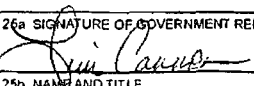
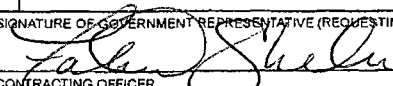


INTERAGENCY AGREEMENT		1. IAA NO NRC-HQ-84-16-I-0007		PAGE OF 1 11	
2. ORDER NO.		3. REQUISITION NO OCHCO-16-0237		4. SOLICITATION NO	
5. EFFECTIVE DATE 10/01/2016		6. AWARD DATE 09/15/2016		7. PERIOD OF PERFORMANCE 10/01/2016 TO 09/30/2017	
8. SERVICING AGENCY OPM ALC: DUNS: +4: NA POC Jennifer Wingerberg TELEPHONE NO. 202-418-3243		9. DELIVER TO US NUCLEAR REGULATORY COMMISSION- MAIL PROCESSING CENTER 4930 BOILING BROOK PARKWAY ROCKVILLE MD 20852 USA			
10. REQUESTING AGENCY HR ALC: DUNS: +4: US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE ROCKVILLE MD 20852-2738 POC Fatima Shuler TELEPHONE NO. 301-415-7044		11. INVOICE OFFICE US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE MAILSTOP O3-E17A ROCKVILLE MD 20852-2738			
12. ISSUING OFFICE US NRC - HQ ACQUISITION MANAGEMENT DIVISION MAIL STOP TWFN-5E03 WASHINGTON DC 20555-0001		13. LEGISLATIVE AUTHORITY Economy Act		14. PROJECT ID	
				15. PROJECT TITLE - E-OPF	
16. ACCOUNTING DATA 2016-X0200-FEEBASED-84-84D099-51-H-156-6023-253A					
17. ITEM NO.	18. SUPPLIES/SERVICES	19. QUANTITY	20. UNIT	21. UNIT PRICE	22. AMOUNT
00001	The Office of Personnel Management (OPM) shall provide the U.S. Nuclear Regulatory Commission (NRC) with Day Forward Support services for Electronic Official Personal Folder (eOPF). Master IAA: N/A To award new IAA for EOPF for the Day forward for FY 2017 The total amount of award: \$53,501.50. The obligation for this award is shown in box 24.				53,501.50
23. PAYMENT PROVISIONS			24. TOTAL AMOUNT \$53,501.50		
25a. SIGNATURE OF GOVERNMENT REPRESENTATIVE (SERVICING) 			25b. SIGNATURE OF GOVERNMENT REPRESENTATIVE (REQUESTING) 		
25b. NAME AND TITLE DW FINAMORE / FPMO Manager		25c. DATE 9/14/2016	26b. CONTRACTING OFFICER FATIMA SHULER		26c. DATE 9/15/16

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE

JAN 25 2017

ADM002

**Federal Data Solutions
Data Warehouse Program**

electronic Official Personnel Folder (eOPF)

Scanning Cost Estimate

Date Sent: 09/12/2016

Requesting Agency	
Name:	NRC
POP:	10/01/2016-07/15/2017



Category	Product/Service Description	Cost/Doc.	Qty	Total Cost
Total Scanning Cost	Number of SINGLE scanning documents	\$1.15	46523.044	\$ 53,501.50
			SUBTOTAL	\$ 53,501.50

Additional Info

Folder: Approximately 65 SINGLE scanning documents
Box: Approximately 2,500 SINGLE scanning documents
 Number of Items in boxes and folders are based off estimates not actuals,
 please use your best judgment when estimating.

Total Funding: \$ 53,501.50

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**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number NRC-HQ-84-16-I-0007 - 0000 -
 GT&C # _____ Order # Amendment/Mod # _____

DEPARTMENT AND/OR AGENCY		
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
	Name U.S. Nuclear Regulatory Commission	U.S. Office of Personnel Management Data Warehouse
	Address 11545 Rockville Pike Rockville MD 20852	1900 E. St. NW, Room B469J Washington, D.C. 20415
2. Servicing Agency Agreement Tracking Number (Optional) _____		
3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
4. GT&C Action (Check action being taken)		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made.		
<input type="checkbox"/> Cancellation Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
5. Agreement Period Start Date <u>10-01-2016</u> End Date <u>07-15-2017</u> of IAA or effective cancellation date MM-DD-YYYY MM-DD-YYYY		
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.		
Yes <input type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/>		
Other Renewal <input type="checkbox"/> State the other renewal period: _____		
No <input checked="" type="checkbox"/>		
7. Agreement Type (Check One) <input checked="" type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA		
8. Are Advance Payments Allowed for this IAA (Check One) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation		
Note: Specific advance amounts will be captured on each related Order.		

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number NRC-HQ-84-16-1-0007 - 0000 -
 GT&C # _____ Order # Amendment/Mod #

9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.) Optional for Assisted Acquisitions							
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Direct Cost _____</td> <td style="text-align: right;">\$53,501.50</td> </tr> <tr> <td>Overhead Fees & Charges _____</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Estimated Amount _____</td> <td style="text-align: right;">\$53,501.50</td> </tr> </table>	Direct Cost _____	\$53,501.50	Overhead Fees & Charges _____	\$0.00	Total Estimated Amount _____	\$53,501.50	Provide a general explanation of the Overhead Fees & Charges
Direct Cost _____	\$53,501.50						
Overhead Fees & Charges _____	\$0.00						
Total Estimated Amount _____	\$53,501.50						
10. STATUTORY AUTHORITY							
a. Requesting Agency's Authority (Check One) Franchise Fund <input type="checkbox"/> Revolving Fund <input type="checkbox"/> Working Capital Fund <input type="checkbox"/> Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/> Other Authority <input type="checkbox"/>							
Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority							
b. Servicing Agency's Authority (Check One) Franchise Fund <input type="checkbox"/> Revolving Fund <input checked="" type="checkbox"/> Working Capital Fund <input type="checkbox"/> Economy Act (31 U.S.C. 1535/FAR 17.5) <input type="checkbox"/> Other Authority <input type="checkbox"/>							
Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority OPM Revolving Fund Authority, 5 U.S.C. Section 1304(f)							
11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.)							
12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)							

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section

IAA Number NRC-HQ-84-16-I-0007 - 0000 -
GT&C # _____ Order # Amendment/Mod # _____

13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).

14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.

16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)

60

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

17. Assisted Acquisition Agreements Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)

18. Assisted Acquisition Agreements Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)

19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section**

IAA Number NRC-HQ-84-16- -0007 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency	Servicing Agency			
Primary Organization/Office Name	U.S. Nuclear Regulatory Commission OCHCO	U.S. Office of Personnel Management Data Warehouse			
Responsible Organization/Office Address	11545 Rockville Pike Rockville MD 20852	1900 E. St. NW, Room B469J Washington, D.C. 20415			
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) List affected Order blocks being changed and explain the changes being made. For Example: for a performance period mod. state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line.					
<input type="checkbox"/> Cancellation -- Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.					
26. Funding Modification Summary by Line					
	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$	\$	\$	\$	\$0.00
Cumulative Funding Changes From Prior Mods (addition (+) or reduction (-))	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$	\$	\$	\$	\$0.00
TOTAL Modified Obligation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00
Net Modified Amount Due	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Performance Period					
	Start Date	<u>10-01-2016</u>	End Date	<u>07-15-2017</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

IAA Order

IAA Number NRC-HQ-84-16-I-0007
 GT&C # _____

Order # _____ Amendment Mod # _____

Servicing Agency's Agreement
 Tracking Number (Optional) _____

28. Order Line/Funding Information											Line Number _____						
Requesting Agency Funding Information											Servicing Agency Funding Information						
ALC	31-000001										24-000001						
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
TAS required by 06/1/2011			031			X	0200	031			024			X	4571	024	
OR Current TAS format																	
BETC			DISB						COLL								
Object Class Code (Optional)			253A														
BPN			040535809						791188589								
BPN + 4 (Optional)																	
Additional Accounting Classification/Information (Optional)			2016-84-51-H-156-6023														
Requesting Agency Funding Expiration Date											Requesting Agency Funding Cancellation Date						
MM-DD-YYYY											MM-DD-YYYY						
eOPF Day Forward Support for FY17																	
Project Number & Title																	
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)																	
eOPF Day Forward Support for FY17																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
Breakdown of Reimbursable Line Costs											OR Breakdown of Assisted Acquisition Line Cost:						
Unit of Measure								Contract Cost		\$							
Quantity		Unit Price		Total				Servicing Fees		\$							
1		\$53,501.50		\$ 53,501.50				Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges				\$		Advance for Line (-)				\$							
Total Line Amount Obligated				\$ 53,501.50		Net Total Cost				\$ -0.00							
Advance Line Amount (-)				\$		Assisted Acquisition Servicing Fees Explanation											
Net Line Amount Due				\$ 53,501.50													
Type of Service Requirements																	
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

IAA Order

IAA Number NRC-HQ-84-16-I-0007 Servicing Agency's Agreement
GT&C # _____ Order # _____ Amendment/Mod # _____ Tracking Number (Optional) _____

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)
Total Advance Amount for the Order \$ 53,501.50 (All Order Line advance amounts (Block 28) must sum to this total.)

Revenue Recognition Methodology (according to SFAS 7) (Identify the Revenue Recognition Methodology that will be used on account for the Requesting Agency's expense and the Servicing Agency's revenue)
 Straight-line Provide amount to be accrued \$ _____ and Number of Months _____
 Accrual Per Work Completed -- Identify the accounting posting period:
 Monthly per work completed & invoiced
 Other Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed: _____

30. Total Net Order Amount: \$ 53,501.50
[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)
 Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

 Other Attachments (Optional)

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]
[If IPAC is used, the payment method must agree with the IPAC Timing Partner Agreement (TPA)]
 Requesting Agency Initiated IPAC Servicing Agency Initiated IPAC
 Credit Card Other - Explain other payment method and reasoning: _____

33. Billing Frequency (Check One)
An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction).
Advance Billing
 Monthly Quarterly Other Billing Frequency (include explanation): _____

34. Payment Terms (Check One)
 7 days Other Payment Terms (include explanation): _____

IAA Order

IAA Number NRC-HQ-84-16-1-0007

CT&C =

Order #

Amendment/Mod #

Servicing Agency's Agreement

Tracking Number (Optional)

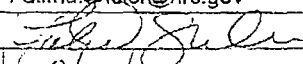
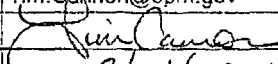
35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)

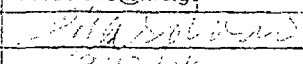
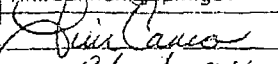
Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
 The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Fatima Shuler	Tim Cannon
Title	Contracting Officer	Data Warehouse Financial & PMO Manager
Telephone Number	(301) 415-7044	(202) 606-4353
Fax Number		(202) 606-1004
Email Address	Fatima.Shuler@nrc.gov	Tim.Cannon@opm.gov
SIGNATURE		
Date Signed	9/12/16	9/14/2016

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are available and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	Ilka Solorio	Tim Cannon
Title	Funds Certifying Official	Data Warehouse Financial & PMO Manager
Telephone Number	(301) 287-0591	(202) 606-4353
Fax Number		(202) 606-1004
Email Address	ilka.solorio@nrc.gov	Tim.Cannon@opm.gov
SIGNATURE		
Date Signed	9/12/16	9/14/2016

IAA Order

IAA Number NRC-HQ-84-16-1-0007

Order # _____ Servicing Agency's Agreement

GT&C # _____

Order # _____ Amendment/Mod # _____

Tracking Number (Optional) _____

CONTACT INFORMATION		
39. FINANCE OFFICE Points of Contact (POCs)		
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Erikka LeGrand	Tim Cannon
Title	Branch Chief, Payroll & Payments Branch	Data Warehouse Financial & PMO Manager
Office Address	11545 Rockville Pike Rockville, MD 20852	1900 E. St. NW Washington, D.C. 20415
Telephone Number	(301) 415-7748	(202) 606-4353
Fax Number		(202) 606-1004
Email Address	Erikka.LeGrand@nrc.gov	Tim.Cannon@opm.gov
Signature & Date (Optional)		<i>Tim Cannon</i> 9/14/16
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name	Kevin Jones	PMO Data Warehouse Correspondence
Title	Sr. Management & Program Analyst	
Office Address	Three White Flint North 11601 Landsdown Street	Data_Warehouse_Program_Management_Office@opm.gov
Telephone Number	(301) 287-0573	
Fax Number		
Email Address	Kevin.Jones@nrc.gov	**See office address box**
Signature & Date (Optional)		
Name	Michelle Williams	
Title	Human Resource Specialist	
Office Address	Three White Flint North 11601 Landsdown Street	
Telephone Number	(301) 287-0744	
Fax Number		
Email Address	Michelle.Williams@nrc.gov	
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		

Enterprise Human Resource Integration Program
Request for Accounts Receivable Processing

Fiscal Year: **2017**
Fund: **4571XXRB0D**
Program: **1100000**
Organization: **3212120000**

Customer: **NRC**
Agreement Value: **\$53,501.50**
Service: **Day Forward**
Project: **32121217D**
Agreement Number: **32121217DNU0001**

Amount: **\$53,501.50**

Service:
Project:
Agreement Number:

Amount: **\$**

Description: **Please record the agreement funding as noted above and advance bill the total agreement amount.**