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NRC - 42 - 07 - 481(09)					U.S. Nuclear Regulatory Commission						
0009 NRO-08-101 5. ISSUING OFFICE (Address correspondence to)					b.STREET ADDRESS Attn: Elinor Cunningham, 301-415-6580						
U.S. N	Juclear Regulatory Comm	nission			Stop: T6-						
	of Contracts Kala Shankar, 301-415-6	5310			<u></u>			d. STATE			
Mail Stop T-7-I-2					c.CITY Washington				1	IP CODE 20555	
Washington, DC 20555 7.TO:					f. SHIP VIA				·		
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	Issuance of Task Ord NRC-42-07-481	ier No. U9 under	Contract No.								
	Title: "AREVA EPR DO	D - f									
	Break Design Certifi	Belore									
	Period of Performance: 12 months from effective date				· .						
	Estimated Reimbursal	Le									
	Fixed Fee: \$5,040							5. J			
	Total Cost Plus Fixe	3d Fee: \$167,812.	00								
	Funding in the amour	nt of \$145,000 is	; being provide	đ.	l						
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## 0009 NRC-42-07-481

In accordance with Section G.4, Task Order Procedures, of Contract No. NRC-42-07-481, this definitizes Task Order No. 9. The effort shall be performed in accordance with the attached Statement of Work.

Task Order No. 9 shall be in effect one year from date of award, with a cost ceiling of \$167,812. The amount of \$162,772 represents the estimated reimbursable costs, and the amount of \$5,040 represents the fixed fee.

The amount obligated by the Government with respect to this task order is \$145,000, of which \$140,650 (approximately) represents the estimated reimbursable costs, and the amount of \$4,350 (approximately) 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: David D'Abate

**Project Officer** 301-415-0667

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

Acceptance of Task Order No. 9 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.

ACCEPTANC NAME

DATE