

2. CONTRACT NO. NRC-38-10-723A
 3. AWARD/EFFECTIVE DATE: 02/25/2014
 4. ORDER NUMBER: NRC-HQ-84-14-T-0002
 5. SOLICITATION NUMBER:
 6. SOLICITATION ISSUE DATE:

7. FOR SOLICITATION INFORMATION CALL: SHASHI MALHOTRA
 a. NAME: SHASHI MALHOTRA
 b. TELEPHONE NUMBER (No collect calls): 301-287-0940
 8. OFFER DUE DATE/LOCAL TIME:

9. ISSUED BY: US NRC - HQ
 ACQUISITION MANAGEMENT DIVISION
 MAIL STOP 3WFN-05-C64MP
 WASHINGTON DC 20555-0001
 CODE: NRCHQ

10. THIS ACQUISITION IS:
 UNRESTRICTED OR
 SET ASIDE: % FOR:
 SMALL BUSINESS
 WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: 611430
 HUBZONE SMALL BUSINESS
 EDWOSB
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
 8(A)
 SIZE STANDARD: \$10.0

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
 SEE SCHEDULE

12. DISCOUNT TERMS:

13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)

13b. RATING:

14. METHOD OF SOLICITATION:
 RFQ
 IFB
 RFP

15. DELIVER TO: US NRC REGION III
 2443 WARRENVILLE ROAD
 SUITE 210
 LISLE IL 60532-4352
 CODE: RG3

16. ADMINISTERED BY: US NRC - HQ
 ACQUISITION MANAGEMENT DIVISION
 MAIL STOP 3WFN-05-C64MP
 WASHINGTON DC 20555-0001
 CODE: NRCHQ

17a. CONTRACTOR/OFFEROR: SUNTIVA EXECUTIVE CONSULTING
 7600 LEESBURG PIKE STE 440E
 FALLS CHURCH VA 220432004
 CODE: 167032239
 FACILITY CODE:

18a. PAYMENT WILL BE MADE BY: US NUCLEAR REGULATORY COMMISSION
 ONE WHITE FLINT NORTH
 11555 ROCKVILLE PIKE
 MAILSTOP 03-E17A
 ROCKVILLE MD 20852-2738
 CODE: NRCPAYMENTS

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED
 SEE ADDENDUM

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|--------------|--|--------------|----------|----------------|------------|
| | TASK ORDER 35 This Task Order is issued under the Basic Contract NRC-38-10-723A, "Organization Development Interventions." The purpose of this Task Order is to provide organizational development support for one full-day Region III Senior Management Offsite. Total Task Order Ceiling: \$16,439.45 Total Amount Obligated: \$16,439.45 (Use Reverse and/or Attach Additional Sheets as Necessary) | | | | |

25. ACCOUNTING AND APPROPRIATION DATA: 2014-X0200-FEEBASED-84-84D003-51-N-192-T8477-251A

26. TOTAL AWARD AMOUNT (For Govt. Use Only): \$16,439.45

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

29. AWARD OF CONTRACT: REF. OFFER DATED YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)
Erika Eam

30b. NAME AND TITLE OF SIGNER (Type or print)

30c. DATE SIGNED

31b. NAME OF CONTRACTING OFFICER (Type or print): ERIKA EAM

31c. DATE SIGNED: 02/25/2014

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE

ADM002

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>SBA#: 0353/10/007890</p> <p>See attached pages for additional terms and conditions and detailed Statement of Work.</p> <p>Delivery: 02/27/2014</p> <p>Period of Performance: 02/25/2014 to 04/30/2014</p> | | | | |

32a. QUANTITY IN COLUMN 21 HAS BEEN
 RECEIVED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32c. DATE 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER 34. VOUCHER NUMBER 35. AMOUNT VERIFIED CORRECT FOR 36. PAYMENT 37. CHECK NUMBER

PARTIAL FINAL COMPLETE PARTIAL FINAL

38. S/R ACCOUNT NUMBER 39. S/R VOUCHER NUMBER 40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 42a. RECEIVED BY (*Print*)

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE 42b. RECEIVED AT (*Location*)

42c. DATE REC'D (*YY/MM/DD*) 42d. TOTAL CONTAINERS