

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		BPA NO.	1. CONTRACT ID CODE	PAGE 1	OF 4
2. AMENDMENT/MODIFICATION NO. M001		3. EFFECTIVE DATE 11/5/2010	4. REQUISITION/PURCHASE REQ. NO. NR0-11-008	5. PROJECT NO. (if applicable)	
6. ISSUED BY U.S. Nuclear Regulatory Commission Div. of Contracts Attn: Donna Berkowitz Mail Stop: TWB-01-B26M Washington, DC 20555		CODE 3100	7. ADMINISTERED BY (if other than Item 6) U.S. Nuclear Regulatory Commission Div. of Contracts Mail Stop: TWB-01-B10M Washington, DC 20555		CODE 3100
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CONGRESSIONAL HOTEL CORP LEGACY HOTEL AND MEETING CENTRE, THE 1775 ROCKVILLE PIKE ROCKVILLE MD 208521621			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> (X) 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. NRC-DR-42-10-036 10B. DATED (SEE ITEM 13) 10-06-2010 </div> <div style="width: 10%; text-align: center;"> X </div> </div>		
CODE			FACILITY CODE		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. ACCOUNTING AND APPROPRIATION DATA (if required) DUNS: 175197151 FFS: 110371 B&R: 2011-25-17-4-151 JC: Q4223 BOC: 2340 APPN: x0200 Obligate: \$1,055.00					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
(X) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.					
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).					
X C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: Mutual agreement of the parties					
D. OTHER (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return ¹ _____ copies to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this modification is to add funds for an XGA Data Projection Package on Oct. 6-8, 2010. The total cost for the Nuclear Regulatory Commission's SMR Risk Insight Workshop is \$5,682.15 as specified in the attached banquet check from the Legacy Hotel & Meeting Center. The total amount obligated is increased by \$1,055.00, from \$4,629.90 to 5,684.90 (CHANGED) The total contract amount is increased by \$1,055.00, from \$4,629.90 to \$5,684.90 (CHANGED)					
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print) Kylea Williams Executive Meeting Manager			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Donna Berkowitz Contracting Officer		
15B. CONTRACTOR/OFFICER Kylea Williams (Signature of person authorized to sign)			15C. DATE SIGNED 11/4/2010		16C. DATE SIGNED 11/4/2010
			16B. UNITED STATES OF AMERICA BY Donna Berkowitz (Signature of Contracting Officer)		

NSN 7540-01-152-8070
PREVIOUS EDITION NOT USABLE

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA - FAR (48 CFR) 53.243

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE

NOV 5 2010

ADM002

Banquet Check
The Legacy Hotel & Meeting Centre

1775 Rockville Pike, Rockville, MD 20851
 Phone 301-881-2300 Fax 301-881-9047

Date of Functions 10/6/2010
Organization SMR Risk Insight Workshop
Contact Person Richard Robinson
Address 11555 Rockville Pke Room 02B8
 Rockville, MD 20852

Room Salon II
Time 08:00 AM - 05:00 PM
Function Type Local- Catering Only
Salesperson Kylea Williams
Set For 40 **Guarantee**
Post As SMR Risk Insight Workshop
Today's Date 10/27/2010 **BEO #** 391150

Telephone 301-415-0561 **Fax** - -

Summary of Charges

Quantity	Menu	Unit	Total
Actual			
1	Room Rental	\$750.00	\$750.00
1	Portable AV Cart or Roll Cart	\$25.00	\$25.00
1	UHF Wireless HH or Lavalier Microphone	\$135.00	\$135.00
1	4 Channel Mixer	\$65.00	\$65.00
1	Presidential Style Podium Microphone	\$45.00	\$45.00
1	Pro Powered Speaker with Stand	\$85.00	\$85.00
4	Flip Chart Easel, Pad & Markers	\$40.00	\$160.00
1	XGA Data Projection Package: XGA LCD/Data Projector Skirted Tripod Screen, Cart All A/C cords safety taped	\$287.50	\$287.50

Sub-Total \$1,552.50
Service Charge \$341.55
Tax \$.00
Total \$1,894.05

Deposits Received

Grand Total \$1,894.05

Details

Service Charge
 \$341.55

Service Charge 2
 \$.00

Tax 1
 \$.00

Tax 2
 \$.00

Tax 3
 \$.00

Tax 4
 \$.00

Flat Tax
 \$.00

Total Charges & Payment Instructions

Credit Card # xxxxxxxxxxxx%MYI Expiration xx/xx Cardholder .

Accounting paid for by a purchase order

Check #:

BEO Id 391150

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions.
 Guarantee number due by 10/3/2010. If a count is not provided to the hotel on the date due the hotel will use the Set For
 as the guarantee number, not subject to reduction.

Client Signature

Title

Date

Banquet Check
The Legacy Hotel & Meeting Centre

1775 Rockville Pike, Rockville, MD 20851
Phone 301-881-2300 Fax 301-881-9047

Date of Functions 10/7/2010
Organization SMR Risk Insight Workshop
Contact Person Richard Robinson
Address 11555 Rockville Pke Room 02B8
Rockville, MD 20852

Room Salon II
Time 08:00 AM - 05:00 PM
Function Type Local- Catering Only
Salesperson Kylea Williams
Set For 40 **Guarantee**
Post As SMR Risk Insight Workshop
Today's Date 10/27/2010 **BEO #** 391154

Telephone 301-415-0561 **Fax** - -

Summary of Charges

Quantity	Menu	Unit	Total
Actual			
1	Room Rental	\$750.00	\$750.00
1	Portable AV Cart or Roll Cart	\$25.00	\$25.00
1	UHF Wireless HH or Lavalier Microphone	\$135.00	\$135.00
1	4 Channel Mixer	\$65.00	\$65.00
1	Presidential Style Podium Microphone	\$45.00	\$45.00
1	Pro Powered Speaker with Stand	\$85.00	\$85.00
4	Flip Chart Easel, Pad & Markers	\$40.00	\$160.00
1	XGA Data Projection Package: XGA LCD/Data Projector Skirted Tripod Screen, Cart All A/C cords safety taped	\$287.50	\$287.50

Sub-Total \$1,552.50
Service Charge \$341.55
Tax \$0.00
Total \$1,894.05

Deposits Received

Grand Total \$1,894.05

Details

Service Charge
\$341.55

Service Charge 2
\$.00

Tax 1
\$.00

Tax 2
\$.00

Tax 3
\$.00

Tax 4
\$.00

Flat Tax
\$.00

Total Charges & Payment Instructions

Credit Card # xxxxxxxxxxxx%MYIExpiration xx/xx Cardholder .

Accounting paid for by a purchase order

Check #:

BEO Id 391154

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions.
Guarantee number due by 10/3/2010. If a count is not provided to the hotel on the date due the hotel will use the Set For
as the guarantee number, not subject to reduction.

Client Signature

Title

Date

Banquet Check

The Legacy Hotel & Meeting Centre

1775 Rockville Pike, Rockville, MD 20851
Phone 301-881-2300 Fax 301-881-9047

Date of Functions 10/8/2010
Organization SMR Risk Insight Workshop
Contact Person Richard Robinson
Address 11555 Rockville Pke Room 02B8
Rockville, MD 20852

Room Salon II
Time 08:00 AM - 12:00 PM
Function Type Local- Catering Only
Salesperson Kylea Williams
Set For 40 **Guarantee**
Post As SMR Risk Insight Workshop
Today's Date 10/27/2010 **BEO #** 391155

Telephone 301-415-0561 **Fax** - -

Summary of Charges

Quantity	Menu	Unit	Total
Actual			
1	Room Rental	\$750.00	\$750.00
1	Portable AV Cart or Roll Cart	\$25.00	\$25.00
1	UHF Wireless HH or Lavalier Microphone	\$135.00	\$135.00
1	4 Channel Mixer	\$65.00	\$65.00
1	Presidential Style Podium Microphone	\$45.00	\$45.00
1	Pro Powered Speaker with Stand	\$85.00	\$85.00
4	Flip Chart Easel, Pad & Markers	\$40.00	\$160.00
1	XGA Data Projection Package: XGA LCD/Data Projector Skirted Tripod Screen, Cart All A/C cords safety taped	\$287.50	\$287.50

Sub-Total \$1,552.50
Service Charge \$341.55
Tax \$0.00
Total \$1,894.05

Deposits Received

Grand Total \$1,894.05

Details

Service Charge
\$341.55

Service Charge 2
\$0.00

Tax 1
\$0.00

Tax 2
\$0.00

Tax 3
\$0.00

Tax 4
\$0.00

Flat Tax
\$0.00

Total Charges & Payment Instructions

Credit Card # xxxxxxxxxxxx%MYIExpiration xx/xx Cardholder .

Accounting paid for by a purchase order

Check #:

BEO Id 391155

I have read the above arrangements and the attached Catering Policies and agreed to the terms and conditions.
Guarantee number due by 10/3/2010. If a count is not provided to the hotel on the date due the hotel will use the Set For
as the guarantee number, not subject to reduction.

Client Signature

Title

Date