

NRC FORM 662 (10-2000) <div style="text-align: center; margin-top: 10px;"> U.S. NUCLEAR REGULATORY COMMISSION </div> <div style="text-align: center; margin-top: 20px;"> AWARD OF INTERAGENCY AGREEMENT </div>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">1 DATE OF ISSUE 6-11-2002</td> <td style="width:33%;">2 AGREEMENT NUMBER EDO-02-241</td> <td style="width:33%;">3 MOD NO</td> </tr> <tr> <td>4 AGENCY LOCATOR NO. 31000001</td> <td>5. B & R NUMBER 27M15-547105</td> <td>6. JOB CODE L1335</td> </tr> <tr> <td>7 BOC 253A</td> <td colspan="2">8. DOCUMENT IDENTIFICATION NUMBER RQ 70020185</td> </tr> </table>			1 DATE OF ISSUE 6-11-2002	2 AGREEMENT NUMBER EDO-02-241	3 MOD NO	4 AGENCY LOCATOR NO. 31000001	5. B & R NUMBER 27M15-547105	6. JOB CODE L1335	7 BOC 253A	8. DOCUMENT IDENTIFICATION NUMBER RQ 70020185	
1 DATE OF ISSUE 6-11-2002	2 AGREEMENT NUMBER EDO-02-241	3 MOD NO											
4 AGENCY LOCATOR NO. 31000001	5. B & R NUMBER 27M15-547105	6. JOB CODE L1335											
7 BOC 253A	8. DOCUMENT IDENTIFICATION NUMBER RQ 70020185												
9 ISSUED BY U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555-0001		10 NAME AND ADDRESS OF SERVICING AGENCY U.S. Office of Personnel Management/EMDC/MDC 101 Lowe Drive Shepherdstown, WV 25443											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PROJECT MANAGER Constance Schum</td> <td style="width:50%;">OFFICE EDO</td> </tr> <tr> <td>TELEPHONE NUMBER 301-415-1717</td> <td>FACSIMILE NUMBER 301-415-2162</td> </tr> </table>		PROJECT MANAGER Constance Schum	OFFICE EDO	TELEPHONE NUMBER 301-415-1717	FACSIMILE NUMBER 301-415-2162	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">TELEPHONE NUMBER 304-870-8017</td> <td style="width:50%;">FACSIMILE NUMBER 304-870-8001</td> </tr> </table>			TELEPHONE NUMBER 304-870-8017	FACSIMILE NUMBER 304-870-8001			
PROJECT MANAGER Constance Schum	OFFICE EDO												
TELEPHONE NUMBER 301-415-1717	FACSIMILE NUMBER 301-415-2162												
TELEPHONE NUMBER 304-870-8017	FACSIMILE NUMBER 304-870-8001												
11 JOB CODE TITLE EDO Contract Support		12 AGREEMENT PERFORMANCE PERIOD <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">BEGIN 06/13/2002</td> <td style="width:50%;">END 06/14/2002</td> </tr> </table>			BEGIN 06/13/2002	END 06/14/2002							
BEGIN 06/13/2002	END 06/14/2002												
13. OBLIGATION AVAILABILITY PROVIDED BY													
A. THIS ACTION			\$ 1,760										
B. TOTAL PLACED PRIOR TO THIS ACTION WITH THE PERFORMING ORGANIZATION UNDER THIS JOB CODE FOR THIS FISCAL YEAR			\$ 0										
C. TOTAL ORDERS TO DATE FOR THIS JOB CODE FOR THIS FISCAL YEAR			\$										
D. TOTAL ORDERS TO DATE FOR THIS AGREEMENT			\$ 0										
14. ATTACHMENTS THE FOLLOWING ATTACHMENTS ARE MADE A PART OF THIS AGREEMENT <input type="checkbox"/> STATEMENT OF WORK <input type="checkbox"/> ADDITIONAL TERMS AND CONDITIONS <input checked="" type="checkbox"/> OTHER (Specify) <u>See #17. Remarks below</u>		15. SECURITY <input type="checkbox"/> WORK ON THIS AGREEMENT INVOLVES CLASSIFIED INFORMATION <input type="checkbox"/> WORK ON THIS AGREEMENT INVOLVES SENSITIVE UNCLASSIFIED INFORMATION <input checked="" type="checkbox"/> WORK ON THIS AGREEMENT IS UNCLASSIFIED AND NOT SENSITIVE											
16. FEE BILLABLE UNDER 10 CFR PART 170 <input type="checkbox"/> YES <input type="checkbox"/> NO													
17 REMARKS 6/13-16 Services include meeting space, lodging, meals (6/13 lunch/dinner, 6/14 breakfast/lunch) and support services (AV equipment, Internet access computers, long distance telephone usage, copies, faxes, and supplies for 8 participants. Services provided by/conducted at the Eastern Mgmt Development Ctr in Shepherdstown, WV.													
18. AUTHORITY TO ENTER INTO INTERAGENCY AGREEMENT (Check only one) <input type="checkbox"/> ENERGY REORGANIZATION ACT OF 1974, AS AMENDED <input checked="" type="checkbox"/> OTHER (Specify) 5 USC 1304 & USC 4101-4119 <input type="checkbox"/> THE ECONOMY ACT OF 1932 <input type="checkbox"/> THE CLINGER-COHEN ACT OF 1996													
19. ADVANCE PAYMENT <input type="checkbox"/> IS NOT AUTHORIZED <input type="checkbox"/> IS AUTHORIZED (Requires approval by Director, DAF/OCFO)													
20. ESTIMATED COST FOR FULL PERFORMANCE OF THIS AGREEMENT													
FY 2002	FY	FY	FY	FY	TOTAL								
\$ 1,760	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,760								
21. CERTIFICATION OF FUNDS													
This certifies that funds in the amount cited in Block 13.A. are available in the current fiscal year allotment for work authorized by this agreement.													
FUNDS CERTIFICATION OFFICIAL (Typed Name) Virginia S. Bolding			SIGNATURE 		DATE 6/10/02								
NRC ISSUING AUTHORITY (Typed Name and Title) Mary H. Mace, Contracting Officer			SIGNATURE 		DATE 6/11/02								
SERVICING AGENCY OFFICIAL/DESIGNEE (Typed Name and Title) Gary E. Gibson, Project Officer			SIGNATURE 		DATE 6-13-02								

TEMPLATE-ADMO01

ADM02

NRC CONTACTS:**TECHNCAL:**

FULL NAME	ADDRESS
TELEPHONE NUMBER	

ADMINISTRATIVE:

FULL NAME	ADDRESS
TELEPHONE NUMBER	
Constance Schum	U.S. NRC
301-415-1717	Washington, D.C. 20555

OTHER AGENCY'S CONTACTS:**TECHNCAL:**

FULL NAME	ADDRESS
TELEPHONE NUMBER	

ADMINISTRATIVE:

FULL NAME	ADDRESS
TELEPHONE NUMBER	
Gary E. Gibson	US OPM/EMDC/MDC
304-870-8017	101 Lowe Drive, Shepherdstown, WV 25443

BILLING INFORMATION:

To receive reimbursement under this agreement, forward to NRC on a (check one):

☐ monthly ☐ quarterly ☐ other _____ basis, an original and three copies of Standard Form

1081 in accordance with the Treasury Fiscal Requirements Manual, Bulletin No. 78-09, or, if possible, bill monthly through the OPAC system. Send reimbursement requests to the following address:

Financial Operations Branch
Mail Stop: T-9 E2
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Any NRC funds remaining unexpended at the end of a fiscal year may be carried over into future fiscal years unless otherwise notified by NRC.

REPORTING REQUIREMENTS: Submit reports to the NRC in accordance with the statement of work. Submit financial status reports on a (check one):

☐ monthly ☐ quarterly ☐ other _____ basis. These reports shall contain a brief letter

status report which summarizes the expenditure of NRC funds. This report shall address the following categories, as applicable: (1) staff effort; (2) travel; (3) equipment and supplies; and (4) subcontract costs. Each report shall include by category: (a) costs for the previous month; (b) cumulative costs and uncosted obligations to date; and (c) projections for the remainder of the NRC obligated funds. The first monthly report shall provide the initial projections, and subsequent reports shall either indicate revised projections or indicate "no change in the cost and uncosted expenditure projection."

Submit these reports to the NRC Technical Contact by the 20th day of the month following the reporting period.

TERMINATING THE AGREEMENT: This agreement may be unilaterally terminated by either party generally upon 30 days' written notice to the other party. NRC will pay its share of any project expenses up to the termination date. Any expenses incurred in terminating this agreement will be paid by the party terminating the agreement. Any unexpended funds shall be returned to the NRC.

Agreement/Amendment No. NRC-02-01		U. S. Office of Personnel Management Reimbursement or Advance of Funds Agreement Between Federal Agencies		OPM Use Only	
1. FY: 02				2. Estimated Amount: \$1,760.00	
3. REQUESTING AGENCY			4. PERFORMING AGENCY		
3a. Name and Address: Nuclear Regulator Commission 11555 Rockville Pike Rockville, MD 20852			4a. Name and Address: U.S. Office of Personnel Management/EMDC/MDC 101 Lowe Drive Shepherdstown, WV 25443		
3b. Program Office Contact Name and Telephone Number: Constance Schum, 301-415-1717			4b. Program Office Contact Name and Telephone Number: Gary E. Gibson 304/870-8017		
3c. Finance Office Contact Name and Telephone Number:			4c. Finance Office Contact Name and Telephone Number: Janet White 304/870-8013		
5. Services to be Performed (attach additional page(s) if necessary): Meeting space, lodging, meals, breaks and support services (including A/V equipment, Internet access computers, long distance telephone usage, copies, faxes, and supplies) for 8 overnight and one day participants for the night of June 13, 2002. Meals will include lunch and dinner on June 13, 2002 and continue through lunch on June 14, 2002. These services will be provided by and conducted at the Eastern Management Development Center in Shepherdstown, WV. The Clarion hotel's Jefferson Board Room will be used as the meeting room.					
6. Statutory Authorization: 5 USC 1304 & USC 4101-4119					
7. Correspondence Attached: (Conditions of Agreement)					
8. Period of Agreement Effective 10/01/01 Expiration 09/30/02					
9. Method of Payment: X - OPAC/SIBAC (Requires ALC, See Blocks 12b and 13b) <input type="checkbox"/> SF 1080 (DoD only) <input type="checkbox"/> SF 1081 <input type="checkbox"/> Other (Explain):					
10. Timing of Payment: Reimbursement (At Actual Cost) Advance					
11. Timing of Billing: Monthly Quarterly On Completion Other (Explain): on					
12. FINANCING (REQUESTING AGENCY)			13. FINANCING (PERFORMING AGENCY)		
a. Appropriation Symbol: Appropriation Title: <input type="checkbox"/> Salaries and Expenses <input type="checkbox"/> Trust <input type="checkbox"/> Multi/No Year <input type="checkbox"/>			a. Appropriation Symbol: N/A Appropriation Title: N/A <input type="checkbox"/> Salaries and Expenses <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Multi/No Year		
b. Agency Location Code (ALC):			b. Agency Location Code (ALC): 24-00-0001		
c. Agency Accounting Data:			c. Index Code/Project Code/Function Code/Object Class: MN410B		
14. AUTHORIZED SIGNATURE (REQUESTING AGENCY)			15. AUTHORIZED SIGNATURE (PERFORMING AGENCY)		
Program Signature: <i>Constance C. Schum</i>		Date: <i>6/5/02</i>	Program Signature: <i>Janet White</i>		Date: <i>6/3/02</i>
Typed/Printed Name and Title: Constance Schum Program Assistant, EDO			Typed/Printed Name and Title: Janet White, Administrative Officer OEMD/EMDC		
Contracting Signature: <i>Mary H. Mace</i>		Date: <i>6/14/02</i>	Finance Signature: <i>Ann Ludwig</i>		Date: <i>6/3/02</i>
Typed/Printed Name and Title: Mary H. Mace, Contracting Officer			Typed/Printed Name and Title: Ann Ludwig, Custom Coordinator OEMD		

AWARD OF INTERAGENCY AGREEMENT

1. DATE OF ISSUE

6-11-2002

2. AGREEMENT NUMBER

EDO-02-241

3. MOD NO

4. AGENCY LOCATOR NO

31000001

5. B & R NUMBER

27M15-547105

6. JOB CODE

L1335

7. BOC

253A

8. DOCUMENT IDENTIFICATION NUMBER

RQ 70020185

9. ISSUED BY

U.S. NUCLEAR REGULATORY COMMISSION
WASHINGTON, DC 20555-0001

10. NAME AND ADDRESS OF SERVICING AGENCY

U.S. Office of Personnel Management/EMDC/MDC
101 Lowe Drive
Shepherdstown, WV 25443

PROJECT MANAGER

Constance Schum

OFFICE

EDO

TELEPHONE NUMBER

301-415-1717

FACSIMILE NUMBER

301-415-2162

TELEPHONE NUMBER

304-870-8017

FACSIMILE NUMBER

304-870-8001

11. JOB CODE TITLE

EDO Contract Support

12. AGREEMENT PERFORMANCE PERIOD

BEGIN

END

06/13/2002

06/14/2002

13. OBLIGATION AVAILABILITY PROVIDED BY

A. THIS ACTION

\$ (En) 1902.00
1,760B. TOTAL PLACED PRIOR TO THIS ACTION WITH THE PERFORMING ORGANIZATION
UNDER THIS JOB CODE FOR THIS FISCAL YEAR

\$ 0

C. TOTAL ORDERS TO DATE FOR THIS JOB CODE FOR THIS FISCAL YEAR

\$

D. TOTAL ORDERS TO DATE FOR THIS AGREEMENT

\$ 0

14. ATTACHMENTS

THE FOLLOWING ATTACHMENTS ARE MADE A PART OF THIS AGREEMENT

☐ STATEMENT OF WORK☐ ADDITIONAL TERMS AND CONDITIONS☒ OTHER (Specify) See #17. Remarks below

15. SECURITY

☐ WORK ON THIS AGREEMENT INVOLVES
CLASSIFIED INFORMATION☐ WORK ON THIS AGREEMENT INVOLVES
SENSITIVE UNCLASSIFIED INFORMATION☒ WORK ON THIS AGREEMENT IS UNCLASSIFIED
AND NOT SENSITIVE

16. FEE BILLABLE UNDER 10 CFR PART 170

☐ YES☐ NO

17. REMARKS

6/13-16

Services include meeting space, lodging, meals (6/13 lunch/dinner, 6/14 breakfast/lunch) and support services (AV equipment, Internet access computers, long distance telephone usage, copies, faxes, and supplies for 8 participants. Services provided by/conducted at the Eastern Mgmt Development Ctr in Shepherdstown, WV.

18. AUTHORITY TO ENTER INTO INTERAGENCY AGREEMENT (Check only one)

☐ ENERGY REORGANIZATION ACT OF 1974, AS AMENDED☐ THE ECONOMY ACT OF 1932☐ THE CLINGER-COHEN ACT OF 1996☒ OTHER (Specify)

5 USC 1304 & USC 4101-4119

19. ADVANCE PAYMENT

☐ IS NOT AUTHORIZED☐ IS AUTHORIZED (Requires approval by Director, DAF/OCFO)

20. ESTIMATED COST FOR FULL PERFORMANCE OF THIS AGREEMENT

FY 2002	FY	FY	FY	FY	TOTAL
\$ 1760 1902	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,760

21. CERTIFICATION OF FUNDS

This certifies that funds in the amount cited in Block 13.A. are available in the current fiscal year allotment for work authorized by this agreement.

FUNDS CERTIFICATION OFFICIAL (Typed Name)

Virginia S. Bolding

SIGNATURE

Green Muley

DATE

6/10/02

NRC ISSUING AUTHORITY (Typed Name and Title)

Mary H. Mace, Contracting Officer

SIGNATURE

Mary H. Mace

DATE

6/11/02

SERVICING AGENCY OFFICIAL/DESIGNEE (Typed Name and Title)

SIGNATURE

DATE

NRC CONTACTS:**TECHNICAL:**

FULL NAME	ADDRESS
TELEPHONE NUMBER	

ADMINISTRATIVE:

FULL NAME	ADDRESS
TELEPHONE NUMBER	
Constance Schum	U.S. NRC
301-415-1717	Washington, D.C. 20555

OTHER AGENCY'S CONTACTS:**TECHNICAL:**

FULL NAME	ADDRESS
TELEPHONE NUMBER	

ADMINISTRATIVE:

FULL NAME	ADDRESS
TELEPHONE NUMBER	
Gary E. Gibson	US OPM/EMDC/MDC
304-870-8017	101 Lowe Drive, Shepherdstown, WV 25443

BILLING INFORMATION:

To receive reimbursement under this agreement, forward to NRC on a (check one):

☐ monthly ☐ quarterly ☐ other _____ basis, an original and three copies of Standard Form

1081 in accordance with the Treasury Fiscal Requirements Manual, Bulletin No. 78-09, or, if possible, bill monthly through the OPAC system. Send reimbursement requests to the following address:

Financial Operations Branch
Mail Stop: T-9 E2
Division of Accounting and Finance
Office of the Chief Financial Officer
U.S. Nuclear Regulatory Commission
Washington, DC 20555-0001

Any NRC funds remaining unexpended at the end of a fiscal year may be carried over into future fiscal years unless otherwise notified by NRC.

REPORTING REQUIREMENTS: Submit reports to the NRC in accordance with the statement of work. Submit financial status reports on a (check one):

☐ monthly ☐ quarterly ☐ other _____ basis. These reports shall contain a brief letter

status report which summarizes the expenditure of NRC funds. This report shall address the following categories, as applicable: (1) staff effort; (2) travel; (3) equipment and supplies; and (4) subcontract costs. Each report shall include by category: (a) costs for the previous month; (b) cumulative costs and uncosted obligations to date; and (c) projections for the remainder of the NRC obligated funds. The first monthly report shall provide the initial projections, and subsequent reports shall either indicate revised projections or indicate "no change in the cost and uncosted expenditure projection."

Submit these reports to the NRC Technical Contact by the 20th day of the month following the reporting period.

TERMINATING THE AGREEMENT: This agreement may be unilaterally terminated by either party generally upon 30 days' written notice to the other party. NRC will pay its share of any project expenses up to the termination date. Any expenses incurred in terminating this agreement will be paid by the party terminating the agreement. Any unexpended funds shall be returned to the NRC.

Agreement/Amendment No: NRC-02-01		U. S. Office of Personnel Management Reimbursement or Advance of Funds Agreement Between Federal Agencies		OPM Use Only	
1. FY: 02				2. Estimated Amount: \$1,760.00	
3. REQUESTING AGENCY			4. PERFORMING AGENCY		
3a. Name and Address: Nuclear Regulator Commission 11555 Rockville Pike Rockville, MD 20852			4a. Name and Address: U.S. Office of Personnel Management/EMDC/MDC 101 Lowe Drive Shepherdstown, WV 25443		
3b. Program Office Contact Name and Telephone Number: Constance Schum, 301-415-1717			4b. Program Office Contact Name and Telephone Number: Gary E. Gibson 304/870-8017		
3c. Finance Office Contact Name and Telephone Number:			4c. Finance Office Contact Name and Telephone Number: Janet White 304/870-8013		
5. Services to be Performed (attach additional page(s) if necessary): Meeting space, lodging, meals, breaks and support services (including A/V equipment, internet access computers, long distance telephone usage, copies, faxes, and supplies) for 8 overnight and one day participants for the night of June 13, 2002. Meals will include lunch and dinner on June 13, 2002 and continue through lunch on June 14, 2002. These services will be provided by and conducted at the Eastern Management Development Center in Shepherdstown, WV. The Clarion hotel's Jefferson Board Room will be used as the meeting room.					
6. Statutory Authorization: 5 USC 1304 & USC 4101-4119					
7. Correspondence Attached: (Conditions of Agreement)					
8. Period of Agreement Effective 10/01/01 Expiration 09/30/02					
9. Method of Payment: X - OPAC/SIBAC (Requires ALC, See Blocks 12b and 13b) <input type="checkbox"/> SF 1080 (DoD only) <input type="checkbox"/> SF 1081 <input type="checkbox"/> Other (Explain):					
10. Timing of Payment: Reimbursement (At Actual Cost) Advance					
11. Timing of Billing: Monthly Quarterly On Completion Other (Explain): on					
12. FINANCING (REQUESTING AGENCY)			13. FINANCING (PERFORMING AGENCY)		
a. Appropriation Symbol: Appropriation Title: <input type="checkbox"/> Salaries and Expenses <input type="checkbox"/> Trust <input type="checkbox"/> Multi/No Year <input type="checkbox"/>			a. Appropriation Symbol: N/A Appropriation Title: N/A <input type="checkbox"/> Salaries and Expenses <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Multi/No Year		
b. Agency Location Code (ALC):			b. Agency Location Code (ALC): 24-00-0001		
c. Agency Accounting Data:			c. Index Code/Project Code/Function Code/Object Class: MN4108		
14. AUTHORIZED SIGNATURE (REQUESTING AGENCY)			15. AUTHORIZED SIGNATURE (PERFORMING AGENCY)		
Program Signature: <i>Constance C. Schum</i>		Date: 6/5/02		Program Signature: <i>Janet White</i>	
Typed/Printed Name and Title: Constance Schum Program Assistant, EDO				Date: 6/3/02	
Typed/Printed Name and Title: Constance Schum Program Assistant, EDO				Typed/Printed Name and Title: Janet White, Administrative Officer OEMD/EMDC	
Contracting Signature: <i>Mary H. Mace</i>		Date: 6/14/02		Finance Signature: <i>Ann Ludwig</i>	
Typed/Printed Name and Title: Mary H. Mace, Contracting Officer				Date: 6/3/02	
				Typed/Printed Name and Title: Ann Ludwig, Custom Coordinator OEMD	