


INTERAGENCY AGREEMENT		1. IAA NO NRC-HQ-84-14-I-0010			PAGE 1 OF 16	
2. ORDER NO.		3. REQUISITION NO. OCHCO-14-0168		4. SOLICITATION NO.		
5. EFFECTIVE DATE 08/25/2014		6. AWARD DATE 08/25/2014		7. PERIOD OF PERFORMANCE 08/25/2014 TO 09/30/2017		
8. SERVICING AGENCY EASTERN MANAGEMENT DEVELOPMENT CENTER ALC: 24-000001 DUNS: +4: OFFICE OF PERSONNEL MANAGEMENT 239 LOWE DRIVE SHEPHERDSTOWN WV 25443 POC KIM KINLEY TELEPHONE NO. 304-870-8014				9. DELIVER TO TAMRA THOMPSON NUCLEAR REGULATORY COMMISSION 11555 ROCKVILLE PIKE ROCKVILLE MD 20852		
10. REQUESTING AGENCY ACQUISITION MANAGEMENT DIVISION ALC: 31000001 DUNS: 040535809 +4: 0310 US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE ROCKVILLE MD 20852-2738 POC M'LITA CARR TELEPHONE NO. 301-287-0909				11. INVOICE OFFICE US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE MAILSTOP 03-E17A NRCIPACRESOURCENRCGOV ROCKVILLE MD 20852-2738		
12. ISSUING OFFICE US NRC - HQ ACQUISITION MANAGEMENT DIVISION MAIL STOP 3WFN-05-C64MP WASHINGTON DC 20555-0001				13. LEGISLATIVE AUTHORITY Economy Act		
				14. PROJECT ID OPM FY15 SESCDP		
				15. PROJECT TITLE OPM FY15 SESCDP ORIENTATION		
16. ACCOUNTING DATA 2014-X0200-FEEBASED-84-84D003-51-N-192-T8468-251E						
17. ITEM NO	18. SUPPLIES/SERVICES			19. QUANTITY	20. UNIT	21. UNIT PRICE
	The purpose of this Interagency Agreement (IAA) with Office of Personnel Management (OPM) is to provide (1) design, development and delivery of a five day orientation program customized for 25 NRC SES Candidate participants and (2) open enrollment seats in CLD's 'Executive Development Seminar' for the 25 participants of NRC's SES candidate development program. Master IAA: N/A					
00001	IAA with OPM to hold offsite Orientation for next SESCDP class as well as pay for each SESCDP Continued ...					227,000.00
23. PAYMENT PROVISIONS				24. TOTAL AMOUNT \$227,000.00		
25a. SIGNATURE OF GOVERNMENT REPRESENTATIVE (SERVICING)				25a. SIGNATURE OF GOVERNMENT REPRESENTATIVE (REQUESTING) 		
25b. NAME AND TITLE		25c. DATE		26b. CONTRACTING OFFICER ERIKA EAM		26c. DATE 08/25/2014

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE

SEP 03 2014

ADM002

IAANO NRC-HQ-84-14-I-0010	ORDER NO	PAGE 2	OF 16
<p>participant to attend 2-week training at OPM EMDC in WVA. 2-week offsite training is a SESCDP requirement established by OPM.</p> <p>The total amount of award: \$227,000.00. The obligation for this award is shown in box 24.</p>			

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

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9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)

(Optional for Assisted Acquisitions)

Direct Cost	\$227,000.00
Overhead Fees & Charges	
Total Estimated Amount	\$227,000.00

Provide a general explanation of the Overhead Fees & Charges

10. STATUTORY AUTHORITY

a. Requesting Agency's Authority (Check One)

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority
Revolving Fund, 5 U.S.C. 1304 9e)(1)

b. Servicing Agency's Authority (Check One)

Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority
Revolving Fund, 5 U.S.C. 1304 9e)(1)

11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.)

Support the NRC SES Candidate Development Program with a 5 day orientation and 25 seats in CLD's two-week open enrollment class 'Executive Development' course.

12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)

See attached DoS for details

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

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

15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume 1, Part 2, Chapter 4700, Appendix 10: Intragovernmental Business Rules.

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

30

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

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

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

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

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

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20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

22. Annual Review of IAA

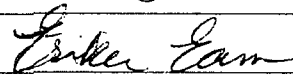
By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

AGENCY OFFICIAL

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name	ERIKA EAM	Tira Martin
Title	CONTRACTING OFFICER	Business Operation Manager
Telephone Number(s)	(301) 287-0954	(304) 870-8073
Fax Number		(304) 870-8001
Email Address	ERIKA.EAM@NRC.GOV	Tira.Martin@opm.gov
SIGNATURE		
Approval Date	08-04-2014	

IAA Number NRC-HQ-S4-14-1-0010 - - Servicing Agency's Agreement
 CIL&C # Order # Amendment/Mod # Tracking Number (Optional)

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency		Servicing Agency		
Primary Organization/Office Name	U.S. NUCLEAR REGULATORY COMMISSION		OPM -CLD Eastern Management Dev. Center		
Responsible Organization/Office Address	11555 ROCKVILLE PIKE ROCKVILLE, MD 20852		239 Lowe Drive Shepherdstown, WV 25443		
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line . <input type="checkbox"/> Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.					
26. Funding Modification Summary by Line					
	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$ _____	\$ _____	\$ _____	\$ _____	\$0.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$ _____	\$ _____	\$ _____	\$ _____	\$0.00
Funding Change for This Mod	\$ _____	\$ _____	\$ _____	\$ _____	\$0.00
TOTAL Modified Obligation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Advance Amount (-)	\$ _____	\$ _____	\$ _____	\$ _____	\$0.00
Net Modified Amount Due	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27. Performance Period					
Start Date		01-01-2015		End Date 09-30-2016	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

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28. Order Line/Funding Information													Line Number _____				
Requesting Agency Funding Information									Servicing Agency Funding Information								
ALC		31000001							24-000001								
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
TAS Required by 10/1/2014																	
OR Current TAS format		31x0200							24X4572.024								
BETC		DISB							COLL								
Object Class Code (Optional)		251E															
BPN		040535809							045252405								
BPN + 4 (Optional)		040535809-03100															
Additional Accounting Classification/Information (Optional)																	
Requesting Agency Funding Expiration Date No Year Funds MM-DD-YYYY									Requesting Agency Funding Cancellation Date No Year Funds MM-DD-YYYY								
Project Number & Title																	
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)																	
OPM-CLD will: OPM EMDC would provide the following:• Space and facility for 25 participants for five days of NRC and EMDC sponsored sessions • Hotel accommodations and meals for 28 people for five nights and five days, starting with Sunday night dinner and ending with lunch on Friday• Facilitation support for the five days of training • Speaker for a session on a topic TBD relating to a strength or skill gap identified on the aggregate report from the OPM 360 assessments the participants will take• Material production and supplies needed.																	
25 seats in the Open Enrollment Executive Development course offered at EMDC. See attached DoS for more information.																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
Breakdown of Reimbursable Line Costs									OR Breakdown of Assisted Acquisition Line Cost:								
Unit of Measure									Contract Cost		\$						
Quantity		Unit Price		Total					Servicing Fees		\$						
1		\$227,000.00		\$ 227,000.00					Total Obligated Cost		\$ 0.00						
Overhead Fees & Charges		\$							Advance for Line (-)		\$						
Total Line Amount Obligated		\$ 227,000.00							Net Total Cost		\$ 0.00						
Advance Line Amount (-)		\$							Assisted Acquisition Servicing Fees Explanation								
Net Line Amount Due		\$ 227,000.00															
Type of Service Requirements																	
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

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Tracking Number (Optional) _____

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)**Total Advance Amount for the Order \$** _____ [All Order Line advance amounts (Block 28) must sum to this total.]**Revenue Recognition Methodology** (according to SFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)☐ Straight-line - Provide amount to be accrued \$ _____ and Number of Months _____☐ Accrual Per Work Completed - Identify the accounting posting period:☐ Monthly per work completed & invoiced☐ Other - Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed. _____**30. Total Net Order Amount: \$** 227,000.00

[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

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

Description of Services, including specific deliverables and estimated time frames

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [**Intra-governmental Payment and Collection (IPAC)** is the Preferred Method.]

If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

☐ Requesting Agency Initiated IPAC☒ Servicing Agency Initiated IPAC☐ Credit Card☐ Other - Explain other payment method and reasoning _____**33. Billing Frequency** (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

Upon completion of services performed

☐ Monthly☐ Quarterly☒ Other Billing Frequency (include explanation) _____**34. Payment Terms** (Check One)☒ 7 days☐ Other Payment Terms (include explanation): _____

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Tracking Number (Optional)

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

36. Delivery/Shipping Information for Products (Optional)

Agency Name

Point of Contact (POC) Name & Title

POC Email Address

Delivery Address /Room Number

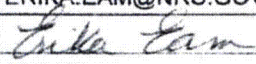
POC Telephone Number

Special Shipping Information

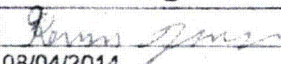
APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS

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

	Requesting Agency	Servicing Agency
Name	ERIKA EAM	Kim Kinley
Title	CONTRACTING OFFICER	Account Manager
Telephone Number	301-287-0954	(304) 870-8014
Fax Number		(304) 870-8001
Email Address	ERIKA.EAM@NRC.GOV	Kim.Kinley@opm.gov
SIGNATURE		
Date Signed	08/04/2014	

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

	Requesting Agency	Servicing Agency
Name	KEVIN JONES	Steven Kreklow
Title	FUNDS CERTIFYING OFFICAL	HRS Business Operations Supervisor
Telephone Number	301-287-0573	(414) 763-9717
Fax Number		(202) 606-1399
Email Address	KEVIN.JONES@NRC.GOV	Steven.Kreklow@opm.gov
SIGNATURE		
Date Signed	08/04/2014	

IAA Order

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Servicing Agency's Agreement

Tracking Number (Optional)

CONTACT INFORMATION

FINANCE OFFICE Points of Contact (POCs)

The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.

39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	NUCLEAR REGULATORY COMMISSION	Tira Martin
Title	NRCPAYMENTS	Business Operations Manager
Office Address	MAILSTOP:03-E17A ROCKVILLE, MD 20852	239 Lowe Drive Shepherdstown, WV 25443
Telephone Number		(304) 870-8073
Fax Number		(304) 870-8001
Email Address	NRCPAYMENTS@NRC.GOV	Tira.Martin@opm.gov
Signature & Date (Optional)		

40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)

This may include CONTRACTING Office Points of Contact (POCs).

	Requesting Agency	Servicing Agency
Name	TAMRA THOMPSON	
Title	CONTRACTING OFFICER'S REPRESENTATIVE	
Office Address		
Telephone Number	301-287-0593	
Fax Number		
Email Address	TAMRA.THOMPSONA@NRC.GOV	
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		
Name		
Title		
Office Address		
Telephone Number		
Fax Number		
Email Address		
Signature & Date (Optional)		