AMENDMENT OF SOLICITATION/MODIF	ONTRACT	1. CONTRACT ID CODE		OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)
268	See Bloo	ck 16C	11SC002927 Item 4		
6. ISSUED BY CODE	E 00518		7. ADMINISTERED BY (If other than Item 6)	CODE 00	518
Oak Ridge U.S. Department of Energy P.O. Box 2001 Oak Ridge TN 37831			Oak Ridge U.S. Department of Energy P.O. Box 2001 Oak Ridge TN 37831		
8. NAME AND ADDRESS OF CONTRACTOR (No., str	eet, county, State and	I ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.		
OAK RIDGE ASSOCIATED UNIVERSITIES, INC. P.O. BOX 117 OAK RIDGE TN 37830-6218			9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORDER NO. DE-AC05-060R23100		
			10B. DATED (SEE ITEM 13)		
CODE 041152224	FACILITY COL	DE	12/21/2005		
	11. THIS ITE	EM ONLY APPLIES TO A	 MENDMENTS OF SOLICITATIONS		
THE PLACE DESIGNATED FOR THE RECEIPT O	F OFFERS PRIOR ffer already submit yed prior to the ope	TO THE HOUR AND DA ted, such change may be ning hour and date speci		OUR OFFER.	If by reference
13. THIS ITEM ONLY APPLIES TO	MODIFICATION O	F CONTRACTS/ORDERS	S. IT MODIFIES THE CONTRACT/ORDER NO. AS DI	ESCRIBED IN I	TEM 14.
	ACT/ORDER IS M TH IN ITEM 14, PU	ODIFIED TO REFLECT TURNUMENT TO THE AUTH	CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE ADMINISTRATIVE CHANGES (such as changes HORITY OF FAR 43.103(b). JTHORITY OF:		
D. OTHER (Specify type of modification	on and authority)				
X 52.232-22 Limitation	• /	s: B.4 Oblig	ation of Funds		
E. IMPORTANT: Contractor 🗓 is not,		o sign this document and	^	na office.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION Technical Services for Mana The purpose of this modific funds received from the Depprogram. Clause B.4 Obligation	N (Organized by U gement of ation is artment o	the Oak Rido to obligate f f Health and	duding solicitation/contract subject matter where feas ge Institute of Science and funding in the amount of \$1 Human Services through the	ible.) d Educat 1,452,95 e Work f	2.91 for
"Pursuant to the Clause in funds in the amount of \$1,0 payment of allowable costs contract through the period FOB: Destination Period of Performance: 01/0	80,496,85 and maxim estimate	8.50 are obli um fee to be d to end Dece	igated herewith and made avincurred from the effective	vailable	for
Except as provided herein, all terms and conditions of	the document refe	renced in Item 9A or 10A			
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
			Mary L. Crow		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA		16C. DATE SIGNED
(0)			Signature on File		03/30/2011
(Signature of person authorized to sign)			(Signature of Contracting Officer)		I