AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE			PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DAT	TE I	4. REQUISITIO	DN/PURCHASE REQ. NO.	5. PR	OJECT NO. ((If applicable)	
P00013		See Block						аррисаало)	
6. ISSUED BY	CODE	OLAO/NITAA		7. ADMINISTE	ERED BY (If other than Item 6)	CODE	<u> </u>		
National Institutes o NIH Info Tech Acquisi Assessment Center Bethesda, MD 20892-75	tion an	:h		,					
8. NAME AND ADDRESS OF CONTRACT	OR (No., street,	t, county, State and ZIP	Code)	9A. AMENI	DMENT OF SOLICITATION NO.				
CACI NSS, LLC.:1225642 14370 NEWBROOK DRIVE ATTN: CONTRACTS ADMIN. CHANTILLY VA 201514206	SAM ON	NLY		9B. DATEC	O (SEE ITEM 11) IFICATION OF CONTRACT/ORDE 16201200032W	ER NO.			
				10B. DATE	D (SEE ITEM 13)				
CODE		FACILITY CODE		05/21	/2012				
		11. THIS ITEM C	ONLY APPLIES TO A	I MENDMENTS (OF SOLICITATIONS				
CHECK ONE A. THIS CHANGE ORDER ORDER NO. IN ITEM 1	PPLIES TO MO	is received prior to thuired) ODIFICATION OF CO	ONTRACTS/ORDERS	. IT MODIFIES	THE CONTRACT/ORDER NO. AS	S DESCRIBE	ED IN ITEM 14 NTRACT	4.	
					RATIVE CHANGES (such as chan R 43.103(b).	nges in payin	ng office,		
C. THIS SUPPLEMENTAL X FAR Subpart 4: D. OTHER (Specify type o	2.12 No	vations and			greements				
E. IMPORTANT: Contractor	☐ is not,	x is required to sign	gn this document and	return	1 copies to the is	ssuina office			
14. DESCRIPTION OF AMENDMENT/MO The purpose of this mo CACI NSS, LLC. This is the DCMA. All other terms and co	odifica	tion is to cordance w	change the	contra ached A	ctor name from CA greement and SF30	ACI NSS			
Continued Except as provided herein, all terms and c	onditions of th	ne document referenc	ced in Item 9 A or 10A	, as heretofore	changed, remains unchanged an	d in full force	e and effect.		
15A. NAME AND TITLE OF SIGNER (Type				1	AND TITLE OF CONTRACTING C				
Becky Mallett, Sr. Co	ontracts			KEITH 3	JOHNSON				
15B. CONTRACTOR/OFFEROR		150	C. DATE SIGNED		STATES OF AMERICA Digit	ally signed	16C. d by Keith	DATE SIGNED	
Becky Mallett		D	ec 04, 2020	Vein	John John	son -S	_		
(Signature of person authorized	ro sign)			- S	(Signature of Contracting Of Date		07 14:55:34 RD FORM 30		

NAME OF OFFEROR OR CONTRACTOR CACI NSS, LLC.:1225642

I NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Payment:				
	Approved By, DITA-NITAAC Central				
	2115 East Jefferson St, MSC 8500				
	2115 East Jefferson St, MSC 8500				
	Room 4B-432				
	Bethesda, MD 20892-8500				
	Period of Performance: 06/01/2012 to 05/31/2022				
	1		1		