

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 MAY 07 2008		2. CONTRACT NO. (If any) NRC-42-07-036		6. SHIP TO:	
3. ORDER NO. 0031		4. REQUISITION/REFERENCE NO. NRC-42-07-036(31) FFS: NRO 08 121		a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission	
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Div. of Contracts Attn: Kala Shankar 301-415-6310 Mail Stop T-7-I-2 Washington, DC 20555				b. STREET ADDRESS Attn: Jayne Halverson 415-6001 Mail Stop: T6-C34	
7. TO:		c. CITY Washington		d. STATE DC	e. ZIP CODE 20555
a. NAME OF CONTRACTOR INFORMATION SYSTEMS LABORATORIES, INC ISL		f. SHIP VIA			
b. COMPANY NAME ATTN: DR. JAMES F. MEYER		8. TYPE OF ORDER			
c. STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 500		<input type="checkbox"/> a. PURCHASE		<input checked="" type="checkbox"/> b. DELIVERY	
d. CITY ROCKVILLE		e. STATE MD	f. ZIP CODE 20852	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.	
9. ACCOUNTING AND APPROPRIATION DATA B&R:825-15-171-103; JC:Q4160; BOC 252A; 31X0200 Obligate: \$74,615 Contractor DUNS: 107928806				10. REQUISITIONING OFFICE NRO	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input type="checkbox"/> a. SMALL <input type="checkbox"/> d. WOMEN-OWNED <input checked="" 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					
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
a. INSPECTION		b. ACCEPTANCE		16. DISCOUNT TERMS	

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)
	Issuance of Task Order No.31 under Contract No. NRC-42-07-036 Title:"Review of Topical Report NEDO-33083P, Supplement 3 "TRACG Application for ESBWR Transient Analysis" Period of Performance: 8 months from date of award Estimated Reimbursable Cost: \$69,518 Fixed Fee:\$5,097 Total Cost Plus Fixed Fee:\$74,615 SEE CONTINUATION PAGES Funding in the amount of \$74,615 is provided See Continuation Pages					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	
21. MAIL INVOICE TO:					
a. NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-7-I-2					
b. STREET ADDRESS (or P.O. Box) Attn: (NRC-42-07-036 Task Order No. 31)					
c. CITY Washington		d. STATE DC	e. ZIP CODE 20555		

22. UNITED STATES OF AMERICA BY (Signature) <i>Kala Shankar</i>		23. NAME (Typed) Kala Shankar Contracting Officer TITLE: CONTRACTING/ORDERING OFFICER	
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OPTIONAL FORM 347 (REV. 4/2006)
PRESCRIBED BY GSA FPMR 48 CFR 53.213(f)

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE

AUG 27 2008

ADM002

In accordance with Section G.4, Task Order Procedures, of Contract No. NRC-42-07-036, this definitizes Task Order No. 31. The effort shall be performed in accordance with the attached Statement of Work.

Task Order No. 31 shall be in effect from date of award through eight months, with a cost ceiling of \$74,615. The amount of \$69,518 represents the estimated reimbursable costs, and the amount of \$5,097 represents the fixed fee.

The amount obligated by the Government with respect to this task order is \$74,615, of which \$69,518 represents the estimated reimbursable costs, and the amount of \$5,097 represents the fixed fee.

The issuance of this task order does not amend any terms or conditions of the subject contract.

Your contacts during the course of this task order are:

Technical Matter: Jayne Halverson
Project Officer
301-415-6001

Contractual Matters: Kala Shankar
Contract Specialist
301-415-6310

Acceptance of Task Order No. 31 should be made by having an official, authorized to bind your organization, execute three copies of this document in the space provided and return two copies to the Contract Specialist at the address identified in Block No. 5 of the OF 347. You should retain the third copy for your records.

ACCEPTANCE:


NAME

V.P.
TITLE

5/7/08
DATE