|                                                                          | pproved for Release: 2017               | 7/03/15 C061/0500                     | I. CONT           | RACT ID CODI                                 | <u> </u>                         | PAGE OF           | PAGES       |
|--------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------|----------------------------------------------|----------------------------------|-------------------|-------------|
| AMENDMENT OF SOLICITA                                                    | TION/MODIFICATION                       | OF CONTRACT                           |                   |                                              |                                  | 1_1_              | 3           |
| 2. AMENDMENT/MODIFICATION NO.                                            | 3. EFFECTIVE DATE                       | 4. REQUISITION/PURCHASE R             | EQ. NO.           |                                              | 5. PROJ                          | ECT NO. (If app   | licable)    |
| Modification No. 21                                                      | 23 September 2010                       | 7. ADMINISTERED BY (If other          | than Item         | <del></del>                                  | CODE                             | 1                 |             |
| . 100025 51                                                              | DE                                      | 7. ADMINIOTELED DE NECES              |                   | -,                                           |                                  |                   | _           |
| CIO/IMS Contracts                                                        |                                         |                                       |                   |                                              | \/2\                             |                   |             |
| Washington, D.C. 20505                                                   | (b)(3)                                  |                                       | (b)(3)            |                                              |                                  |                   |             |
| NAME AND ADDRESS OF CONTRACTOR (No. Street                               | t, county, State and ZIP: Code)         |                                       | (~)               | 9A. AMENDM                                   | ENT OF S                         | OLICITATION       | Ю.          |
| Raytheon                                                                 |                                         |                                       |                   | 9B. DATED (S                                 | SEE ITEM                         | 11)               |             |
| 205 Van Buren Street, Suite 300                                          |                                         |                                       |                   |                                              |                                  |                   |             |
| lerndon, VA 20170                                                        | •                                       | •                                     |                   |                                              | 10A. MODIFICATION OF CONTRACT/OR |                   |             |
|                                                                          |                                         |                                       | X                 | 2010*0514416*000<br>10B. DATED (SEE ITEM 13) |                                  |                   |             |
|                                                                          |                                         |                                       | _                 | •                                            |                                  | -                 |             |
| DDE                                                                      | FACILITY CODE                           |                                       |                   |                                              | bruary                           | / 2010            | <del></del> |
|                                                                          | TEM ONLY APPLIES TO                     |                                       |                   |                                              | ·                                |                   | <u> </u>    |
| The above numbered solicitation is amended                               | as set forth in Item 14. The hour       | and date specified for receipt        | of Offers         | ☐ is ext                                     | •                                |                   | xtended.    |
| ffers must acknowledge receipt of this amendme                           | nt prior to the hour and date spec      | cified in the solicitation or as a    | mended,           | by one of the                                | following                        | methods:          |             |
|                                                                          | (4) af the empendence to (b             | A By acknowledging receipt o          | f this am         | endment on e                                 | each copy                        | of the offer:     | submitted;  |
| (c) By separate letter or telegram which inclu                           | des a reference to the solicitation     | n and amendment numbers.              | PAILUI<br>DATA SP | ECIFIED MA                                   | Y RESU                           | T IN REJEC        | TION OF     |
| ario acces is building of this amondment t                               | my decire to change an offer all        | ready submitted, such challo          | e may o           | S HINDUC DY LE                               | sicgiaili c                      | r letter, prov    | ded each    |
| egram or letter makes reference to the solicitation                      | on and this amendment, and is re-       | ceived prior to the opening no        | ui aii0 0         | an apecilled.                                |                                  |                   |             |
| . ACCOUNTING AND APPROPRIATION DATA (If requ                             | red)-                                   |                                       |                   |                                              |                                  |                   |             |
| one                                                                      |                                         |                                       |                   |                                              |                                  |                   |             |
|                                                                          | 177 CHANGE                              | ICIOATIONS OF CONT                    | DACT              | MODDED                                       |                                  |                   |             |
| 13. THIS ITEM                                                            | APPLIES ONLY TO MOD                     | ED NO. AS DESCRIBE                    | יו טאט וי         | STONDLIN                                     | ٥,                               |                   |             |
| IT MODIFIE                                                               | S THE CONTRACT/ORD                      | ER NO. AS DESCRIBE                    | EMADE             | N THE CONTR                                  | ACT ORD                          | R NO. IN ITEM     | 1 10A.      |
| /) A. THIS CHANGE ORDER IS ISSUED PURSUAI                                | IT TO: (Specify authority) THE CHAI     | AGES SET FORTH IN TIEM 14 VI.         | IL WINDL          |                                              |                                  |                   |             |
|                                                                          |                                         |                                       |                   |                                              |                                  |                   |             |
| B. THE ABOVE NUMBERED CONTRACT/ORDE FORTH IN ITEM 14, PURSUANT TO THE AU | R IS MODIFIED TO REFLECT THE AL         | OMINISTRATIVE CHANGES (such           | as chang          | es in paying offi                            | ice; approp                      | riation date, etc | .) SE !     |
| Y                                                                        |                                         |                                       |                   | <del></del>                                  |                                  |                   |             |
| C. THIS SUPPLEMENTAL AGREEMENT IS EN                                     | TERED INTO PURSUNT TO AUTHOR            | ITY OF:                               |                   |                                              |                                  |                   |             |
|                                                                          |                                         | · · · · · · · · · · · · · · · · · · · |                   |                                              |                                  |                   |             |
| D. OTHER Specify type of modification and autho                          | rity)                                   |                                       |                   |                                              |                                  |                   |             |
|                                                                          |                                         |                                       |                   |                                              |                                  |                   |             |
| PARTOREANTE CONTRACTOR TO SO                                             |                                         | this document and re                  | turn 1            | copy to the                                  | ne issu                          | ing office        |             |
| . IMPORTANT: Contractor 🗌 is                                             |                                         |                                       |                   |                                              |                                  |                   |             |
| I. DESCRIPTION OF AMENDMENT/MODIFICATION (C                              | rganized by UCF section headings, Inc   | duding solicitation/contract subject  | matter wn         | are reasible.)                               |                                  |                   |             |
|                                                                          |                                         | :                                     |                   |                                              |                                  |                   |             |
| I                                                                        |                                         |                                       |                   |                                              |                                  |                   |             |
| :                                                                        | *** See Pa                              | nge 2-3 ***                           |                   |                                              |                                  |                   |             |
| · · · · · · · · · · · · · · · · · · ·                                    | 00010                                   | igo <b>z</b> o                        |                   |                                              |                                  |                   |             |
| •                                                                        |                                         | •                                     |                   |                                              |                                  |                   |             |
| :                                                                        |                                         |                                       |                   |                                              |                                  |                   |             |
| •                                                                        |                                         |                                       |                   |                                              |                                  |                   |             |
|                                                                          |                                         | as heretofore changed, remains u      | nd and in i       | ull force and eff                            | fect:                            |                   |             |
| cept at provided herein, all terms and conditions of the d               | ocument referenced in Item 9A of 10A    | 16A. NAME AND TITLE OF CO             | NTRACT            | ING OFFICER                                  | R (Type o                        | or print)         |             |
| SA. NAME AND TITLE OF SIGNER (Type or print)                             |                                         |                                       |                   |                                              |                                  |                   |             |
|                                                                          |                                         |                                       |                   |                                              |                                  |                   |             |
| ER CONTRACTORIOETEROR                                                    | 15C. DATE SIGNED                        | 16                                    | -                 |                                              |                                  | 16C. DATE S       | IGNED       |
| 5B. CONTRACTOR/OFFEROR                                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |                   |                                              |                                  | 22 61             | mbor        |
|                                                                          |                                         |                                       |                   |                                              |                                  | 23 Sept<br>2010   | mper        |
|                                                                          |                                         | ВХ                                    |                   |                                              |                                  | 2010              |             |
| (Signature of person authorized to sign)                                 |                                         |                                       |                   |                                              | PM                               | 30 (REV. 1        | )-83)       |
| N 7540-01-152-8070                                                       | 30-10<br>Computer G                     |                                       |                   | rescribed by (                               |                                  | 00 (in= vi ii     | ,           |
| EVIOUS EDITION UNUSABLE:                                                 | Computer G                              | enerateu                              |                   | AR (48 CFR)                                  |                                  |                   |             |

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Raytheon

Contract No.: 2010\*0514416\*00-

Approved for Release: 2017/03/15 C06140500

Modification No. 21

Page 2 of 3

## 152.204-721 Use of Facsimile Signatures (JUN 2002)

The Contract document may be executed in counterparts, each of which shall be deemed an original, all of which together shall constitute one and the same instrument. Facsimile signatures will be regarded as authentic by all parties.

A. The purpose of Modification No. 21 is to move contract value from CLIN 1 to CLIN 2 (B-1 and B-2). There is no change in the total contract value, obligation, level of effort, or period of performance as a result of this modification.

(b)(4)

As a result, the following changes are incorporated:

1. B-1. Type of Contract and Total Contract Value is revised as follows:

The Contractor shall, in accordance with the terms and conditions set forth herein, furnish the necessary qualified personnel, services, travel, facilities and materials (except those specifically designated to be provided by the Government) and do all things necessary and incidental to complete the contractual effort in accordance with the Statement of Work incorporated by Section C – Description/Specifications/Statement of Work hereto.

The total contract value is as follows:

| Based Period Wit Beblie | y 2010=16 February 2011# 2014   10 10 10 10 10 10 10 10 10 10 10 10 10 |
|-------------------------|------------------------------------------------------------------------|
| GLIN 01-IMS             | -Fróm i Mod 21 To                                                      |
| Est. Cost               |                                                                        |
| Award Fee               |                                                                        |
| CPAF                    |                                                                        |
| CLIN 02-Others          |                                                                        |
| Est. Cost               |                                                                        |
| Award Fee               |                                                                        |
| CPAF                    |                                                                        |
| <u> </u>                |                                                                        |
| CLIN 03-HW/SW Pur       |                                                                        |
| Est. Cost               |                                                                        |
| Fixed Fee               |                                                                        |
| CPFF                    |                                                                        |
| CEIN 04-AF Pliot        | From Exp. To To                                                        |
| Est. Cost               |                                                                        |
| Fixed Fee               |                                                                        |
| CPFF                    |                                                                        |
| GRAND TOTAL             |                                                                        |

Certain CLIN(s), as identified in this contract and in the total estimated amounts set forth below are Cost-Plus Award Fee (CPAF) and Cost-Plus Fixed Fee (CPFF), as described under the Federal Acquisition Regulations (FAR) 16.305 and 16.306.

- 2. B-2. 152.216-748 Type of Contract and Consideration (CPAF-LOET) (DEC 2004) (Applies to CLIN 01, 02) is revised as follows:
  - (a) This is a Cost-Plus-Award-Fee (CPAF) Level-of-Effort Term (CPAF-LOET) type contract as described in FAR 16.305 in the total estimated amounts set forth below.

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(b)(4)

(b)(4)

(b)(3)

(b)(4)

(b)(4)

Raytheon Approved for Release: 2017/03/15 C06140500 .

Contract No.: 2010\*0514416\*00.

Modification No. 21

Page 3 of 3

| Base Period: 17 February 2010-16 February 2011 | The state of the s |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Est. Cost                                      | (b)(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Award Fee                                      | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CPAF                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| GLIN 02-Others                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Est. Cost                                      | (b)(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Award Fee                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CPAF                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                | (b)(3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (S (b) through (i)                             | (6)(6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Paragraphs (b) through (j) remain unchanged as a result of this modification. There is no change in the period of performance, award fee, or level of effort as a result of this modification.

B. All other terms and conditions of the contract remain unchanged and in full force and effect.

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