

5. TYPE OF AWARD <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> COOPERATIVE AGREEMENT	6. ORGANIZATION TYPE NonProfit Scientific Institute	7. RECIPIENT NAME AND ADDRESS Risk Assessment Institute ATTN: Dr. John E. Till, President <i>E Knox Davin</i> 417 Till Road Neeses, SC 29107
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8. PROJECT TITLE:
 "DEFINITION OF THE INDIVIDUAL"

9. PROJECT WILL BE CONDUCTED PER GOVERNMENT'S/RECIPIENT'S PROPOSAL(S) DATED JUNE 10, 2003 AND APPENDIX A-PROJECT GRANT PROVISIONS	10. TECHNICAL REPORTS ARE REQUIRED <input type="checkbox"/> PROGRESS AND FINAL <input checked="" type="checkbox"/> FINAL ONLY <input type="checkbox"/> OTHER (Conference Proceedings)	11. PRINCIPAL INVESTIGATOR(S) NAME AND ADDRESS Dr. John E. Till, President 417 Till Road Neeses, SC 29107 (803)536-4883
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12. NRC PROGRAM OFFICE (NAME ADDRESS) office of Nuclear Materials Safety and Safeguards 11545 Rockville Pike ATTN: Edna Knox-Davin, M/S T-8-A-23 Rockville MD 20850 (301)415-6577	13. ACCOUNTING APPROPRIATION DATA APPN. NO: 31X0200 BB NO: 35015316288 JOB CODE: J5485 BOC NO: 4110 OFFICE ID NO: NMS-03-016	14. METHOD OF PAYMENT <input type="checkbox"/> ADVANCE BY TREASURY CHECK <input type="checkbox"/> REIMBURSEMENT BY TREASURY CHECK <input type="checkbox"/> LETTER OF CREDIT <input checked="" type="checkbox"/> OTHER (SPECIFY) Electronic Payment (See Attach. 30 in Appendix A - "Electronic Payment")
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15. NRC OBLIGATION FUNDS THIS ACTION _____ PREVIOUS OBLIGATION <u> \$7,500.00 </u> TOTAL <u> \$7,500.00 </u>	16. TOTAL FUNDING AGREEMENT NRC <u> \$7,500.00 </u> This action provides funds for Fiscal Year 03 in the amount of <u> \$7,500.00 </u> RECIPIENT _____ TOTAL <u> \$7,500.00 </u>
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17. NRC ISSUING OFFICE (NAME AND ADDRESS)
 U.S. Nuclear Regulatory Commission
 Div of Contracts
 Contract Management Center No. 1
 11545 Rockville Pike, M/S T-7-I-2
 Washington DC 20555

8. RECIPIENT <i>John E. Till</i> <u>5-12-04</u> (Signature) (Date) NAME (TYPED) <u>JOHN E. TILL</u> TITLE <u>PRESIDENT</u> TELEPHONE NO. <u>803-536-4883</u>	19. NRC CONTRACTING OFFICER <i>Sharon D. Stewart</i> <u>5/12/04</u> (Signature) (Date) NAME (TYPED) <u>Sharon D. Stewart</u> TITLE <u>Contracting Officer</u> TELEPHONE NO. <u>(301) 415-7316</u>
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20. PAYMENT INFORMATION
 Payment will be made within thirty (30) days after receipt of the billing unless the bill is improper or the recipient has failed to comply with the program objectives, award conditions, Federal reporting requirements or other conditions specified in OMB Circular A-110.
 Payment will be made by: _____ Vouchers should be submitted in an original and three (3) copies on form 270 to:
 U.S. Nuclear Regulatory Commission
 Division of Accounting and Finance
 Payment Section, Mail Stop T-9-N-4
 ATTN: NRC-02-03-016
 Washington DC 20555
 U.S. Nuclear Regulatory Commission
 Division of Contracts
 Contract Management Branch No. 2
 Mail Stop T-7-I-2
 Washington DC 20555

Attached is a copy of the "NRC General Provisions for Grants and Cooperative Agreements Awarded to Institutions of Higher Education and Other Nonprofit Organizations". Acceptance of these terms and conditions is acknowledged when Federal funds are used on this project.

ORDER OF PRECEDENCE
 In the event of a conflict between the recipient's proposal and this award, the terms of the Award shall prevail.

By this award, the Recipient certifies that payment of any audit-related debt will not reduce the level of performance of any Federal Program