

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1   3
2. AMENDMENT/MODIFICATION NO. 0015	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 19EM001050	5. PROJECT NO. (If applicable)
6. ISSUED BY Richlands Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN H5-20 Richland WA 99352	CODE 893039	7. ADMINISTERED BY (If other than Item 6) Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN H5-20 Richland WA 99352	CODE 00601
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		(x)	9A. AMENDMENT OF SOLICITATION NO.
CODE 012911892			9B. DATED (SEE ITEM 11)
FACILITY CODE		x	10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043 DE-DT0012690
			10B. DATED (SEE ITEM 13) 01/05/2017

**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) Net Increase: \$70,000.00  
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.20, I.70 FAR 52.232-18, and FAR 52.232-7

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.)

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 \$70,000.00 of incremental funding, increasing the total obligations from \$782,649.98 to \$852,649.98, which the Contractor exceeds at its own risk. The total Task Order/Ceiling amount is increased by \$70,000.00 from \$782,834.17 to \$852,834.17.

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  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA Signature on File (Signature of Contracting Officer)	16C. DATE SIGNED 03/19/2019

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
DE-EM0002043/DE-DT0012690/0015

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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 Total Amount for this Modification: \$70,000.00 New Total Amount for this Award: \$852,834.17 Obligated Amount for this Modification: \$70,000.00 New Total Obligated Amount for this Award: \$852,649.98 Incremental Funded Amount changed: from \$782,649.98 to \$852,649.98</p> <p>CHANGES FOR LINE ITEM NUMBER: 2 Description changed from Other Direct Costs/Cost Reimbursables</p> <p>Total Other Direct Costs/Cost Reimbursables ceiling of \$117,678.32 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 (six-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. to Other Direct Costs/Cost Reimbursables</p> <p>Total Other Direct Costs/Cost Reimbursables ceiling of \$187,678.32 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 (six-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.</p> <p>Total Amount changed from \$117,678.32 to \$187,678.32 Obligated Amount for this modification: \$70,000.00 Incremental Funded Amount changed from \$117,678.32 to \$187,678.32 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>CHANGES FOR DELIVERY LOCATION: 00601 Amount changed from \$117,678.32 to \$187,678.32</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: VIPERS <a href="https://vipers.doe.gov">https://vipers.doe.gov</a> Any questions, please contact by call/email 855-384-7377 or <a href="mailto:VipersSupport@hq.doe.gov">VipersSupport@hq.doe.gov</a></p> <p>FOB: Destination Period of Performance: 01/05/2017 to 03/31/2019</p>				