AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE	OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE 4	. REC	UISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)			
P00004	See Bloo	ck 16C							
6. ISSUED BY CODE	OLAO/NI	<u> </u>	7. ADMINISTERED BY (If other than Item 6) CODE						
National Institutes of Healt NIH Info Tech Acquisition an Assessment Center Bethesda, MD 20892-7511	:h		,						
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county. State and	ZIP Code)	, 9A	AMENDMENT OF SOLICITATION NO.					
	•	()	k) 571.	AMENDMENT OF GOLIGITATION NO.					
CREDENCE MANAGEMENT SOLUTIONS LIMITED LIABILITY COMPANY:1317990 3609 WESTWOOD CTR DRIVE SUITE 300 //IENNA VA 221827521			9B. DATED (SEE ITEM 11)						
				x 10A. MODIFICATION OF CONTRACT/ORDER NO. 75N98119D00015					
			10E	B. DATED (SEE ITEM 13)					
CODE FZNCSKF4X6D9	FACILITY COD	E	07/11/2019						
	11. THIS ITE	EM ONLY APPLIES TO AM	ENDM	ENTS OF SOLICITATIONS					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED FORDER NO. IN ITEM 10A.	change an offer a nee to the solicita uired) ODIFICATION O	already submitted , such chition and this amendment, F CONTRACTS/ORDERS. (Specify authority) THE C	IT MC	may be made by letter or electronic communic	eation, provided pecified. SCRIBED IN IT	TEM 14.			
C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED I	NTO PURSUANT TO AUT	HORI	TY OF:					
X Mutual Agreement of	the Part	ies							
D. OTHER (Specify type of modification	and authority)								
E. IMPORTANT: Contractor is not	X is required to	o sign this document and r	eturn		a office				
14. DESCRIPTION OF AMENDMENT/MODIFICATION The purpose of this modifica contract to 11/1/2022. Year extended ordering period. N All other terms and conditio Discount Terms: PROMPT PAY	tion is 1 10 labo o adjust	to extend the r categories a ments to any	or and	dering period of perfor labor rates will be us	mance o				
Continued Except as provided herein, all terms and conditions of the	ne document refo	renced in Item 9 A or 10A	as ho	retofore changed, remains unchanged and in	full force and a	ffect			
15A. NAME AND TITLE OF SIGNER (Type or print)	ie aocament rete	renced in item 9 A or 10A,		retofore changed, remains unchanged and in the NAME AND TITLE OF CONTRACTING OFFI					
(30						,			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		JNITED STATES OF AMERICA		16C. DATE SIGNED			
(Cinnature of several cuttoring of the size)				(Cionatura of Cantra-ti Offi)					
(Signature of person authorized to sign)				(Signature of Contracting Officer)		l .			

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED 75N98119D00015/P00004
 PAGE 0F
 2
 2

NAME OF OFFEROR OR CONTRACTOR

CREDENCE MANAGEMENT SOLUTIONS LIMITED LIABILITY COMPANY:1317990

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	AMOUNT (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: 07/11/2019 to 11/01/2022 Change Item 1 to read as follows(amount shown is the obligated amount):			
1	Chief Information Officer - Solutions and 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)			19,999,999,750.00