



National Council on Radiation Protection and Measurements

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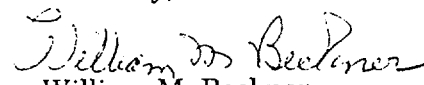
Radioactive and Mixed Waste
Michael T. Ryan
768 Glossy Ibis Lane
Kiawah Island, SC 29445
(803) 792-1926

August 10, 1998

Ms. Mona Selden
U.S. Nuclear Regulatory Commission
Division of Contracts
Mail Stop T 7 I 2
Washington, D.C. 20555

Dear Ms. Selden:

Enclosed is an original and two copies of Standard Form 270, Request for Advance or Reimbursement for Grant No. NRC 04-95-086 covering the period June 1, 1998 through June 30, 1998.

Sincerely,

William M. Beckner
Executive Director

WMB/sja

Enclosure

A nongovernment,
not-for-profit,
congressionally chartered,
public service organization

Also

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

| | | |
|--------------------------------------|--|---------------------------|
| OMB APPROVAL NO. 0348-0004 | | PAGE OF 1 PAGES |
| 1. TYPE OF PAYMENT REQUESTED | a. "X" one, or both boxes | |
| | <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT | |
| | b. "X" the applicable box | |
| | <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL <input type="checkbox"/> ACCRUAL | |

| | | |
|--|---|---|
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. Nuclear Regulatory Commission | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 04-95-086 | 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 27 |
|--|---|---|

| | | | |
|--|---|--|--|
| 6. EMPLOYER IDENTIFICATION NUMBER 52-0806696 | 7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER | 8. PERIOD COVERED BY THIS REQUEST | |
| | | FROM (month, day, year) 06/01/98 | TO (month, day, year) 06/30/98 |

| | |
|---|---|
| 9. RECIPIENT ORGANIZATION Name : National Council on Radiation Protection & Meas Number and Street : 7910 Woodmont Avenue Suite 800 City, State and ZIP Code : Bethesda, MD 20814 | 10. PAYEE (Where check is to be sent is different than item 9) Name : Number and Street : City, State and ZIP Code : |
|---|---|

| 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED | | | | |
|---|-----------|-----|-----|--------------|
| PROGRAMS/FUNCTIONS/ACTIVITIES ▶ | (a) | (b) | (c) | TOTAL |
| (As of date) | | | | |
| a. Total program outlays to date 06/30/98 | \$ | \$ | \$ | \$225,000.00 |
| b. Less: Cumulative program income | | | | None |
| c. Net program outlays (Line a minus line b) | | | | 225,000.00 |
| d. Estimated net cash outlays for advance period | | | | None |
| e. Total (Sum of lines c & d) | | | | 225,000.00 |
| f. Non-Federal share of amount on line e | | | | None |
| g. Federal share of amount on line e | | | | 225,000.00 |
| h. Federal payments previously requested | | | | 220,712.67 |
| i. Federal share now requested (Line g minus line h) | | | | 4,287.33 |
| j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | |
| | 2nd month | | | |
| | 3rd month | | | |

| 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY | |
|--|----|
| a. Estimated Federal cash outlays that will be made during period covered by the advance | \$ |
| b. Less: Estimated balance of Federal cash on hand as of beginning of advance period | |
| c. Amount requested (Line a minus line b) | \$ |

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 2-92)
Prescribed by Office of Management and Budget
Cir. No. A - 102 and A - 110

13.

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

William M. Beckner
Executive Director

DATE REQUEST
SUBMITTED

August 10, 1998

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

301/657 2652

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self explanatory; specific instructions for other items are as follows:

| <i>Item</i> | <i>Entry</i> | <i>Item</i> | <i>Entry</i> |
|-------------|--|-------------|---|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. | | use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, function, or activities should be shown in the "total" column on the first page. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a | Enter in "as of date", the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure bases, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. | 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. | 13 | Complete the certification before submitting this request. |
| Note: | The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | | |
| 11 | The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, | | |

VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on _____, is forwarded (two copies) for your review and recommendation prior to payment.

| | | | |
|---------------------------|-----------|--------------|-----------------|
| TO: PROJECT OFFICER | MAIL STOP | TELEPHONE | CONTRACTOR |
| FROM: CONTRACT SPECIALIST | MAIL STOP | TELEPHONE | CONTRACT NUMBER |
| VOUCHER/INVOICE | DATE | AMOUNT \$ | BILLING PERIOD |

Part I -- To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by _____.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

- Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
- Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
- Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts) YES NO
- Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
- Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
- Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

- Payment in the amount of: \$ _____ Withholding payment pending clarification of the above concerns.

| | | |
|------------------------------|------|--|
| SIGNATURE -- PROJECT OFFICER | DATE | SIGNATURE -- DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required) |
|------------------------------|------|--|

Part II -- CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken. (Reasons for suspension and/or disallowances are specified below):

| | |
|---|-------------------------------------|
| <input type="checkbox"/> Payment in the amount of: \$ _____ <input type="checkbox"/> Suspension in the amount of: \$ _____ <input type="checkbox"/> Letter attached <input type="checkbox"/> Disallowance in the amount of: \$ _____ <input type="checkbox"/> Letter attached | REASONS FOR SUSPENSION/DISALLOWANCE |
| SIGNATURE -- CONTRACTING OFFICER OR DESIGNEE | DATE |

Part III -- DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

- Payment in the amount of: \$ _____ has been made.
 A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

| | |
|---|------|
| SIGNATURE -- REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER | DATE |
|---|------|

VOUCHER TRANSMITTAL FOR REVIEW AND APPROVAL PRIOR TO PAYMENT

The attached voucher/invoice, which was received by the Division of Contracts on 8/13/98, is forwarded (two copies) for your review and recommendation prior to payment.

| | | | |
|--|---------------------------|----------------------------------|---|
| TO: PROJECT OFFICER <u>HOLAHAN, V.</u> | MAIL STOP <u>19024</u> | TELEPHONE <u>301-415-6272</u> | CONTRACTOR <u>NATIONAL COUNCIL ON SMO PROBLEMS</u> |
| FROM: CONTRACT SPECIALIST <u>SILLER, A.</u> | MAIL STOP <u>1712</u> | TELEPHONE <u>301-415-6747</u> | CONTRACT NUMBER <u>04-95-086-000</u> |
| VOUCHER/INVOICE <u>98-02566/27</u> | DATE <u>8/10/98</u> | AMOUNT <u>\$ 4287.33</u> | BILLING PERIOD <u>6/01/98 - 6/30/98</u> |

Part I - To comply with Prompt Payment Act, as amended, and avoid costly interest penalties, the Project Officer shall review the invoice and contact the Contract Specialist WITHIN 2 CALENDAR DAYS of receipt of the package if a problem or deficiency exists which may preclude payment of the invoice in full. Simultaneously, the Project Officer shall annotate the problem/deficiency in Section 7. Comments (below) and transmit a facsimile copy to the Contract Specialist. The original NRC Form 292 shall be completed, signed, and returned with one copy of the invoice to the Contract Specialist by 8/21/98.

QUESTIONS: IF YOU ANSWER "NO" TO QUESTION 1-5 OR "YES" TO QUESTION 6, PROVIDE EXPLANATION IN THE COMMENTS SECTION OR ON A SEPARATE ATTACHMENT.

- Did the contractor submit required deliverables and meet scheduled milestones during the billing period? YES NO
- Are the labor hours, travel, subcontract, equipment, and other direct costs reasonable and commensurate for the type and nature of work completed during the billing period? (Not applicable to fixed price contracts) YES NO
- Is the contractor using personnel with required skills to ensure efficient and effective performance? (Not applicable to fixed price contracts) YES NO
- Is the quality of the deliverables and/or services acceptable and in compliance with the terms of the contract? YES NO
- Has the NRC met its contractual obligations during the billing period including provision of government furnished property and timely review and comments on reports/deliverables? YES NO
- Are you aware of any present or future problems that may adversely affect contractor performance and/or costs? YES NO

7. COMMENTS

I have examined the referenced voucher in relation to the contractor's progress and technical aspects of the items claimed and recommend the following:

- Payment in the amount of: \$ 4287.33 Withholding payment pending clarification of the above concerns.

| | | |
|---|------------------------|---|
| SIGNATURE - PROJECT OFFICER <i>[Signature]</i> | DATE <u>8/20/98</u> | SIGNATURE - DIVISION OR OTHER AUTHORIZED REPRESENTATIVE (if required) |
|---|------------------------|---|

Part II - CONTRACTING OFFICER WILL COMPLETE.

I have examined the referenced voucher, considered the recommendations of the reviewing Project Officer, and request the following action be taken. (Reasons for suspension and/or disallowances are specified below):

- Payment in the amount of: \$ 4287.33 REASONS FOR SUSPENSION/DISALLOWANCE
- Suspension in the amount of: \$ _____ Letter attached
- Disallowance in the amount of: \$ _____ Letter attached

| | |
|---|------------------------|
| SIGNATURE - CONTRACTING OFFICER OR DESIGNEE <i>[Signature]</i> | DATE <u>8/20/98</u> |
|---|------------------------|

Part III - DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER, WILL COMPLETE

- Payment in the amount of: \$ 4287.33 has been made.
- A deduction in the amount of: \$ _____ has been made from the voucher, and the remaining payment in the amount of \$ _____ has been made.

| | |
|--|------------------------|
| SIGNATURE - REPRESENTATIVE, DIVISION OF ACCOUNTING AND FINANCE, OFFICE OF THE CONTROLLER <i>[Signature]</i> | DATE <u>8/20/98</u> |
|--|------------------------|