

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 0108	3. EFFECTIVE DATE 04/25/2014	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY Savannah River Operations U.S. Department of Energy Savannah River Operations P.O. Box A Aiken SC 29802	CODE 00901	7. ADMINISTERED BY (If other than item 6) Savannah River Operations U.S. Department of Energy Savannah River Operations P.O. Box A Aiken SC 29802		CODE 00901
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) G4S GOVERNMENT SOLUTIONS INC Attn: MIKE GALLAGHER 7121 FAIRWAY DRIVE, SUITE 301 PALM BEACH GARDENS FL 334183766		(x)	9A. AMENDMENT OF SOLICITATION NO.	
			9B. DATED (SEE ITEM 11)	
		X	10A. MODIFICATION OF CONTRACT/ORDER NO. DE-AC30-10CC60025	
			10B. DATED (SEE ITEM 13) 10/08/2009	
CODE 073891921	FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.				
12. ACCOUNTING AND APPROPRIATION DATA (If required) See Schedule				
13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.				
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.			
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).			
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:			
X	D. OTHER (Specify type of modification and authority) Mutual Agreement Between the Parties			
E. IMPORTANT: Contractor <input type="checkbox"/> is not. <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Tax ID Number: 59-0940269 DUNS Number: 073891921 A. The purpose of this modification is to modify the existing clauses under SECTION H - SPECIAL CONTRACT REQUIREMENTS; H.8 EMPLOYEE COMPENSATION: PAY BENEFITS, (e) Pay and Benefit Programs; (10); in accordance with guidelines provided by Department of Energy, Office of Acquisition and Project Management; Memorandum dated February 12, 2014. Accordingly, the sections cited below are hereby revised, effective May 20, 2014 (Reference Memorandum, dated March 21, 2014, subject: Revised Reporting of Workforce Restructuring Data): FROM:				
Continued ...				
Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
		Johnsell L. Christian		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED	
(Signature of person authorized to sign)		Signature on File	04/25/2014	
		(Signature of Contracting Officer)		

NAME OF OFFEROR OR CONTRACTOR
G4S GOVERNMENT SOLUTIONS INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
H.8	<p>EMPLOYEE COMPENSATION: PAY AND BENEFITS</p> <p>(e) Pension and Other Benefit Programs</p> <p>(10) Each Contractor will respond to data calls issued through iBenefits, including quarterly data calls as required.</p> <p>TO:</p> <p>H.8 EMPLOYEE COMPENSATION: PAY AND BENEFITS</p> <p>(e) Pension and Other Benefit Programs</p> <p>(10) Each Contractor will respond to data calls issued through iBenefits, including quarterly data calls as required.</p> <p>The Contractor must provide actual and projected workforce reductions on an annual basis not later than March 15th of each year. The collection of Contractor workforce reduction data will be administered through the iBenefits system (https://ibenefits.energy.gov) for the collection of the following:</p> <p>Actual number of voluntary/involuntary separations for the prior Fiscal Year (FY) (that is, FY 20XX), and</p> <p>Actual and projected number of voluntary/involuntary separations for the current year (that is, FY 20XX). Please include any actual separations that have already occurred in the current fiscal year.</p> <p>B. All other terms and conditions remain the same</p> <p>Period of Performance: 10/08/2009 to 09/30/2019</p>				