

32976

AWARD MODIFICATION



Transportation Security Administration

1	MODIFICATION NUMBER	2	AWARD NUMBER	3	REQUISITION NUMBER
Modification No. P00002		Agreement No. HSTS0213HSLR108		2115205SLR103	
4	RECIPIENT		5	ISSUED BY	
Name & Address: LGB City of Long Beach Long Beach Airport 4100 Donald Douglas Drive Long Beach, California 90808-1754 Fred Pena, 562-570-2605			Name & Address: Transportation Security Administration Threat Assessment & Sector Management Programs 10W-404N, TSA-25 601 S. 12th Street Arlington VA 20598-6025 Attn: Johnny L. Hicks, 571-227-3438, FAX: 703-603-4022; E-mail Johnny.hicks@dhs.gov		
6	APPLICATION TITLE & DATE				
Law Enforcement Officer Reimbursement Agreement Program					
06/20/2012					
7	AWARD PERIODS		8	FISCAL DATA	
Project Period: 10/01/2012 to 09/30/2015 <input checked="" type="checkbox"/> remains unchanged <input type="checkbox"/> revised to			Appropriation: 5AV156A000D2015ADE010GE000031006100616SLR-5903001509010000-4101-TSA Obligated: \$93,760.00 Authorized UDO: \$23,040.00 EIN: 956000733 DUNS: 178546263		
Funding Period 10-01-2014 to 09-30-2015 Effective Date: Date of signature by Contracting Officer					
9	DESCRIPTION OF MODIFICATION				
Under the authority of Article XII –Agreement Modifications, the purpose of Modification P00002 to HSTS0213HSLR108 is to provide funding for activities supported by the TSA LEO Reimbursement Program.					
In accordance with Article IV Amount of Award of HSTS0213HSLR108, the Contracting Officer hereby adds \$93,760.00 to this award;					
Reimbursement is limited to actual costs not to exceed rate of \$20.00 per hour and total FY 2015 allocation.					
Request authorization to use estimated FY14 LOA remaining balance of \$23,040.00 to support FY15 period of performance (POP). Please refer to DOCID #2413TA3SLR108.					
FY14 remaining balance of \$23,040 (1,152 hrs.) \$93,760 (4,688 hrs.) = \$116,800					
FY15 Total Allocation \$116,800					
CAT I Airport 5,840 hours @ \$20.00 = \$116,800					
Reimbursable activities eligible for partial reimbursement are subject to review, certification, and validation of operational necessity based on the requirements within the Statement of Joint Objective (SOJO).					
Except as modified herein, all other terms and conditions remain unchanged.					
End of Modification P00002					
10	AUTHORIZED SIGNATURES				
NOT REQUIRED			 Contracting Officer's Signature		
Recipient's Signature _____ Date _____					
NOT REQUIRED			Johnny L. Hicks, Contracting Officer TYPED NAME AND TITLE		
TYPED NAME AND TITLE _____					
			May 5, 2015 TYPED NAME AND TITLE		

LGB HSTS0213HSLR108 P00002

fred.pena@longbeach.gov;jill.casey@longbeach.gov;

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Nancy.Baggott@tsa.dhs.gov; Nancy.Baggott@tsa.dhs.gov;aimee.jackson@dhs.gov

Dear Mr. Pena:

Attached is a fully-executed copy of Modification P00002 for your files.

It is advisable to attach a copy of this modification to the first FY15 request for reimbursement packets you submit just to assure that processing the request is not delayed.

If you have any questions, please contact me at 571-227-3438 or email johnny.hicks@dhs.gov.

Please identify the agreement number in the subject line when inquiring by email