

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	RATING	PAGE OF PAGES 1 80	
2. CONTRACT NUMBER 89303919DEM000005		3. SOLICITATION NUMBER 89303318REM000011	4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)	5. DATE ISSUED 08/01/2018	6. REQUISITION/PURCHASE NUMBER 19EM000508
7. ISSUED BY EM -Environmental Mgmt Con Bus Ctr EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202		CODE 893033	8. ADDRESS OFFER TO (If other than Item 7)		

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and _____ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in _____ until _____ local time _____ (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME William B. HENSLEY	B. TELEPHONE (NO COLLECT CALLS)			C. E-MAIL ADDRESS bill.hensley@emcbc.doe.gov
		AREA CODE 513	NUMBER 246-0061	EXT.	

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(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
<input checked="" type="checkbox"/>	A	SOLICITATION/CONTRACT FORM	2	<input checked="" type="checkbox"/>	I	CONTRACT CLAUSES	52
<input checked="" type="checkbox"/>	B	SUPPLIES OR SERVICES AND PRICES/COSTS	20	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
<input checked="" type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT	52	<input checked="" type="checkbox"/>	J	LIST OF ATTACHMENTS	373
<input checked="" type="checkbox"/>	D	PACKAGING AND MARKING	6	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
<input checked="" type="checkbox"/>	E	INSPECTION AND ACCEPTANCE	6	<input type="checkbox"/>	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
<input checked="" type="checkbox"/>	F	DELIVERIES OR PERFORMANCE	8	<input type="checkbox"/>	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
<input checked="" type="checkbox"/>	G	CONTRACT ADMINISTRATION DATA	10	<input type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD	
<input checked="" type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS	74				

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT <i>(See Section I, Clause No. 52.232.8)</i>	10 CALENDAR DAYS (%) NET 30	20 CALENDAR DAYS (%)	30 CALENDAR DAYS (%)	CALENDAR DAYS (%)
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14. ACKNOWLEDGEMENT OF AMENDMENTS <i>(The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):</i>	AMENDMENT NO.	DATE	AMENDMENT NO.	DATE

15A. NAME AND ADDRESS OF OFFEROR	CODE 012911892	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER <i>(Type or print)</i>
HPM CORPORATION Attn: Shanna Reynolds 4304 W. 24TH AVE. SUITE 100 KENNEWICK WA 99338			

15B. TELEPHONE NUMBER	15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.	17. SIGNATURE	18. OFFER DATE
AREA CODE NUMBER EXT.	<input type="checkbox"/>		

AWARD (To be completed by government)

19. ACCEPTED AS TO ITEMS NUMBERED	20. AMOUNT \$132,198,888.00	21. ACCOUNTING AND APPROPRIATION See schedule	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()		23. SUBMIT INVOICES TO ADDRESS SHOWN IN <i>(4 copies unless otherwise specified)</i>	ITEM
24. ADMINISTERED BY (If other than Item 7) See Schedule G	CODE 00601	25. PAYMENT WILL BE MADE BY See Schedule G	CODE VIPERS
26. NAME OF CONTRACTING OFFICER (Type or print) William B. Hensley		27. UNITED STATES OF AMERICA Signature on File <i>(Signature of Contracting Officer)</i>	28. AWARD DATE 12/31/2018

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.
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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)
	DUNS Number: 012911892 See Attached Summary Delivery Location Code: 00601 Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN H5-20 Richland WA 99352 US Payment: VIPERS https://vipers.doe.gov Any questions, please contact by call/email 855-384-7377 or VipersSupport@hq.doe.gov FOB: Destination Period of Performance: 12/31/2018 to 12/31/2021				
00001	Contract Transition				0.00
00002	Occupational Medical Services - Firm-Fixed Price Line item value is: \$36,671,974.00 Incrementally Funded Amount: \$3,244,589.67 Accounting Info: Fund: 01250 Appr Year: 2019 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0421508 Funded: \$3,244,589.67				36,671,974.00
00003	Occupational Medical Support Services - Cost Reimbursement Line item value is: \$14,893,486.00 Incrementally Funded Amount: \$1,433,962.67 Accounting Info: Fund: 01250 Appr Year: 2019 Allottee: 34 Report Entity: 421601 Object Class: 25610 Program: 1111668 Project: 0004626 WFO: 0000000 Local Use: 0421509 Funded: \$1,433,962.67				14,893,486.00
00004	Indefinitely Delivery/Indefinitely Quantity Support Services				0.00
00005	OccMed Hanford - Option Period 1 (years four and five) FFP Amount: \$28,301,952.00 (Option Line Item) Continued ...				28,301,952.00

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
89303919DEM000005

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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)
	Delivery: 12/31/2021				
00006	OccMed Hanford - Option Period 1 (years four and five) Cost Reimbursement Amount: \$11,127,121.00 (Option Line Item)				11,127,121.00
	Delivery: 12/31/2021				
00007	OccMed Hanford - Option Period 1 (years four and five) IDIQ Amount: \$0.00 (Option Line Item)				0.00
00008	OccMed Hanford - Option Period 2 (years six and seven) FFP Amount: \$29,734,738.00 (Option Line Item)				29,734,738.00
	Delivery: 12/31/2023				
00009	OccMed Hanford - Option Period 2 (years six and seven) Cost Reimbursement Amount: \$11,469,617.00 (Option Line Item)				11,469,617.00
	Delivery: 12/31/2023				
00010	OccMed Hanford - Option Period 2 (years six and seven) IDIQ Amount: \$0.00 (Option Line Item)				0.00

SOLICITATION, OFFER AND AWARD		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING	PAGE OF PAGES 1 696	
2. CONTRACT NUMBER 89303919CEM000011		3. SOLICITATION NUMBER 89303318REM000011		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP)		5. DATE ISSUED 06/14/2018
7. ISSUED BY EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202		CODE 03001	8. ADDRESS OFFER TO (If other than item 7)			

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and See Section L.8 copies for furnishing the supplies or services in the Schedule will be received at the place specified in item 8, or if hand carried, in the depository located in _____ until **1600 ET** local time **08/14/2018**
(Hour) (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:	A. NAME William B. HENSLEY	B. TELEPHONE (NO COLLECT CALLS)			C. E-MAIL ADDRESS bill.hensley@emcbc.doe.gov
		AREA CODE 513	NUMBER 246-0061	EXT.	

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<input checked="" type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT	54	<input checked="" type="checkbox"/>	J	LIST OF ATTACHMENTS	372
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<input checked="" type="checkbox"/>	F	DELIVERIES OR PERFORMANCE	8	<input checked="" type="checkbox"/>	L	INSTRS., CONDS., AND NOTICES TO OFFERORS	64
<input checked="" type="checkbox"/>	G	CONTRACT ADMINISTRATION DATA	10	<input checked="" type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD	12
<input checked="" type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS	74				

OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within **365** calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8)

<input type="checkbox"/>	10 CALENDAR DAYS (%)	<input type="checkbox"/>	20 CALENDAR DAYS (%)	<input type="checkbox"/>	30 CALENDAR DAYS (%)	<input type="checkbox"/>	CALENDAR DAYS (%)
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14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):

AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
Amendment 0001	07/27/2018		
Amendment 0002	08/01/2018		

15. NAME AND ADDRESS OF OFFEROR HPM Corporation 4304 W. 24th Ave., Suite 100 Kennewick, WA 99338	CODE 1WHJ8	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print) Scott A. Brodeur, President & CEO

15B. TELEPHONE NUMBER		15C. CHECK IF REMITTANCE ADDRESS		17. SIGNATURE 	18. OFFER DATE 08/10/2018
AREA CODE 509	NUMBER 737-8939	<input type="checkbox"/> IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE.			

AWARD (To be completed by government)

19. ACCEPTED AS TO ITEMS NUMBERED See Schedule		20. AMOUNT \$152,198,889.00		21. ACCOUNTING AND APPROPRIATION See Schedule	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) ()			23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) See Section G		
24. ADMINISTERED BY (If other than item 7) Richland Operations Office (RL)			25. PAYMENT WILL BE MADE BY Oak Ridge Financial Services for RL		
26. NAME OF CONTRACTING OFFICER (Type or print) William B. Hensley			27. UNITED STATES OF AMERICA (Signature of Contracting Officer)		28. AWARD DATE 12/31/2018

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.
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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)
	FOB: Destination				
00001	Contract Transition				See Section B
00002	Occupational Medical Services - Firm-Fixed Price				See Section B
00003	Occupational Medical Support Services - Cost Reimbursement				See Section B
00004	Indefinitely Delivery/Indefinitely Quantity Support Services				See Section B