AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

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2. AMENDMENT/MODIFICATION NO. P00002

3. EFFECTIVE DATE See Block 16C

4. REQUISITION/PURCHASE REQ. NO. 20EM002367

5. PROJECT NO. *(If applicable)*

6. ISSUED BY CODE 893039

Richland Operations Office
U.S. Department of Energy
Richland Operations Office
P.O. Box 550, MSIN H5-20
Richland WA 99352

7. ADMINISTERED BY *(If other than Item 6)* CODE 00601

Richland Operations Office
U.S. Department of Energy
Richland Operations Office
P.O. Box 550, MSIN H5-20
Richland WA 99352

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

HPM CORPORATION
Attn: Erin Phillips
4304 W. 24TH AVE.
SUITE 100
KENNEWICK WA 99338

CODE 012911892 FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

x 10A. MODIFICATION OF CONTRACT/ORDER NO. 89303919DEM000005
89303920FEM400020

10B. DATED *(SEE ITEM 13)* 02/04/2020

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 electronic communication 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 letter or electronic communication, provided each letter or electronic communication 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)*

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).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 43.103(a), Mutual Agreement of the Parties
	D. OTHER *(Specify type of modification and authority)*

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.)*

DUNS Number: 012911892
This modification moves $35,741.33 from the base period to the option period. The total obligation remains $142,476.91, which the Contractor exceeds at its own risk. The total amount/ceiling remains $178,218.24.

LIST OF CHANGES:
Reason for Modification: Supplemental Agreement for work within scope
New Total Amount for this Version: $178,218.24
New Total Amount for this Award: $178,218.24

CHANGES FOR LINE ITEM NUMBER: 1
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A 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)*
Marcy J. Aplet-Zelen

15B. CONTRACTOR/OFFEROR
(Signature of person authorized to sign)

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA
Marcy Aplet-Zelen
(Signature of Contracting Officer)

Marcy J. Aplet-Zelen

16C. DATE SIGNED 2020.09.29 14:46:28 -07'00'

NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Obligated Amount for this Modification: -$35,741.33 Incremental Funded Amount changed from $142,476.91 to $106,735.58 CHANGES FOR LINE ITEM NUMBER: 2 Obligated Amount for this Modification: $35,741.33 Incremental Funded Amount changed from $0.00 to $35,741.33 Payment: VIPERS https://vipers.doe.gov Any questions, please contact by call/email 855-384-7377 or VipersSupport@hq.doe.gov Fund: 01250 Appr Year: 2020 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Period of Performance: 02/04/2020 to 12/31/2020 Change Item 00001 to read as follows(amount shown is the total amount):				
00001	Base Period - Time & Material Negotiated and agreed to by letter 20-HPMC-OMS-PM-032 Health Information Management Specialist at $35.18 per hour Materials (e.g., other direct costs, equipment, property, subcontracts) Line item value is: $142,476.91 Incrementally Funded Amount: $106,735.58				142,476.91
	Change Item 00002 to read as follows(amount shown is the total amount):				
00002	Option Period - Time & Material Negotiated and agreed to by letter 20-HPMC-OMS-PM-032 Health Information Management Specialist at $35.18 per hour Materials (e.g., other direct costs, equipment, property, subcontracts) Line item value is: $35,741.33 Incrementally Funded Amount: $35,741.33				35,741.33