIN. Costs offset by UBS Reimbursement. Amount: \$272,532.98 (Option Line Item)				272,532.98
02041	Option 2 Usage-Based Services Received CLIN. See Section C.4 for details. Amount: \$7,882,005.46 (Option Line Item)				7,882,005.46

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING	PAGE OF PAGES 1 655	
2. CONTRACT NUMBER		3. SOLICITATION NUMBER 89303318REM000012	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED B D (FB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED 02/07/2019	6. REQUISITION/PURCHASE NUMBER
7. ISSUED BY CODE 893033 EM -Environmental Mgmt Con Bus Ctr EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202		8. ADDRESS OFFER TO (If other than Item 7)			

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and See Section L.8 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in _____ until 1600 ET local time 04/09/2019
(Hour) (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME William B. HENSLEY	B. TELEPHONE (NO COLLECT CALLS)			C. E-MAIL ADDRESS bill.hensley@emcbc.doe.go
		AREA CODE 513	NUMBER 246-0061	EXT.	v

11. TABLE OF CONTENTS

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
<input checked="" type="checkbox"/>	A	SOLICITATION/CONTRACT FORM	3	<input checked="" type="checkbox"/>	I	CONTRACT CLAUSES	57
<input checked="" type="checkbox"/>	B	SUPPLIES OR SERVICES AND PRICES/COSTS	21	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
<input checked="" type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT	58	<input checked="" type="checkbox"/>	J	LIST OF ATTACHMENTS	316
<input checked="" type="checkbox"/>	D	PACKAGING AND MARKING	6	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
<input checked="" type="checkbox"/>	E	INSPECTION AND ACCEPTANCE	8	<input checked="" type="checkbox"/>	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	18
<input checked="" type="checkbox"/>	F	DELIVERIES OR PERFORMANCE	6	<input checked="" type="checkbox"/>	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	79
<input checked="" type="checkbox"/>	G	CONTRACT ADMINISTRATION DATA	10	<input checked="" type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD	12
<input checked="" type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS	61				

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within 545 calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8)	<input type="checkbox"/> 10 CALENDAR DAYS (%)	<input type="checkbox"/> 20 CALENDAR DAYS (%)	<input type="checkbox"/> 30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
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14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
	001	3/26/2019	004	6/16/2020
	002	3/28/2019	005	7/15/2020
	003	4/7/2020	006	9/3/2020

15A. NAME AND ADDRESS OF OFFEROR	CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)
Hanford Laboratory Management and Integration, LLC 710 George Washington Way, Suite J Richland, WA 99352-4254			Susana Navarro-Valenti HLMI Board Chair

15B. TELEPHONE NUMBER	15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE	17. SIGNATURE Original signed <i>[Signature]</i>	18. OFFER DATE 9-8-2020
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AWARD (To be completed by government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT	21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()		23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)	ITEM
24. ADMINISTERED BY (if other than Item 7)	CODE	25. PAYMENT WILL BE MADE BY	CODE
26. NAME OF CONTRACTING OFFICER (Type or print) William B. Hensley		27. UNITED STATES OF AMERICA Original signed <i>[Signature]</i> (Signature of Contracting Officer)	28. AWARD DATE

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	FOB: Destination				
00010	Transition (100 calendar days included in the 60-month Base Period of Performance)				
00020	Standard Operations CLIN				
00021	Enhanced Operations CLIN				
00030	Hanford Site Benefits Plans CLIN				
00040	Usage-Based Services Provided CLIN				
00041	Usage-Based Services Received CLIN				
01020	Option 1 Standard Operations CLIN (Option Line Item)				
01021	Option 1 Enhanced Operations CLIN (Option Line Item)				
01030	Option 1 Hanford Site Benefit Plans CLIN (Option Line Item)				
01040	Option 1 Usage-Based Services Provided CLIN (Option Line Item)				
01041	Option 1 Usage-Based Services Received CLIN (Option Line Item)				
02020	Option 2 Standard Operations CLIN (Option Line Item)				
02021	Option 2 Enhanced Operations CLIN (Option Line Item)				
02030	Option 2 Hanford Site Benefit Plans CLIN Continued ...				

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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	(Option Line Item)				
02040	Option 2 Usage-Based Services Provided CLIN (Option Line Item)				
02041	Option 2 Usage-Based Services Received CLIN (Option Line Item)				