| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               | CONTRACT ID CODE                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PAGE C                                  | F PAGES                 |
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| 2. AMENDMENT/MODIFICATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. EFFECTIVE DATE                                                                                                                                                                                                                                                                   | 4. REQUISITION/PURCHASI                                                                                                                                                                                                       | SE REQUISITION NUMBER 5. PROJECT NUM                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I NUMBER (                              | (If applicable)         |
| 6. ISSUED BY CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                     | 7. ADMINISTERED BY (                                                                                                                                                                                                          | (If other than Item 6)                                                                                                                                                                                 | CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                         |
| The above numbered solicitation is amended as set fort Offers must acknowledge receipt of this amendment prior to t (a) By completing items 8 and 15, and returning or (c) By separate letter or electronic communication which in RECEIVED AT THE PLACE DESIGNATED FOR THE RECE by virtue of this amendment you desire to change an offer alm communication makes reference to the solicitation and this ar  12. ACCOUNTING AND APPROPRIATION DATA (If require                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CILITY CODE  If ONLY APPLIES TO A  th in Item 14. The hour and da he hour and date specified incopies of the amendment, icludes a reference to the solid IPT OF OFFERS PRIOR TO eady submitted, such change mendment, and is received print ad)  PLIES ONLY TO MOD E CONTRACT/ORDER | AMENDMENTS OF State specified for receipt of Othe solicitation or as amendation of the solicitation and amendment number that the HOUR AND DATE SP may be made by letter or eigroup to the opening hour and DIFICATIONS OF CO | is extended.  ded, by one of the following the following of this amendment on the mbers. FAILURE OF YOU ECIFIED MAY RESULT deterionic communication, date specified.  INTRACTS/ORDER CRIBED IN ITEM 14 | E ITEM 11)  TION OF CON  EE ITEM 13)  is not a general copy of the | TRACT/ORE  ot extended.  the offer subi | mitted; TO BE OFFER. If |
| B. THE ABOVE NUMBERED CONTRACT/O appropriation data, etc.) SET FORTH IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                               | •                                                                                                                                                                                                      | changes in pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ying office,                            |                         |
| C. THIS SUPPLEMENTAL AGREEMENT IS  D. OTHER (Specify type of modification and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                     | T TO AUTHORITY OF:                                                                                                                                                                                                            |                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                         |
| E. IMPORTANT: Contractor is not is not is not in the important is not in the important is not in the important in the importa | s required to sign this d                                                                                                                                                                                                                                                           | •                                                                                                                                                                                                                             |                                                                                                                                                                                                        | s to the issu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | uing office                             |                         |
| Except as provided herein, all terms and conditions of the doc<br>15A. NAME AND TITLE OF SIGNER (Type or print)  15B. CONTRACTOR/OFFEROR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     | or 10A, as heretofore chan-<br>16A. NAME AND TITLE OF<br>16B. UNITED STATES OF                                                                                                                                                | F CONTRACTING OFFIC                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | orint)                                  | TE SIGNED               |
| (Signature of person authorized to sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     | Oblee (Signatur                                                                                                                                                                                                               | re of Contracting Officer)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                       |                         |

#### SF 30 BLOCK 14 CONTINUATION PAGE

# **SUMMARY OF CHANGES**

## **Section A - Solicitation/Contract Form**

The following modifications were made:

| Information       | From        | То          |
|-------------------|-------------|-------------|
| Response Due Date | 04 Aug 2025 | 18 Aug 2025 |

### **Section I - Contract Clauses**

Additional Regulation or Supplemental Clauses Incorporated by Full Text

The following Clause(s) were deleted: DFARS Clauses Incorporated by Reference

Number Title Effective Date Alternate/ Deviation Date Date

252.204-7020 NIST SP 800-171 DoD Assessment Requirements. Nov 2023

#### **Section J - List of Attachments**

The following Attachment(s) were added:
RFIs\_B452 Solicitation-FA302225R0005-Answers
RTA Submittal Files - SCALE CORRECTION