AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRAC	т	1. CONTRACT ID CODE	PAGE	OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE0	UUSITION/PURCHASE REQ. NO.	5. PROJECT	<u>2</u> Γ NO. (If applicable)			
M0008	See Block 16C	осно	0-18-0096					
6. ISSUED BY CODE	NRCHO		7. ADMINISTERED BY (If other than Item 6) CODE					
US NRC - HQ ACQUISITION MANAGEMENT DIVIS MAIL STOP TWFN-5E03 WASHINGTON DC 20555-0001	ION							
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.					
HEALTHCARE RESOURCE NETWORK	LLC	QR	. DATED (SEE ITEM 11)					
DARNESTOWN RD STE 518			. 57.11.25 (6.12.77.2.71.77)					
GAITHERSBURG MD 20878-2206		10	A MODIFICATION OF CONTRACT/ODDE	D NO				
		x V	A. MODIFICATION OF CONTRACT/ORDER 797D40283	R NO.				
			NRC-HQ-84-15-T-0001					
		10	B. DATED (SEE ITEM 13)					
CODE 143533789	FACILITY CODE	C	7/31/2015					
	11. THIS ITEM ONLY A	PPLIES TO AMEND	MENTS OF SOLICITATIONS					
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF or virtue of this amendment you desire to change an offe to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (If req.	OFFERS PRIOR TO THE HO r already submitted , such ch d prior to the opening hour an	OUR AND DATE SPI hange may be made nd date specified.	ECIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegra	YOUR OFFER If am or letter makes	f by reference			
12. ACCOUNTING AND APPROPRIATION DATA (IT req. See Schedule	uneu)	Net Inc	rease:	\$460,000.	.00			
	ODIFICATION OF CONTRAC	CTS/ORDERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN I	 TEM 14.			
	CT/ORDER IS MODIFIED TO I IN ITEM 14, PURSUANT T	O REFLECT THE AD TO THE AUTHORITY	GES SET FORTH IN ITEM 14 ARE MADE II MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b). TY OF:					
D. OTHER (Specify type of modification	and authority)							
X FAR 52.232-22 Limita	• *							
E. IMPORTANT: Contractor X is not,		document and return	copies to the iss	uing office				
14. DESCRIPTION OF AMENDMENT/MODIFICATION The purpose of this modifica \$460,000.00, thereby increas \$3,257,000.00.	(Organized by UCF section I	headings, including s vide incre	collicitation/contract subject matter where feat mental funding in the	asible.) amount o	f			
Total Obligated Amount:\$3,25 Current Ceiling:\$3,479,987.0 Total Ceiling (Base and all	9 (unchanged)		unchanged)					
All other terms and conditio	ns remain unch	anged.						
LIST OF CHANGES:								
Continued		0.4	out the state of t		m			
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e aocument referenced in Ite		eretofore changed, remains unchanged and NAME AND TITLE OF CONTRACTING OF					
S. S. S. S. C. L.			TOYA D. COOPER		····· y			
15B. CONTRACTOR/OFFEROR	15C. DATE		UNITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to sign)			(Signature of Contracting Officer)		04/13/2018			

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED
V797D40283/NRC-HQ-84-15-T-0001/M0008

NAME OF OFFEROR OR CONTRACTOR

HEALTHCARE RESOURCE NETWORK LLC

NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	Reason for Modification : Funding Only Action				
	Obligated Amount for this Modification:				
	\$460,000.00				
	New Total Obligated Amount for this Award:				
	\$3,257,000.00				
	Incremental Funded Amount changed: from				
	\$2,797,000.00 to \$3,257,000.00				
	IPP Department ID changed to :				
	CHANGES FOR LINE ITEM NUMBER: 1				
	Obligated Amount for this modification:				
	\$460,000.00				
	Incremental Funded Amount changed from				
	\$2,797,000.00 to \$3,257,000.00				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	2018-X0200-FEEBASED-84-84D099-1140-51-H-200-252A-5				
	1-H-200-1140				
	BBFY 2018				
	EBFY				
	Fund X0200				
	Funds Source FEEBASED				
	YBA				
	Office 84				
	Division 84D099				
	Branch				
	Cost Ctr (Job Code) 1140				
	Major prog/business 51				
	Product Line H				
	Product 200				
	BOC 252A				
	REIM Agreement Num				
	REIM Agmt Line Num				
	FAIMIS Template Name 51-H-200-1140				
	Quantity: 0				
	Amount: \$460,000.00 Percent: 13.21844				
	Subject To Funding: N				
	Payment Address:				
	U.S. Nuclear Regulatory Commission				
	One White Flint North				
	11555 Rockville Pike				
	Mailstop O3-E17A				
	Rockville MD 20852-2738				
	Period of Performance: 08/01/2015 to 07/31/2018				
		1			

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OF

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