The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers is extended, 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 electronic communication 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 letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

See Schedule

UEI: JW7MLW3RRK34

The purpose of this Modification is to De-obligate Department of Health and Human Services COVID-19 Funding in the amount of (-$444,693.35) TAS 89 75 0943 This Modification does not obligate any Non-Appropriated Funding.

Pursuant to paragraph (a) of the contract clause in Section I, DEAR 970.5232-4 Obligation of Funds and P.L. 95-91, the amount presently obligated by the Government with respect to this modification is: $1,843,705,112.36

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A 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)

Kenneth Lowell Kimbrough

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

Signature on File

03/28/2022

(Signature of person authorized to sign)

(Signature of Contracting Officer)
### CONTINUATION SHEET

#### NAME OF OFFEROR OR CONTRACTOR
Oak Ridge Associated Universities, Incorporated

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
</table>

Payment:

VIPERS  
https://vipers.doe.gov  
Any questions, please contact  
by call/email 855-384-7377 or  
VipersSupport@hq.doe.gov