AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE	OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE 4	. REQ	 UISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)			
P00005	See Bloo		o. r roses r ros. (ii application						
6. ISSUED BY CODE	OLAO/NI		7. ADMINISTERED BY (If other than Item 6) CODE						
National Institutes of Healt NIH Info Tech Acquisition ar Assessment Center Bethesda, MD 20892-7511	:h	,	,						
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and	ZIP Code)	Λ 9A.	AMENDMENT OF SOLICITATION NO.					
DELMOCK TECHNOLOGIES, INC:1286547			(x) SA. AWENDIVIENT OF SOCIETATION NO.						
			9B. DATED (SEE ITEM 11)						
SUITE 100									
BALTIMORE MD 212232632									
			x 10A. MODIFICATION OF CONTRACT/ORDER NO. HHSN316201800045W						
			10E	3. DATED (SEE ITEM 13)					
CODE CDQ8LPRKL2E7	FACILITY COD	E	0	07/27/2018					
~	11. THIS ITE	EM ONLY APPLIES TO AM	AMENDMENTS OF SOLICITATIONS						
CHECK ONE A. THIS CHANGE ORDER IS ISSUED I ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRAC appropriation data, etc.) SET FORTH	change an offer a nce to the solicita uired) ODIFICATION OF PURSUANT TO: CT/ORDER IS ME H IN ITEM 14, PU	already submitted , such chation and this amendment, such chation and this amendment, such chation and this amendment, such chatical forms of the contract of	IT MC	may be made by letter or electronic communic received prior to the opening hour and date specified prior to the	ation, provided becified. SCRIBED IN IT HE CONTRAC	T EM 14.			
C. THIS SUPPLEMENTAL AGREEMEN			HORI	TY OF:					
X Mutual Agreement of D. OTHER (Specify type of modification		ies ————————————————————————————————————							
D. OTHER (Specify type of modification	and authonly)								
E. IMPORTANT: Contractor is not	X is required to	o sign this document and re	eturn		g office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION The purpose of this modifica contract to 11/01/2022. Yea extended ordering period. N All other terms and conditio Discount Terms: PROMPT PAY Continued Except as provided herein, all terms and conditions of tr 15A. NAME AND TITLE OF SIGNER (Type or print)	tion is raid to the raid to the remain	to extend the or categories ments to any in in effect.	orc and and labo	dering period of perfor d labor rates will be u or rates will occur.	mance o sed for	the			
The state of the s						·····y			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		JNITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to sign)				(Signature of Contracting Officer)					

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED HHSN316201800045W/P00005

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR

DELMOCK TECHNOLOGIES, INC:1286547

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1		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: 08/01/2018 to 11/01/2022				
	Character 1 to made a fallow (amount about to				
	Change Item 1 to read as follows (amount shown is				
	the obligated amount):				
1	Chief Information Officer - Solutions and				19,999,999,750.00
	Partners 3 (restricted)				
	Delivery To: 6011/ Suite 501				
	Product/Service Code: DA01				
	Product/Service Description: IT AND TELECOM -				
	BUSINESS APPLICATION/APPLICATION DEVELOPMENT				
	SUPPORT SERVICES (LABOR)				
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