

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES	
						1 5	
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
0010		See Block 16C		19EM000448			
6. ISSUED BY		CODE		7. ADMINISTERED BY (If other than Item 6)		CODE	
		893039				00601	
Richlands Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN H5-20 Richland WA 99352				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)				(x)			
HPM CORPORATION Attn: Erin Phillips 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 99382320				9A. AMENDMENT OF SOLICITATION NO.			
				9B. DATED (SEE ITEM 11)			
				10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043 DE-DT0012690			
CODE		FACILITY CODE		10B. DATED (SEE ITEM 13)			
012911892				01/05/2017			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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)				Net Increase:		\$85,000.00	
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.						
	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, Base Contract Sections B.19(d) Obligation of Funds & I.70 FAR 52.232-18 Availability of Funds						
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> 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.)							
DUNS Number: 012911892							
This Task Order is subject to base Contract DE-EM0002043 Clause I.70 FAR 52.232-18 Availability of Funds and Task Order Clause FAR 52.232-7 Payments Under Time-and-Materials and Labor-Hour Contracts. In accordance with base Contract Clause I.139 FAR 52.216-18 Ordering, all Terms and Conditions of Contract DE-EM0002043 are incorporated by reference.							
This modification provides \$85,000.00 of incremental funding increasing the total obligation from \$387,649.98 to \$472,649.98 which the Contractor exceeds at its own risk. The total amount/ceiling for the task order remains \$682,834.17.							
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		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
				Signature on File		12/21/2018	
(Signature of person authorized to sign)				(Signature of Contracting Officer)			

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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:</p> <p>Reason for Modification : Funding Only Action</p> <p>Obligated Amount for this Modification: \$85,000.00</p> <p>New Total Obligated Amount for this Award:</p> <p>\$472,649.98</p> <p>Incremental Funded Amount changed: from</p> <p>\$387,649.98 to \$472,649.98</p> <p>CHANGES FOR LINE ITEM NUMBER: 1</p> <p>Obligated Amount for this modification: \$85,000.00</p> <p>Incremental Funded Amount changed from</p> <p>\$384,971.66 to \$469,971.66</p> <p>Payment:</p> <p>VIPERS</p> <p>https://vipers.doe.gov</p> <p>Any questions, please contact</p> <p>by call/email 855-384-7377 or</p> <p>VipersSupport@hq.doe.gov</p> <p>FOB: Destination</p> <p>Period of Performance: 01/05/2017 to 12/31/2018</p> <p>Change Item 00001 to read as follows (amount shown is the total amount):</p>				
00001	<p>Labor (direct and subcontract)</p> <p>Total labor with the ceiling of \$680,155.85 which the Contractor exceeds at its own risk.</p> <p>DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ</p> <p>Fiscal Year 2017 - labor categories with fully burdened fixed hourly rates (direct and subcontract) as proposed in contractor's proposal 17HPM001S-Reissue.</p> <p>Labor categories with fully burdened fixed hourly rates in accordance with base Contract Section B.14 as proposed.</p> <p>DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six, Year Seven (three-month extension)) IDIQ</p> <p>Fiscal Year 2018 - labor categories with fully burdened fixed hourly rates (direct and</p> <p>Continued ...</p>				680,155.85

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NAME OF OFFEROR OR CONTRACTOR

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	subcontract) as proposed in contractor's proposal 18-HPMC-OMS-PM-044. Labor categories with fully burdened fixed hourly rates in accordance with base Contract Section B.17 as proposed. Line item value is: \$680,155.85 Incrementally Funded Amount: \$469,971.66 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00 Continued ...				

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NAME OF OFFEROR OR CONTRACTOR
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00002	<p>Accounting Info: Fund: 01250 Appr Year: 2019 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$85,000.00</p> <p>Change Item 00002 to read as follows (amount shown is the total amount):</p> <p>Other Direct Costs/Cost Reimbursables</p> <p>Total Other Direct Costs/Cost Reimbursables ceiling of \$2,678.32 which the Contractor exceeds at its own risk.</p> <p>DE-EM0002043 CLIN 0013 OCCMED Hanford - Option Period 3 (Year Five) IDIQ and DE-EM0002043 CLIN 0016 OCCMED Hanford - Option Period 4 (Year Six, Year Seven (three-month extension)) IDIQ</p> <p>Other Direct Costs/Cost Reimbursables as proposed for Fiscal Year 2017 in contractor's proposal 17HPM001S-Reissue and for Fiscal Year 2018 in contractor's proposal 18-HPMC-OMS-PM-044. Line item value is: \$2,678.32 Incrementally Funded Amount: \$2,678.32</p> <p>Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0000000 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: Continued ...</p>				2,678.32

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000 Funded: \$0.00				