EXCEPTION TO SF 30, APPROVED BY NARS 5/79				1.00	ONTRACT ID CODE	PAGE 1 OF 2
AMENDMENT OF SOLICITATION/MO						
2. AMENDMENT/MODIFICATION NO. 180	3. EFFECT September	TVE DATE er 15, 2010	4. REQUISITION/PU NA27344	JRCHA	SE REQ. NO.	5. PROJECT NO. (If applicable)
6. ISSUED BY CODE			7. ADMINISTERED I	BY (If oti	ner than Item 6)	
U.S. Department of Energy/NNSA SC M&O Contract Support Division P.O. Box 5400 Albuquerque, NM 87185-5400			U.S. Department of Livermore Site Of 7000 East Avenue Livermore, CA 9	ffice M		
8. NAME AND ADDRESS OF CONTRACTOR (	No., street, cour	ntry, State, and			9A. AMENDMENT SOLICITATION NO.	OF
Lawrence Livermore National Security, LL Lawrence Livermore National Laboratory 7000 East Avenue Livermore, CA 94550					9B. DATED (SEE IT	
				x	10A. MODIFICATION ORDER NO. DE-AC52-07NA2734	,
					10B. DATED (SEE IT	EM 13)
CODE	FACILITY	CODE			May 8, 2007	
11. THIS ITE	M ONLY APP	LIES TO AME	NDMENTS OF SOLICI	TATION	NS	
IT MODIFIES  A. THIS CHANGE ORDER IS ISSUED PURS NO. IN ITEM 10A.  B. THE ABOVE NUMBERED CONTRACT/ appropriation data, etc.) SET FORTH IN ITE  C. THIS SUPPLEMENTAL AGREEMENT IS	and returning by separate lent TO BE RE RESULT IN I be made by tel r to the openin A (If required)  APPLIES ONLY BOTHE CONTR UANT TO: (Spe ORDER IS MOI M 14, PURSUA ENTERED INT	copies of etter or telegrace AT T. REJECTION Of the egram or letter of hour and date of the egram of the ecify authority) TIOIFIED TO REFUNT TO THE A	of the amendment; (b) Boom which includes a reference PLACE DESIGNATIFY OUR OFFER. If by vor, provided each telegrate specified.  CATIONS OF CONTRACTION AS DESCRIBED IN THE CHANGES SET FORTUTHORITY OF FAR 43.10	y acknored to the control of the con	wledging receipt of this of the solicitation and amount of the RECEIPT OF OFF. this amendment you deter makes reference to the RDERS,	endment ERS sire to e
X D. OTHER (Specify type of modification and autho Modification pursuant to Contract		2, DEAR 970	0.5232-4 OBLIGATI	ON O	F FUNDS (DEC 200	0)
E. IMPORTANT: Contractor X_ is not, is req	uired to sign tl	his document a	and returncop	oies to ti	ne issuing office.	
14. DESCRIPTION OF AMENDMENT/MODIFIC feasible.)  See attachment  Except as provided herein, all terms and conditions of the do		Ţ		-	·	
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND T	TTLE O	F CONTRACTING OFF	
45D CONTROLOGO CONTROLOGO	1450 5	A CITY	Ronna Promani, C U.S. Department	of Ene	rgy/NNSA	14C DATE
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. I SIGNI		By (Signature of			16C. DATE SIGNED  9/15/2010  RD FORM 30

•

Contract No. DE-AC52-07NA27344 Modification No.: 180 Page 2 of 2

The first sentence of Paragraph (a), Clause I-112, is revised to read as follows: "(a) The amount presently obligated by the Government with respect to this contract is \$5,082,439,428.14 through modification 179."

The funds obligated by this action represent a net funding change of \$2,000,000.00 with no change in the Transition Period estimated cost and funds, an increase of \$2,000,000.00 in Operating/Capital/Reimbursable funds, and no change in Plant Construction. The total amount now obligated by the Government with respect to this Contract is \$5,084,439,428.14 consisting of \$10,128,279.00 for the Transition Period, \$4,941,991,859.34 in Operating/Capital/Reimbursable funds, and \$132,319,289.80 in Plant Construction.

In accordance with Clauses B-2 and I-112, the Contractor is authorized for the period of October 1, 2009 to September 30, 2010 to withdraw on a monthly basis and on the last day of each month, 1/12<sup>th</sup> of the annual Fixed Fee. The annual Fixed Fee amount is \$12,751,807.00. Additionally, the Contractor is authorized for the period of October 1, 2009 to September 30, 2010 to withdraw on a monthly basis and on the last day of each month, provisional performance incentive fee payments to 3% of the maximum Available Performance Incentive Fee. Three percent of the maximum Available Performance Incentive Fee amount is \$10,711,518.12. Finally, the Contractor is authorized for the period of October 1, 2009 to September 30, 2010 to withdraw on a monthly basis and on the last day of each month, the maximum Available Fixed Fee collected from Reimbursable work. The maximum Available Fixed Fee from Reimbursable work is \$7,250,000. The Transition Period was performed on a cost reimbursement no fee basis for the period of May 9, 2007 to September 30, 2007.

The funding change shall be distributed into the budget categories as shown on the attached Approved Funding Program. Payment for costs incurred during the Transition Period will be authorized and reimbursed, in the accounting and appropriation data specified in Clause B-2(h), by the Contracting Officer for invoices submitted by the Contractor.

Date: Mod 180 9/14/2010 To: Lauren Reed-LLNL LLNL, Budget M&O Contractor Contracting Office (POD) 9/15/2010 Ronna Promani Cc: Janis Parenti Site Office Business Manger Jeff Hodges Site Office, Budget Linda Sanchez Prop/M&O Denise Apodaca Prop/M&O BRMD Designated Funds Certifying Official From: Norma Dizon Kathy Wolf BRMD Analyst (Phone # : 505-845-4011)

Subject: ARRA Supplemental Approved Funding Program (AFP) - Fund Certification

The following allotment is certified available for obligation and will be reflected in the next regularly scheduled AFP.

Non-Full Funding Situation (i.e... Continuing Resolution)

X Full Funding Situation

r.	Funds Source #1	Funds Source #2
Reporting Entity	100038	100038
CID	NA27344	NA27344
Appropriation	2009 899/100211	2009 899/100211
Fund Type/Code	05899	05899
B&R Control/OCL <sup>1</sup>	C002562	C002562
B&R/STARS Program <sup>1</sup>	1611007	1611007
PRN/Local Use Value	N/A	N/A
Project	2003010	2003010
Cost Center	N/A	N/A
Dollar Amount	\$2,000,000	\$2,000,000

X Comments

ARRA Work Authorization documents LLNL-10-FEW0181 and LLNL-10-FEW0180 attached. These funds are anticipated to be provided on the next Local AFP release scheduled for September 15, 2010. Any requests for redistribution of these funds from the intended purpose and/or site must be requested and approved in writing from the Headquarters program contact with a cc to BRMD Management (Kevin Goetz, Pecolia Sharts-Meadows, and Debbie Jones).

X Include in Performance Measures (if not provide reason)

<sup>1.</sup> For Non-Full Funding situations the breakdown to reporting levels B&R9/STARS Program value should be provided to BRMD Analyst prior to next regularly schedule AFP.