

# ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

BPA NO.

1. DATE OF ORDER <b>11/1/03</b>	2. CONTRACT NO. (if any)	6. SHIP TO:
3. ORDER NO. DR-02-04-006-M002	4. REQUISITION/REFERENCE NO. 500575065	a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission

5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Division of Contracts ATTN: Betty Freeman, MS T-7-I-2 Contract Management Branch 3 Washington, DC 20555	b. STREET ADDRESS Attn: Paul Harris Mail Stop: O13-D13
c. CITY Washington	d. STATE DC
e. ZIP CODE 20555	

7. TO:	f. SHIP VIA
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a. NAME OF CONTRACTOR INSTITUTE FOR PARTICIPATORY MANAGEMENT AND PLANNING	8. TYPE OF ORDER
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b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE Reference your Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	<input type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery/task order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.
c. STREET ADDRESS 36 CIELO VISTA DRIVE		
d. CITY MONTEREY CA 939406050	e. STATE	f. ZIP CODE

9. ACCOUNTING AND APPROPRIATION DATA Job Code: J5444495 BOC: 252A DUNS: 047746961	BR# 55015366270 Fund Source: 31X0200	10. REQUISITIONING OFFICE NMS OFFICE OF NUCL MAT'L SAFETY & SAFEGUARDS
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11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	12. F.O.B. POINT Origin
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13. PLACE OF a. INSPECTION b. ACCEPTANCE	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) As Stated on Orig.	16. DISCOUNT TERMS Net 30
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17. SCHEDULE (See reverse for Rejections)

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)								
	<p>Refer to Purchase Order DR-02-04-006 dated 11/26/03, for Communication Training Course.</p> <p>In accordance with FAR Clause 52.217-9, this modification (1) exercises Option One (1) for a 3-day course entitled "Systematic Development of Informed Consent;" and (2) obligates additional funding in the amount of \$15,000.00.</p> <p>A summary of obligations under the Purchase Order, from date of the award through this modification:</p> <table><tr><td>Previous Obligated Amount:</td><td>\$12,500.00</td></tr><tr><td>Mod 1 Obligated Amount:</td><td>\$ 1,123.04</td></tr><tr><td>Mod 2 Obligated Amount:</td><td>\$15,000.00</td></tr><tr><td>NRC Cumulative Obligated Amount:</td><td>\$28,623.04</td></tr></table> <p>All other terms and conditions remain the same.</p> <p>Please indicate your acceptance of this order and return two copies to the address listed in Block 5.</p>	Previous Obligated Amount:	\$12,500.00	Mod 1 Obligated Amount:	\$ 1,123.04	Mod 2 Obligated Amount:	\$15,000.00	NRC Cumulative Obligated Amount:	\$28,623.04	ACCEPTANCE				
Previous Obligated Amount:	\$12,500.00													
Mod 1 Obligated Amount:	\$ 1,123.04													
Mod 2 Obligated Amount:	\$15,000.00													
NRC Cumulative Obligated Amount:	\$28,623.04													

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:			
a. NAME U.S. Nuclear Regulatory Commission Payment Team; Mail Stop T7-I2			
b. STREET ADDRESS (or P.O. Box) Attn: (DR-02-04-0006)			
c. CITY Washington	d. STATE DC	e. ZIP CODE 20555	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA  
BY (Signature)

*Barbara D. Meehan*

23. NAME (Typed)  
Barbara D. Meehan  
Contracting Officer  
TITLE: CONTRACTING/ORDERING OFFICER

TEMPLATE - ADM001

SISP REVIEW COMPLETE

ADM002