

2. AMENDMENT/MODIFICATION NO. 0004	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 17EM002367	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 Decrease:	-\$246,431.70
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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).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Task Order Clause FAR 52.232-7 (d), FAR 43.103(a) Mutual Agreement of the Parties, & FAR 4.804-1 Closeout
	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.)

Tax ID Number: 91-2131802
DUNS Number: 012911892
This modification de-obligates unused funds from the expired Task Order in preparation for closeout. This modification decreases the task order total obligation by \$246,431.70 from \$500,000.00 to \$253,568.30, which the Contractor exceeds at its own risk. The total amount of the contract is decreased by \$544,701.54 from \$798,269.84 to \$253,568.30.

All other terms and conditions remain unchanged.

LIST OF CHANGES:

Reason for Modification : Supplemental Agreement for work within scope
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 <i>(Signature of person authorized to sign)</i>	15C. DATE SIGNED
	16B. UNITED STATES OF AMERICA Signature on File <i>(Signature of Contracting Officer)</i>
	16C. DATE SIGNED 09/11/2017

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 4
2. AMENDMENT/MODIFICATION NO. 0004	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 17EM002367	5. PROJECT NO. (If applicable)
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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CODE 012911892	FACILITY CODE	x 10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043 DE-DT0012621	10B. DATED (SEE ITEM 13) 12/07/2016

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12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Decrease: -\$246,431.70
Tank Farms Funding

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LIST OF CHANGES:

Reason for Modification : Supplemental Agreement for work within scope

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)

ERIC RAMOS CONTRACTS MGR.

Marcy J. Aplet-Zelen

15B. CONTRACTOR/OFFEROR

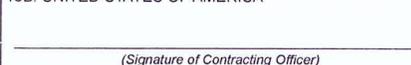
15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED



9/11/17



NSN 7540-01-152-8070

Previous edition unusable

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA

FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
DE-EM0002043/DE-DT0012621/0004

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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>Total Amount for this Modification: -\$544,701.54 New Total Amount for this Award: \$253,568.30 Obligated Amount for this Modification: -\$246,431.70 New Total Obligated Amount for this Award: \$253,568.30 Incremental Funded Amount changed: from \$500,000.00 to \$253,568.30</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. 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.</p> <p>Change to: DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Labor Hour with Ceiling of \$227,768.30 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.</p> <p>Total Amount changed from \$710,245.77 to \$227,768.30 Obligated Amount for this modification: -\$222,231.70 Incremental Funded Amount changed from \$450,000.00 to \$227,768.30</p> <p>CHANGES FOR LINE ITEM NUMBER: 2 Description changed from DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING 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)
	<p>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 provided 10% shall be withheld by the Government and paid in accordance with clause FAR 52.216-8. Cost Reimbursable Costs(with no fee, as needed), Not-To-Exceed \$22,086.81</p> <p>Change to: DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ Other Direct Costs (as needed) and Cost Reimbursable Costs (with no fee, as needed) Not-To-Exceed \$25,800.00. Fixed Fee for this task order is \$5,994.30 to be invoiced in equal parts over the period of performance provided 10% shall be withheld by the Government and paid in accordance with clause FAR 52.216-8.</p> <p>Total Amount changed from \$88,024.07 to \$25,800.00 Obligated Amount for this modification: -\$24,200.00 Incremental Funded Amount changed from \$50,000.00 to \$25,800.00</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 FOB: Destination Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING 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)
00001	<p>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 \$227,768.30 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. Line item value is:: \$227,768.30 Incrementally Funded Amount: \$227,768.30</p>				227,768.30
00002	<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) and Cost Reimbursable Costs (with no fee, as needed) Not-To-Exceed \$25,800.00. Fixed Fee for this task order is \$5,994.30 to be invoiced in equal parts over the period of performance provided 10% shall be withheld by the Government and paid in accordance with clause FAR 52.216-8. Line item value is:: \$25,800.00 Incrementally Funded Amount: \$25,800.00</p>				25,800.00