

2. AMENDMENT/MODIFICATION NO. 0002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 17EM000616	5. PROJECT NO. (If applicable)
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6. ISSUED BY Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601	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: Erica Ramos 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 DE-DT0012621
		10B. DATED (SEE ITEM 13) 12/07/2016
CODE    012911892	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  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) Tank Farms Funding	Net Increase:	\$250,000.00
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**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 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:
X	D. OTHER (Specify type of modification and authority) Unilateral, Contract Clauses B.19(d) Obligation of Funds and FAR 43.103(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.)

Tax ID Number: 91-2131802  
DUNS Number: 012911892

This Task Order is subject to base Contract DE-EM0002043 Clause I.70 FAR 52.232-18 Availability of Funds.  
This modification provides \$250,000.00 of incremental funding increasing the total obligation from \$250,000.00 to \$500,000.00 which the Contractor exceeds at its own risk. The total amount of the task order remains \$798,269.84.

This modification also specifies the acceptance of the new labor categories with fully burdened rates as proposed, shift differential as proposed, fixed-fee amount of \$5,994.30 as proposed with invoicing instructions.

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 Signature on File _____ (Signature of Contracting Officer)	16C. DATE SIGNED 01/06/2017

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
DE-EM0002043/DE-DT0012621/0002

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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>All other terms and conditions remain unchanged.</p> <p>LIST OF CHANGES: Reason for Modification : Funding Only Action New Total Amount for this Award: \$798,269.84 Obligated Amount for this Modification: \$250,000.00 New Total Obligated Amount for this Award: \$500,000.00 Incremental Funded Amount changed: from \$250,000.00 to \$500,000.00 New Issuing Address: Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352</p> <p>CHANGES FOR LINE ITEM NUMBER: 1 Description changed from DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Labor Hour with Ceiling of \$710,245.77 which the Contractor exceeds at its own risk. Includes a guarantee of 3 hours of fixed-hourly wages for the following labor categories while in an on-call status during the assigned shift: X-Ray Technician, Medical Assistant, Registered Nurse, Physician Assistant, and Nurse Practitioner. This excludes Site closures, early releases, and stop-works prior to the start of the assigned on-call shift.</p> <p>to DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Labor Hour with Ceiling of \$710,245.77 which the Contractor exceeds at its own risk. New labor categories with fully burdened rates as proposed and shift differential as proposed. Includes a guarantee of 3 hours of fixed-hourly wages for the following labor categories while in an on-call status during the assigned shift: X-Ray Technician, Medical Assistant, Registered Nurse, Physician Assistant, and Nurse Practitioner. This excludes Site closures, early releases, and stop-works prior to the start of the assigned on-call shift. Obligated Amount for this modification: \$250,000.00 Incremental Funded Amount changed from Continued ...</p>				

**CONTINUATION SHEET**

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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)
00001	<p>\$200,000.00 to \$450,000.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 2 Description changed from DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Other Direct Costs (as needed) Not-To-Exceed \$65,937.26.</p> <p>Cost Reimbursable Costs(with no fee, as needed), Not-To-Exceed \$22,086.81</p> <p>to DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Other Direct Costs (as needed) Not-To-Exceed \$65,937.26.</p> <p>Fixed Fee for this task order is \$5,994.30 to be invoiced in equal parts over the period of performance</p> <p>Cost Reimbursable Costs(with no fee, as needed), Not-To-Exceed \$22,086.81</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>Payment: OR for ORP U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831</p> <p>Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421301 Object Class: 25610 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0000000</p> <p>FOB: Destination Period of Performance: 12/08/2016 to 03/13/2017</p> <p>Change Item 00001 to read as follows (amount shown is the total amount):</p> <p>DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Labor Hour with Ceiling of \$710,245.77 which the Contractor exceeds at its own risk. New labor categories with fully burdened rates as proposed and shift differential as proposed. Continued ...</p>				710,245.77

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
DE-EM0002043/DE-DT0012621/0002

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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>Includes a guarantee of 3 hours of fixed-hourly wages for the following labor categories while in an on-call status during the assigned shift: X-Ray Technician, Medical Assistant, Registered Nurse, Physician Assistant, and Nurse Practitioner. This excludes Site closures, early releases, and stop-works prior to the start of the assigned on-call shift. Line item value is:: \$710,245.77 Incrementally Funded Amount: \$450,000.00</p> <p>Change Item 00002 to read as follows (amount shown is the total amount):</p> <p>DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Other Direct Costs (as needed) Not-To-Exceed \$65,937.26. Fixed Fee for this task order is \$5,994.30 to be invoiced in equal parts over the period of performance.</p> <p>Cost Reimbursable Costs (with no fee, as needed), Not-To-Exceed \$22,086.81 Line item value is:: \$88,024.07 Incrementally Funded Amount: \$50,000.00</p>				88,024.07