

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>  |  | 1. CONTRACT ID CODE  |  | PAGE OF PAGES<br>1 7                                    |  |
| 2 AMENDMENT/MODIFICATION NO<br>M0003   |  | 3 EFFECTIVE DATE<br>See Block 16C  |  | 4 REQUISITION/PURCHASE REQ. NO<br>ZERRREQ-OCHCO-16-0135 |  |
| 5 PROJECT NO (If applicable)   |  | 6 ISSUED BY<br>US NRC - HQ<br>ACQUISITION MANAGEMENT DIVISION<br>MAIL STOP TWFN-5E03<br>WASHINGTON DC 20555-0001 |  | 7 ADMINISTERED BY (If other than Item 6)<br>CODE        |  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br>AQUILA LTD HEALTH FITNESS SOLUTIONS<br>1221 BRICKELL AVE STE 1060<br>MIAMI FL 331313258 |  | (X) 9A AMENDMENT OF SOLICITATION NO.   |  | 9B DATED (SEE ITEM 11)                                  |  |
| CODE 969827187 FACILITY CODE   |  | X 10A. MODIFICATION OF CONTRACT/ORDER NO<br>NRC-HQ-84-16-C-0001  |  | 10B DATED (SEE ITEM 13)<br>02/17/2016                   |  |

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☐ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers ☐ is extended, ☐ is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**12 ACCOUNTING AND APPROPRIATION DATA (If required)**

2016-X0200-FEEBASED-84-84D002-51-H-200-1141-253A

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

|           |   |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.   |
|           | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
|           | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:  |
| X         | D. OTHER (Specify type of modification and authority)<br>FAR 52.212-4 Contract Terms and Conditions-Commercial Items (May 2015) (c) Changes   |

**E. IMPORTANT:** Contractor ☐ is not, ☒ is required to sign this document and return \_\_\_\_\_ 1 \_\_\_\_\_ copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

The purpose of this modification is to make the following changes to the contract:

1. Revise the Total Award Amount of the contract; and
2. Modify the B.2, PRICE/COST SCHEDULE of the contract.

Please see the attached for detailed information.

**LIST OF CHANGES:**

Reason for Modification : Other Administrative Action

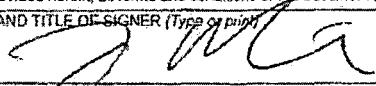

Total Amount for this Modification: \$64,986.00

New Total Amount for this Version: \$1,935,372.00

New Total Amount for this Award: \$1,935,372.00

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect

|  |                             |   |                               |
|--|-----------------------------|---|-------------------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print)<br> |                             | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)<br>ERIKA EMM   |                               |
| 15B. CONTRACTING OFFICER<br>RYAN MIKLIN<br>(Signature of Contracting Officer)  | 15C. DATE SIGNED<br>6/20/16 | 16B. UNITED STATES OF AMERICA<br> | 16C. DATE SIGNED<br>6/20/2016 |

NSN 7546-01-162-8070  
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243

**SUNSI REVIEW COMPLETE**

**ADM002**

**TEMPLATE - ADM001**

**JUN 21 2016**

|                    |   |      |    |
|--------------------|---|------|----|
| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE | OF |
|                    | NRC-HQ-84-16-C-0001/M0003                 | 2    | 7  |

NAME OF OFFEROR OR CONTRACTOR  
AQUILA LTD HEALTH FITNESS SOLUTIONS

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | <p>CHANGES FOR LINE ITEM NUMBER: 1<br/> Total Amount changed<br/> from \$369,700.00 to \$382,620.00</p> <p>CHANGES FOR DELIVERY LOCATION: NRCHQ<br/> Amount changed from \$369,700.00 to \$382,620.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 10001<br/> Total Amount changed<br/> from \$369,700.00 to \$382,620.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 20001<br/> Total Amount changed<br/> from \$369,700.00 to \$382,620.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 30001<br/> Total Amount changed<br/> from \$372,827.50 to \$385,872.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 40001<br/> Total Amount changed<br/> from \$388,458.50 to \$401,640.00</p> <p>Delivery Location Code: NRCHQ<br/> US NUCLEAR REGULATORY COMMISSION-<br/> MAIL PROCESSING CENTER<br/> 4930 BOILING BROOK PARKWAY<br/> ROCKVILLE MD 20852 USA</p> |                 |             |                   |               |

Accordingly, the following specific change is to be made to the Contract:

1. **Standard Form 1449, Block 26, TOTAL AWARD AMOUNT**, delete in its entirety and replace with the following: "\$1,935,372.00";
2. **B.2 PRICE/COST SCHEDULE**, delete in its entirety and replace with the following,

"Base Year: 03/01/2016 – 02/28/2017

| Clin | Description  | Estimated Quantity | Unit   | Unit Price/Rate | Total Price |
|------|--|--------------------|--------|-----------------|-------------|
| 0001 | Director   |                    | HRS    |                 |             |
| 0002 | Associate Director   |                    | HRS    |                 |             |
| 0003 | Fitness Specialist   |                    | HRS    |                 |             |
| 0004 | Fitness Specialist   |                    | HRS    |                 |             |
| 0005 | Part Time Fitness Specialist   |                    | HRS    |                 |             |
| 0006 | 16 Additional Instructors for Specialty Classes*   |                    | Weeks  |                 |             |
| 0007 | Repair, Maintenance and replacement of equipment for Headquarters Fitness Center (Cost Reimbursable) |                    | NTE    |                 |             |
| Clin | Description  | Estimated Quantity | Unit   | Unit/Price      | Total Price |
| -    | REGIONS – Fitness Costs (Cost Reimbursable)  | -                  | -      | -               |             |
| 0008 | Region 1- King of Prussia – Fitness Membership Costs   |                    | LOT    |                 |             |
| 0009 | Region 2 - Atlanta, GA – Fitness Membership Costs  |                    | LOT    |                 |             |
| 0010 | Region 3 – Lisle, IL- Fitness Membership Costs   |                    | LOT    |                 |             |
| 0011 | Region 4 – Arlington, TX - Fitness Membership Costs  |                    | LOT    |                 |             |
| 0012 | NRC TTC – Chattanooga, TN - Fitness Membership Costs   |                    | LOT    |                 |             |
| 0013 | Monthly Administrative Costs for processing Regional Fitness Reimbursement Forms                     |                    | months |                 |             |

Total Base Year: \$ 382,620.00

Option Year 1: 03/01/2017 – 02/28/2018

| Clin | Description        | Estimated Quantity | Unit | Unit Price/Rate | Total Price |
|------|--------------------|--------------------|------|-----------------|-------------|
| 0001 | Director           |                    | HRS  |                 |             |
| 0002 | Associate Director |                    | HRS  |                 |             |

|             |  |                           |             |                   |                    |
|-------------|--|---------------------------|-------------|-------------------|--------------------|
| 0003        | Fitness Specialist   |                           | HRS         |                   |                    |
| 0004        | Fitness Specialist   |                           | HRS         |                   |                    |
| 0005        | Part Time Fitness Specialist   |                           | HRS         |                   |                    |
| 0006        | 16 Additional Instructors for Specialty Classes*   |                           | Weeks       |                   |                    |
| 0007        | Repair, Maintenance and replacement of equipment for Headquarters Fitness Center (Cost Reimbursable) |                           | LOT         |                   |                    |
| <b>Clin</b> | <b>Description</b>   | <b>Estimated Quantity</b> | <b>Unit</b> | <b>Unit/Price</b> | <b>Total Price</b> |
| -           | REGIONS – Fitness Costs (Cost Reimbursable)  | -                         | -           | -                 |                    |
| 0008        | Region 1- King of Prussia – Fitness Membership Costs   |                           | LOT         |                   |                    |
| 0009        | Region 2 - Atlanta, GA – Fitness Membership Costs  |                           | LOT         |                   |                    |
| 0010        | Region 3 – Lisle, IL- Fitness Membership Costs   |                           | LOT         |                   |                    |
| 0011        | Region 4 – Arlington, TX - Fitness Membership Costs  |                           | LOT         |                   |                    |
| 0012        | NRC TTC – Chattanooga, TN - Fitness Membership Costs   |                           | LOT         |                   |                    |
| 0013        | Monthly Administrative Costs for processing Regional Fitness Reimbursement Forms                     |                           | months      |                   |                    |

Total Option Year 1: 382,620.00

Option Year 2: 03/01/2018 – 02/28/2019

|             |  |                           |             |                        |                    |
|-------------|--|---------------------------|-------------|------------------------|--------------------|
| <b>Clin</b> | <b>Description</b>   | <b>Estimated Quantity</b> | <b>Unit</b> | <b>Unit Price/Rate</b> | <b>Total Price</b> |
| 0001        | Director   |                           | HRS         |                        |                    |
| 0002        | Associate Director   |                           | HRS         |                        |                    |
| 0003        | Fitness Specialist   |                           | HRS         |                        |                    |
| 0004        | Fitness Specialist   |                           | HRS         |                        |                    |
| 0005        | Part Time Fitness Specialist   |                           | HRS         |                        |                    |
| 0006        | 16 Additional Instructors for Specialty Classes*   |                           | Weeks       |                        |                    |
| 0007        | Repair, Maintenance and replacement of equipment for Headquarters Fitness Center (Cost Reimbursable) |                           | NTE         |                        |                    |
| <b>Clin</b> | <b>Description</b>   | <b>Estimated Quantity</b> | <b>Unit</b> | <b>Unit/Price</b>      | <b>Total Price</b> |
| -           | REGIONS – Fitness Costs (Cost Reimbursable)  | -                         | -           | -                      |                    |

|      |  |  |        |  |  |
|------|--|--|--------|--|--|
| 0008 | Region 1- King of Prussia – Fitness Membership Costs                             |  | LOT    |  |  |
| 0009 | Region 2 - Atlanta, GA – Fitness Membership Costs                                |  | LOT    |  |  |
| 0010 | Region 3 – Lisle, IL- Fitness Membership Costs                                   |  | LOT    |  |  |
| 0011 | Region 4 – Arlington, TX - Fitness Membership Costs                              |  | LOT    |  |  |
| 0012 | NRC TTC – Chattanooga, TN - Fitness Membership Costs                             |  | LOT    |  |  |
| 0013 | Monthly Administrative Costs for processing Regional Fitness Reimbursement Forms |  | months |  |  |

Total Option Year 2: \$382,620.00

Option Year 3: 03/01/2019 – 02/29/2020

| Clin | Description  | Estimated Quantity | Unit   | Unit Price/Rate | Total Price |
|------|--|--------------------|--------|-----------------|-------------|
| 0001 | Director   |                    | HRS    |                 |             |
| 0002 | Associate Director   |                    | HRS    |                 |             |
| 0003 | Fitness Specialist   |                    | HRS    |                 |             |
| 0004 | Fitness Specialist   |                    | HRS    |                 |             |
| 0005 | Part Time Fitness Specialist   |                    | HRS    |                 |             |
| 0006 | 16 Additional Instructors for Specialty Classes*   |                    | Weeks  |                 |             |
| 0007 | Repair, Maintenance and replacement of equipment for Headquarters Fitness Center (Cost Reimbursable) |                    | NTE    |                 |             |
| Clin | Description  | Estimated Quantity | Unit   | Unit/Price      | Total Price |
| -    | REGIONS – Fitness Costs (Cost Reimbursable)  | -                  | -      | -               |             |
| 0008 | Region 1- King of Prussia – Fitness Membership Costs   |                    | LOT    |                 |             |
| 0009 | Region 2 - Atlanta, GA – Fitness Membership Costs  |                    | LOT    |                 |             |
| 0010 | Region 3 – Lisle, IL- Fitness Membership Costs   |                    | LOT    |                 |             |
| 0011 | Region 4 – Arlington, TX - Fitness Membership Costs  |                    | LOT    |                 |             |
| 0012 | NRC TTC – Chattanooga, TN - Fitness Membership Costs   |                    | LOT    |                 |             |
| 0013 | Monthly Administrative Costs for processing Regional Fitness Reimbursement Forms                     |                    | months |                 |             |

Total Option Year 3: \$385,872.00

Option Year 4: 03/01/2020 – 02/28/2021

| Clin | Description  | Estimated Quantity | Unit   | Unit Price/Rate | Total Price |
|------|--|--------------------|--------|-----------------|-------------|
| 0001 | Director   |                    | HRS    |                 |             |
| 0002 | Associate Director   |                    | HRS    |                 |             |
| 0003 | Fitness Specialist   |                    | HRS    |                 |             |
| 0004 | Fitness Specialist   |                    | HRS    |                 |             |
| 0005 | Part Time Fitness Specialist   |                    | HRS    |                 |             |
| 0006 | 16 Additional Instructors for Specialty Classes*   |                    | Weeks  |                 |             |
| 0007 | Repair, Maintenance and replacement of equipment for Headquarters Fitness Center (Cost Reimbursable)   |                    | NTE    |                 |             |
| Clin | Description  | Estimated Quantity | Unit   | Unit/Price      | Total Price |
| -    | REGIONS – Fitness Costs (Cost Reimbursable)  | -                  | -      | -               |             |
| 0008 | Region 1- King of Prussia – Fitness Membership Costs   |                    | LOT    |                 |             |
| 0009 | Region 2 - Atlanta, GA – Fitness Membership Costs  |                    | LOT    |                 |             |
| 0010 | Region 3 – Lisle, IL- Fitness Membership Costs   |                    | LOT    |                 |             |
| 0011 | Region 4 – Arlington, TX - Fitness Membership Costs  |                    | LOT    |                 |             |
| 0012 | NRC TTC – Chattanooga, TN - Fitness Membership Costs   |                    | LOT    |                 |             |
| 0013 | Monthly Administrative Costs for processing Regional Fitness Reimbursement Forms   |                    | months |                 |             |
| 0014 | Travel Costs (Base and all Option Years) – The government will pay up to the rates specified in the Government Federal Travel Regulations (FTR) for travel destinations. Hotel reservations will be made by the contractor and will be reimbursed for actual costs only, with back up documentation/receipts attached to the invoice | -                  | NTE    | -               |             |

Total Option Year 4: \$ 401,640.00

**NRC-HQ-84-16-C-0001, M0003**

Total Base and All Option Years: \$1,935,372.00

**Note:** It is suggested the four fulltime positions above should be salary positions even though in the price schedule they are broken down by hourly rates.

\* CLIN 0006 is for 16 Specialty Classes only. If 16 Specialty Classes are not delivered weekly, the contractor must prorate billing. The unit price per class is \$64.60 for base year, and option years 1 and 2; \$65.24 for option year 3; and \$65.90 for option year 4."

All other terms and conditions remain the same.

[End of M0003]