AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		OF PAGES	
2. AMENDMENT/MODIFICATION NO. 3. EFFECTIVE DATE			4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)	
M0005 See Block 16C			ОСНС	OCHCO-17-0146			
6. ISSUED B	Y CODE	NRCHO	7. ADN	MINISTERED BY (If other than Item 6)	CODE		
MAIL ST	- HQ ITION MANAGEMENT DIVIS POP TWFN-5E03 GTON DC 20555-0001	SION					
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)				(x) 9A. AMENDMENT OF SOLICITATION NO.			
HEALTHCARE RESOURCE NETWORK LLC							
DARNESTOWN RD STE 518				9B. DATED (SEE ITEM 11)			
GAITHER	SBURG MD 20878-2206						
				MODIFICATION OF CONTRACT/ORDER N	IO.		
			' '	V 797D40203			
				C-HQ-84-15-T-0001 B. DATED (SEE ITEM 13)			
CODE 1		FACILITY CODE		7/31/2015			
	1333703	11. THIS ITEM ONLY APPLIES		, - ,			
The above	numbered solicitation is amended as set for				nded □is n	ot extended.	
THE PLAC virtue of th to the solid 12. ACCOUN	E DESIGNATED FOR THE RECEIPT OF (	OFFERS PRIOR TO THE HOUR AN or already submitted , such change m d prior to the opening hour and date uired)	ID DATE SPE nay be made I specified. Net Inc	ILURE OF YOUR ACKNOWLEDGEMENT TO CIFIED MAY RESULT IN REJECTION OF YOU by telegram or letter, provided each telegram or letter.  **Rease: \$ H-200-1140	UR OFFER If	by reference	
				DIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED IN IT	EM 14.	
CHECK ONE	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).						
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:						
	D. OTHER (Specify type of modification and authority)						
X	FAR 52.232-18 Availa	FAR 52.232-18 Availability of Funds					
E. IMPORTANT: Contractor							
				olicitation/contract subject matter where feasi	,		
_	=	<del>-</del>		mental funding in the a			
\$457,00	0.00, therefore incre	asing the obligate	ed amour	nt from \$2,040,000.00 t	.0 \$2,49	7,000.00.	
Total C Base an Total C	ed Amount for this moduligated Amount: \$2,4 deciling Amount: \$5,952 der terms and condition of Performance: 08/01	97,000.00 (change mount: \$3,479,987.,389.69 (unchanged ns remain unchange	ed) 09 (uno d)	changed)			
Except as pr	ovided herein, all terms and conditions of the	ne document referenced in Item 9 A o	or 10A, as he	retofore changed, remains unchanged and in	full force and et	fect.	
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
			M'L	ITA R. CARR			
15B. CONTR	ACTOR/OFFEROR	15C. DATE SIGNE	ED 16B. U	JNITED STATES OF AMERICA		16C. DATE SIGNED	
	(Signature of person authorized to sign)			(Signature of Contracting Officer)		08/09/2017	