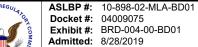
#### United States Nuclear Regulatory Commission Official Hearing Exhibit POWERTECH USA, INC. (Dewey-Burdock In Situ Uranium Recovery Facility) In the Matter of:



Other:

Rejected:

**Identified:** 8/28/2019 Withdrawn: Stricken:



## UNITED STATES OF AMERICA NUCLEAR REGULATORY COMMISSION

## ATOMIC SAFETY AND LICENSING BOARD

|                     | _                            |
|---------------------|------------------------------|
| In the Matter of    | Docket No. 40-9075-MLA       |
| POWERTECH USA, INC. | ASLBP No. 10-898-02-MLA-BD01 |
| (Dewey-Burdock      |                              |

**Hearing Exhibit** 

Exhibit Number:

In Situ Uranium Recovery Facility)

Exhibit Title:

|                                                                |                                                                  | AWARD/CONTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1. THIS CONTRACT<br>UNDER DPAS (15                                                         |        |                                                                         | 2                                                                     | RA                                                            | TING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  | PAGE OF PAGES                               | 9 MA                                  |
|----------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|
| 2. CON                                                         | TRACT (                                                          | Proc. Inst. Ident.) NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                            |        |                                                                         |                                                                       | 3. EFFECTIVE                                                  | E DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 REQUISITION/PU                                                                                                 | RCHASE REQUEST/PROJ                         |                                       |
| NRC-                                                           | HQ-2                                                             | 5-14-E-0003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |        |                                                                         | ľ                                                                     | See Bloo                                                      | ck 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OC NRO-14-0193                                                                                                   | 3                                           |                                       |
| 5. ISSU                                                        | ED BY                                                            | CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NRCHQ                                                                                      |        | 6. ADMINI                                                               | STERED                                                                | BY (If other ti                                               | han Iter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n 5) CO                                                                                                          | DE                                          |                                       |
| ACQU<br>MAII                                                   | STO                                                              | HQ ION MANAGEMENT DIVISION P 3WFN-05-C64MP ON DC 20555-0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |        |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             |                                       |
|                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |        |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             |                                       |
| 7. NAM                                                         | E AND A                                                          | DDRESS OF CONTRACTOR (No., Street, City. Cou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ntry, State and ZIP Co                                                                     | ode)   |                                                                         |                                                                       | 8 DELIVER                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | l <b>X</b> I o                                                                                                   | THER (See below)                            |                                       |
| s c                                                            | ΑI                                                               | NC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |        |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PROMPT PAYMENT                                                                                                   |                                             | <del></del>                           |
|                                                                |                                                                  | ING HILL RD STE 400<br>A 221822241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |        |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             |                                       |
| CODE                                                           |                                                                  | . FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CODE                                                                                       |        |                                                                         |                                                                       |                                                               | less oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CES<br>nerwise specified)<br>s SHOWN IN                                                                          | ITEM                                        |                                       |
| CODE                                                           |                                                                  | 167910 FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |        | 40 DAYA                                                                 | TAIT IAIL I                                                           | BE MADE B                                                     | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | COD                                                                                                              | DE NRCPAYMENTS                              |                                       |
|                                                                |                                                                  | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | A                                                                                          |        | ONE W<br>11555<br>MAILS                                                 | HITE<br>ROCK<br>TOP C                                                 | R REGULA<br>FLINT N<br>KVILLE N<br>03-E17A<br>MD 208          | NORT<br>PIKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                             |                                       |
| -                                                              |                                                                  | Y FOR USING OTHER THAN FULL AND OPEN COM<br>C. 2304 (c) ( ) [41 U.S.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                            | )      | 14. ACCC                                                                | UNTING                                                                | AND APPRO                                                     | PRIATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ON DATA<br>See Schedule                                                                                          | 2                                           | <del>.</del>                          |
| 15A. I                                                         | TEM NO                                                           | 15B. SUPPLIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S/SERVICES                                                                                 |        |                                                                         |                                                                       | 15C.<br>QUANTITY                                              | 15D.<br>UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 15E. UNIT PRICE                                                                                                  | 15F. AMOUN                                  | ıΤ                                    |
|                                                                |                                                                  | Continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |        | <u> </u>                                                                |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             |                                       |
|                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |        |                                                                         | 15G. T                                                                | OTAL AMOUN                                                    | NT OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CONTRACT                                                                                                         | \$50,                                       | 00.000.00                             |
|                                                                | 050                                                              | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            |        | E OF CON                                                                | 1 1                                                                   | DECEDIDA                                                      | ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                  |                                             | PAGE(S)                               |
| (X)                                                            | SEC.                                                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                            | PAGE(S | S) (X)                                                                  | SEC.                                                                  | DESCRIPTI                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             | ENGE (S)                              |
|                                                                | 1                                                                | - THE SCHEDULE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |        |                                                                         | PARTIT                                                                | CONTRACT                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             | - Т                                   |
|                                                                | H A B                                                            | SOLICITATION/CONTRACT FORM SUPPLIES OR SERVICES AND PRICES/COSTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                            | 1      |                                                                         | PART III                                                              |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTS, EXHIBITS AND OT                                                                                             | THER ATTACH                                 | <u> </u>                              |
|                                                                | T 6                                                              | DESCRIPTION/SPECS./WORK STATEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |        |                                                                         | J                                                                     | LIST OF AT                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             |                                       |
|                                                                | D                                                                | PACKAGING AND MARKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | +      |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NS AND INSTRUCTION:                                                                                              | S                                           |                                       |
|                                                                | Е                                                                | INSPECTION AND ACCEPTANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |        |                                                                         | к                                                                     | REPRESEN                                                      | ITATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NS, CERTIFICATIONS A                                                                                             | ND                                          |                                       |
|                                                                | F                                                                | DELIVERIES OR PERFORMANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |        |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTS OF OFFERORS                                                                                                  |                                             |                                       |
|                                                                | G                                                                | CONTRACT ADMINISTRATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |        |                                                                         | L                                                                     | INSTRS., C                                                    | ONDS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , AND NOTICES TO OFF                                                                                             | ERORS                                       |                                       |
|                                                                | Н                                                                | SPECIAL CONTRACT REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |        |                                                                         | М                                                                     | EVALUATIO                                                     | N FAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TORS FOR AWARD                                                                                                   |                                             |                                       |
|                                                                | CONTRA                                                           | CONTRACTING OFFICER WILL COMPLETE ITEM ACTOR'S NEGOTIATED AGREEMENT (Contractor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | is required to sign this                                                                   |        | 18. 🗌 SI                                                                | EALED-BI                                                              | D AWARD (C                                                    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                  | this document.) Your bid o                  | n                                     |
| furnish<br>above a<br>obligati<br>docume<br>represe<br>referen | and on all<br>ons of the<br>ents: (a)<br>entations,<br>ce hereir | eturn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nerwise identified<br>erein. The rights and<br>rned by the following<br>) such provisions, |        | including<br>in full abo<br>sheets.<br>documer<br>No furthe<br>awarding | ove, is her<br>This awar<br>ats: (a) the<br>er contract<br>a a sealed | ions or change<br>reby accepted<br>d consummat<br>e Governmen | i as to the control of the control o | he items listed above and<br>contract which consists of<br>itation and your bid, and<br>essary. (Block 18 should | f the following<br>(b) this award/contract. | · · · · · · · · · · · · · · · · · · · |
| . 5/1. 14                                                      |                                                                  | The second of th |                                                                                            |        | 1                                                                       |                                                                       | . WILLI                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  |                                             |                                       |
| 19B. N                                                         | AME OF                                                           | CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19C DATE S                                                                                 | SIGNED |                                                                         |                                                                       | TES OF AME                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 20C. DATE S                                 | IGNED                                 |
| BY                                                             |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            |        | l                                                                       |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | welliams                                                                                                         | 08/05                                       | /2014                                 |
|                                                                |                                                                  | of person authorized to sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                            |        | l (Sign                                                                 | ature of t                                                            | he Contracting                                                | g Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  | ANDARD FORM 26 (Rev. 5/2011                 | )                                     |
|                                                                |                                                                  | R LOCAL REPRODUCTION<br>is NOT usable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |        |                                                                         |                                                                       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | scribed by GSA - FAR (48 CFR                |                                       |

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|                                      | AWARD/CONTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | S CONTRACT<br>DER DPAS (15 |                   |                         | R                     | R/                                                    | ATING        |                                                           |               | PAGES 29         | MAT         |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------|-------------------|-------------------------|-----------------------|-------------------------------------------------------|--------------|-----------------------------------------------------------|---------------|------------------|-------------|
| 2. CONTRACT (                        | (Proc. Inst. Ident.) NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                            |                   | <u></u>                 | [                     | 3. EFFECTIVE                                          | E DATE       | 4. REQUISITION/PUR                                        |               |                  |             |
| NRC-HQ-2                             | 5-14-E-0003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                            |                   |                         |                       | See Bloc                                              | ck 20        | CNRO-14-0193                                              |               |                  |             |
| 5. ISSUED BY                         | CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N.                | RCHQ                       |                   | 6. ADMIN                | ISTERED               | BY (If other th                                       | han Iten     | 5) COI                                                    | DE            |                  |             |
| MAIL STO                             | HQ<br>ION MANAGEMENT DIVISI<br>P 3WFN-05-C64MP<br>ON DC 20555-0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ON                |                            |                   |                         |                       |                                                       |              |                                                           |               |                  |             |
| 7. NAME AND A                        | DDRESS OF CONTRACTOR (No., Street,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City, Country, St | ate and ZIP Co             | de)               |                         | _                     | 8. DELIVER                                            | Y            |                                                           |               |                  |             |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                            |                   |                         |                       | ☐ FOB C                                               | ORIGIN       | Т ОТ                                                      | THER (See b   | elow)            |             |
|                                      | NC<br>ING HILL RD STE 400<br>A 221822241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                            |                   |                         |                       | 9. DISCOUN                                            | NT FOR       | PROMPT PAYMENT                                            |               |                  |             |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 540, 174, 0005    |                            |                   |                         |                       | 10. SUBMIT<br>(4 copies un<br>TO THE ADI              | less oth     | erwise specified)                                         | ITEM          |                  | <del></del> |
|                                      | 107910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FACILITY CODE     |                            |                   |                         |                       | <u> </u>                                              |              |                                                           |               |                  |             |
| 11. SHIP TO/MA                       | ARK FOR CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                            |                   | 12. PAYM                | ENT WILI              | BE MADE B                                             | Y            | CODE                                                      | NRCPA         | YMENTS           |             |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                            |                   | ONE W<br>11555<br>MAILS | HITE<br>ROCE<br>TOP ( | R REGULA<br>FLINT N<br>CVILLE I<br>D3-E17A<br>MD 2085 | NORT         |                                                           |               |                  |             |
| 13. AUTHORITY                        | Y FOR USING OTHER THAN FULL AND O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PEN COMPETIT      | ION:                       |                   | 14. ACCC                | UNTING                | AND APPROF                                            | PRIATIC      | N DATA                                                    |               |                  |             |
| 10 U.S.C                             | 2: 2304 (c) ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41 U.S.C. 253 (c  | ) (                        | )                 |                         |                       |                                                       |              | See Schedule                                              |               |                  |             |
| .15A. ITEM NO                        | 15B.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SUPPLIES/SER      | VICES                      |                   |                         |                       | 15C.<br>QUANTITY                                      | 15D.<br>UNIT | 15E. UNIT PRICE                                           |               | 15F. AMOUNT      |             |
|                                      | Continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                            |                   | ·                       |                       |                                                       |              |                                                           |               |                  |             |
|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | <del></del>                |                   |                         |                       | OTAL AMOUN                                            | IT OF C      | ONTRACT                                                   |               | \$50,000,0       | 00.00       |
| (X)   SEC                            | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   | 1                          | 6. TABL<br>PAGE(S | E OF CON                |                       | DESCRIPTION                                           |              |                                                           |               | DA               | GE(S)       |
| (X) SEC.                             | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                            | PAGE(S            | (X)                     | SEC.                  |                                                       |              |                                                           |               | EA               | 36(3)       |
| PARTI                                | - THE SCHEDULE SOLICITATION/CONTRACT FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                            | Γ                 |                         | PARTIE                | CONTRACT                                              |              |                                                           |               | <del></del>      |             |
| В                                    | SUPPLIES OR SERVICES AND PRICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S/COSTS           |                            |                   | +                       | <del></del>           |                                                       |              | TS, EXHIBITS AND OTH                                      | HER ATTACH    |                  |             |
| С                                    | DESCRIPTION/SPECS./WORK STATEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MENT              |                            |                   |                         | J                     | LIST OF ATT                                           | TACHM        | ENTS                                                      |               |                  |             |
| D                                    | PACKAGING AND MARKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                            |                   |                         | PART IV               | - REPRESEN                                            | OITAT        | IS AND INSTRUCTIONS                                       |               | т                |             |
| E                                    | INSPECTION AND ACCEPTANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                            | ļ                 | _                       | K                     |                                                       |              | S, CERTIFICATIONS AN                                      | ID            | İ                |             |
| F<br>G                               | DELIVERIES OR PERFORMANCE  CONTRACT ADMINISTRATION DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                            |                   | <del></del>             |                       |                                                       |              | AND NOTICES TO OFFE                                       | ERORS         |                  |             |
| Н                                    | SPECIAL CONTRACT REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                 |                            |                   |                         | М                     |                                                       |              | ORS FOR AWARD                                             |               |                  |             |
|                                      | CONTRACTING OFFICER WILL COMPLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                            | EGOTIAT           |                         |                       | <del></del>                                           |              |                                                           |               |                  |             |
| ·                                    | ACTOR'S NEGOTIATED AGREEMENT (Control of the state of the |                   |                            |                   | 18. SE<br>Solicitation  |                       | •                                                     | ontracto     | r is not required to sign th                              | his document  | .) Your bid on   |             |
| document and re<br>furnish and deliv | eturn 1 copies to issuing over all items or perform all the services set f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                            |                   | l                       |                       |                                                       | s made       | by you which additions of                                 | or changes ar | e set forth      | '           |
|                                      | ny continuation sheets for the consideration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                            |                   | l .                     |                       | •                                                     |              | e items listed above and                                  | -             | nuation          |             |
| -                                    | e parties to this contract shall be subject to<br>this award/contract, (b) the solicitation, if a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                            |                   | i                       |                       |                                                       |              | ontract which consists of t<br>ation and your bid, and (t | _             | contract.        |             |
| representations,                     | certifications, and specifications, as are att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                            |                   | No furthe               | r contract            | ual document                                          |              | ssary. (Block 18 should b                                 |               |                  |             |
|                                      | . (Attachments are listed herein.)  DITITLE OF SIGNER (Type or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                            | -                 |                         |                       | bid contract.)                                        | OFFICE       | R                                                         |               |                  |             |
|                                      | y P. Beronja, Presid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ent & CE          | :0                         |                   |                         |                       | WILLIA                                                |              |                                                           |               |                  |             |
| 19B. NAME OF                         | CONTRACTOR: SC&A, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | 19C. DATE SI               | GNED              | 20B. UNI                | TED STA               | TES OF AMER                                           | RICA         |                                                           |               | 20C. DATE SIGNED |             |
| BY &                                 | egorgo Buonja                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | 8/4/                       | 14                | BY                      |                       |                                                       |              |                                                           |               |                  |             |
| /Signature                           | of nerson authorized to Sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   | !                          |                   | /Sim                    | ature of H            | a Contractino                                         | Officer      | ĭ                                                         | i             |                  |             |

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NRC-HQ-25-14-E-0003

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NAME OF OFFEROR OR CONTRACTOR

S C A INC

| EM NO. | SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                         | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------------|--------|
| A)     | (B)                                                                                                                                                                                                                                                                                                                                                                       | (C)      | (D)  | (E)        | (F)    |
|        | Enterprise Wide IDIQ Contract for Technical<br>Assistance in Support of NRC Environmental and<br>Reactor Programs                                                                                                                                                                                                                                                         |          |      |            |        |
|        | Contracting Officers Representative: Dayna Dority, email: Dayna.dority@nrc.gov, phone: 301-415-7810                                                                                                                                                                                                                                                                       |          |      |            |        |
|        | Contractor POCs: Business: Laurie Loomis, Vice President, Contracts and Administrative Services, email: lloomis@scainc.com , phone: 703-893-6600, ext 213. Technical: Abe Zeitoun, Senior Vice President, Environmental, Waste Management, and Nuclear Programs, email: azeitoun@scainc.com, phone: 703-893-6600 ext 225. Period of Performance: 08/05/2014 to 08/04/2019 |          |      |            |        |
| 00001  | Base Period of Performance for the Enterprise Wide Technical Assistance IDIQ                                                                                                                                                                                                                                                                                              |          |      |            |        |
|        | The obligated amount of award: \$0.00. The total for this award is shown in box 15G.                                                                                                                                                                                                                                                                                      |          | Ì    |            |        |
|        |                                                                                                                                                                                                                                                                                                                                                                           |          |      |            |        |
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### **SECTION A - Solicitation/Contract Form**

#### **SECTION B - Supplies or Services/Prices**

**PERIOD OF PERFORMANCE**: Date of award through five (5) years.

#### Base Period of Performance – Years One (1) through five (5)

| CLIN | DESCRIPTION OF SUPPLIES/SERVICES                                                                                         | ESTIMATED COST | FIXED<br>FEE | TOTATAL<br>COST PLUS<br>FIXED FEE |
|------|--------------------------------------------------------------------------------------------------------------------------|----------------|--------------|-----------------------------------|
| 0001 | Contractor to provide Technical Assistance in accordance with Section C: DESCRIPTION/SPECIFICATIONS/ STATEMENT OF WORK   | \$             | \$           | \$                                |
|      | Total: \$50,000,000.00 Shared IDIQ<br>Ceiling. At the Task Order level,<br>Section B will show cost and fee<br>ceilings. |                |              | ş                                 |

# NRCB044 CONSIDERATION AND OBLIGATION—INDEFINITE-QUANTITY CONTRACT

- (a) The estimated total quantity of this multiple-holder Indefinite Delivery Indefinite Quantity contract for the products/services under this contract is a shared ceiling of \$50,000,000.00.
- (b) The Contracting Officer will obligate funds on each task order issued.
- (c) The minimum guarantee under this contract is \$35,000.00.
- (d) The obligated amount for this contract is \$0.00. All funding obligations will be made at the Task Order level.
- (e) A total estimated cost and fee, if any, will be negotiated for each task order and will be incorporated as a ceiling in the resultant task order. The Contractor shall comply with the provisions of FAR 52.232-20 Limitation of Cost for fully-funded task orders and FAR 52.232-22 Limitation of Funds for incrementally-funded task orders, issued hereunder.

(End of Clause)

#### NRCB010A BRIEF DESCRIPTION OF WORK ALTERNATE I

(a) The title of this project is: Technical Assistance in Support of Agency Environmental and Reactor Programs

- (b) Summary work description: The Contractors under this multiple-holder Indefinite-Delivery/Indefinite-Quantity (IDIQ) contract, also referred to as "IDIQ holders," shall provide support in a wide range of technical and scientific disciplines, in accomplishing work related activities aimed at ensuring the overall safety, security and adequacy of nuclear power plant design, construction, operations and environmental protection.
- (c) This requirement has two parts. The first part is an unrestricted requirement, and the second part is a Small Business set-aside. These two sections are differentiated from each other as indicated in the Section C Statement of Work (SOW), as well as in the Level of Effort (LOE) tables set forth in Section L.9 2052.216-70 LEVEL OF EFFORT (JAN 1993). The LOE table in Section L.9(a) applies to the Unrestricted part of the RFP, and the LOE table in Section L.9(b) applies to the Small Business set-aside.
- (d) For both the unrestricted as well as the Small Business set-aside part of this requirement, Task Orders will be issued for work in accordance with the following provisions: 2052.216-72 -Task Order Procedures; 2052.216-73 Accelerated Task Order Procedures; Ordering Procedures for Multiple-Award Indefinite-Delivery/Indefinite-Quantity Contracts; Task Order Placement Procedures; 52.216-18 ORDERING. Only Contracting Officers of the NRC or other individuals specifically authorized under this contract may authorize the initiation of work under this contract. The provisions of this contract shall govern all orders issued hereunder.
- (e) Orders will be issued for work in accordance with FAR 52.216-18 Ordering.

#### TYPE OF CONTRACT

This contract is a multiple-holder Indefinite Delivery, Indefinite Quantity (IDIQ) Task Ordering type contract. The Agency anticipates that most task orders issued on this IDIQ will be Cost Plus Fixed Fee-type orders, however the Agency reserves the right to issue other types of task order types off of this IDIQ.

(End of Clause)

**SECTION C - Description/Specifications** 

(See Attachment Named "IDIQ Sections C and J")