

INTERAGENCY AGREEMENT		1. IAA NO. NRC-HQ-84-16-I-0002/M0001		PAGE 1 OF 8	
2. ORDER NO.		3. REQUISITION NO. OCHCO-16-0229		4. SOLICITATION NO.	
5. EFFECTIVE DATE See Block 26c		6. AWARD DATE 09/15/2016		7. PERIOD OF PERFORMANCE 06/13/2016 TO 06/12/2017	
8. SERVICING AGENCY OPM ALC: DUNS: +4: 1900 E STREET NW WASHINGTON DC 20415 POC Cynthia Grantham TELEPHONE NO. 202-606-0805		9. DELIVER TO US NUCLEAR REGULATORY COMMISSION- MAIL PROCESSING CENTER 4930 BOILING BROOK PARKWAY ROCKVILLE MD 20852 USA			
10. REQUESTING AGENCY HR: ALC: DUNS: +4: US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE ROCKVILLE MD 20852-2738 POC Fatima Shuler TELEPHONE NO. 301-415-7044		11. INVOICE OFFICE US NUCLEAR REGULATORY COMMISSION ONE WHITE FLINT NORTH 11555 ROCKVILLE PIKE MAILSTOP 03-E17A ROCKVILLE MD 20852-2738			
12. ISSUING OFFICE US NRC - HQ ACQUISITION MANAGEMENT DIVISION MAIL STOP TWFN-5E03 WASHINGTON DC 20555-0001		13. LEGISLATIVE AUTHORITY Economy Act			
		14. PROJECT ID			
		15. PROJECT TITLE SUPERVISORY DEVELOPMENT LEVEL 1 & 2 COURSES			
16. ACCOUNTING DATA 2016-X0200-FEEBASED-84-84D003-51-N-192-1207-251E					
17. ITEM NO.	18. SUPPLIES/SERVICES	19. QUANTITY	20. UNIT	21. UNIT PRICE	22. AMOUNT
	Master IAA: N/A The purpose of this modification is to provide funding in the amount of \$20,000.00, thereby increasing the total obligated and ceiling amount of this Interagency Agreement (IAA) from \$40,000.00 to \$60,000.00. Please see continuation page for detailed changes. Total Obligated Amount: \$60,000.00 (changed) Total IAA Ceiling Amount: \$60,000.00 (changed) Continued ...				
23. PAYMENT PROVISIONS			24. TOTAL AMOUNT \$20,000.00		
25a. SIGNATURE OF GOVERNMENT REPRESENTATIVE (SERVICING)			25a. SIGNATURE OF GOVERNMENT REPRESENTATIVE (REQUESTING) 		
25b. NAME AND TITLE		25c. DATE	25b. CONTRACTING OFFICER FATIMA SHULER		25c. DATE 09/15/2016

TEMPLATE - ADM001

SUNSI REVIEW COMPLETE JAN 25 2017 ADM002

Period of Performance: 06/13/2016 through
06/12/2017 (unchanged)

Change Item 00001 to read as follows (amount shown
is the obligated amount):

00001	Required NRC Supervisor Training	20,000.00
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As a result of this modification the following changes will be made:

Page 2 of the award document dated 06/03/2016, Price/Cost Schedule shall be deleted in its entirety and replaced with the following:

"Price/Cost Schedule

Description	Unit	Cost
Supervisory Development 1 (**FY16)	Per Registration	\$2,550.00
Supervisory Development 2 (**FY16)	Per Registration	\$2,550.00
Total Ceiling Amount:		\$60,000.00 (NTE)

Note: *Not-to-Exceed = (NTE)

**Fiscal Year 2016 Pricing = FY16"

All other terms and conditions shall remain the same.

United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number NRC-HQ-84-16-I-0002 - M0001 Servicing Agency's Agreement
 GT&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 OCHCO	OPM/HRS/CLD/Eastern Management Development Center (EMDC)			
Responsible Organization/Office Address	11545 Rockville Pike Rockville, MD 20852	1900 E Street NW Washington, DC 20415			
ORDER/REQUIREMENTS INFORMATION					
<p>25. Order Action (Check One)</p> <p><input type="checkbox"/> New</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> Cancellation – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.</p>					
26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$40,000.00	\$	\$	\$	\$40,000.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$20,000.00	\$	\$	\$	\$ 20,000.00
TOTAL Modified Obligation	\$ 60,000.00	\$ 0.00	\$0.00	\$ 0.00	\$60,000.00
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 60,000.00	\$0.00	\$0.00	\$ 0.00	\$60,000.00
<p>27. Performance Period Start Date <u>06-13-2016</u> End Date <u>06-12-2017</u></p> <p style="text-align: center;">MM-DD-YYYY MM-DD-YYYY</p> <p>For a performance period mod, insert the start and end dates that reflect the new performance period.</p>					

IAA Order

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28. Order Line/Funding Information										Line Number _____							
Requesting Agency Funding Information										Servicing Agency Funding Information							
ALC		31-000001								24000001							
Component	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB	
TAS Required by 10/1/2014			031			X	0200										
OR Current TAS format		31X0200								24000001							
BETC		DISB								24							
Object Class Code (Optional)		251E								24							
BPN		040535809								24X4571.24							
BPN + 4 (Optional)																	
Additional Accounting Classification/Information		2016-84-51-N-192-1207															
Requesting Agency Funding Expiration Date <u>no year funds</u> MM-DD-YYYY										Requesting Agency Funding Cancellation Date <u>no year funds</u> MM-DD-YYYY							
SD 1 & SD 2 Courses																	
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.)																	
Enrollment of NRC employees in Supervisory Development courses. Adding funds for additional seats																	
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		\$60,000.00		\$ 60,000.00				Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges				\$				Advance for Line (-)		\$							
Total Line Amount Obligated				\$ 60,000.00				Net Total Cost		\$ 0.00							
Advance Line Amount (-)				\$				Assisted Acquisition Servicing Fees Explanation									
Net Line Amount Due				\$ 60,000.00													
Type of Service Requirements																	
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

IAA Order

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- M0001Order # Amendment/Mod #

Servicing Agency's Agreement

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 SFFAS 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: \$ 60,000.00**

[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)**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 delivery

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

IAA Order

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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	

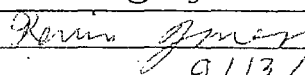
APPROVALS AND CONTACT INFORMATION

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	Fatima Shuler	Cynthia Grantham
Title	Contracting Officer	Registrar
Telephone Number	(301) 415-7044	(202) 606-0805
Fax Number		(478) 757-3057
Email Address	Fatima.Shuler@nrc.gov	Cynthia.Grantham@opm.gov
SIGNATURE		//s/Cynthia Grantham/signed
Date Signed	9/13/16	

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	Charisse Abarca
Title	Sr. Management & Program Analyst / FLO	Lead Program Analyst
Telephone Number	(301) 287-0573	(202) 246-2102
Fax Number		
Email Address	Kevin.Jones@nrc.gov	Charisse.Abarca@opm.gov
SIGNATURE		CHARISSE ABARCA
Date Signed	9/13/16	

Digitally signed by CHARISSE ABARCA
 DN: cn=us, ou=U.S. Government, ou=Office of
 Personnel Management, cn=CHARISSE-ABARCA,
 0.9.2342.19200300.100.1.1=24001000215870
 Date: 2016.09.15 10:50:18 -0400

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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	Erikka LeGrand	Susan Toman-Jones
Title	Branch Chief, Payroll & Payments Branch	Financial Management Analyst
Office Address	11545 Rockville Pike Rockville, MD 20852	1900 E Street NW Washington DC 20415
Telephone Number	(301) 415-7748	(202) 606-3591
Fax Number		(478) 757-3057
Email Address	Erikka.LeGrand@nrc.gov	susan.toman-jones@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	Basia Sall	
Title	Leadership Development Program Mgr.	
Office Address	11545 Rockville Pike Rockville, MD 20852	
Telephone Number	(301) 287-0582	
Fax Number		
Email Address	Basia.Sall@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)		