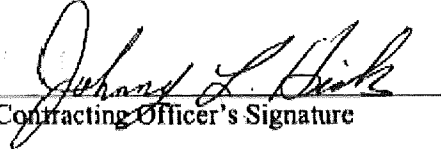


AWARD MODIFICATION

32976


 Transportation
 Security
 Administration

1	MODIFICATION NUMBER	2	AWARD NUMBER	3	REQUISITION NUMBER
Modification No. P00001		Agreement No. HSTS0213HSLR108		2114204SLR151	
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: 5AV145A000D2014ADE010GE000031006100616SLR- 5903001509010000-4101-TSA Obligated: \$57,030.00 Authorized UDO: EIN: 956000733 DUNS: 178546263			
Funding Period 10-01-2013 to 09-30-2014 Effective Date: Date of signature by Contracting Officer					
9	DESCRIPTION OF MODIFICATION				
<p>Under the authority of Article XII -Agreement Modifications, the purpose of Modification P00001 to HSTS0213HSLR108 is to provide FY14 partial funding for activities supported by the TSA LEO Reimbursement Program.</p> <p>1. In accordance with Article IV Amount of Award of HSTS0213HSLR108, the Contracting Officer hereby adds \$57,030.00 to this award;</p> <p>2. Authorized Annual LEO Service hours: 36</p> <p>3. Reimbursement is limited to actual costs not to exceed the revised CAT I rate of 20.00 and the maximum fiscal year 2014 allocation which includes any authorized UDO (see Block 8).</p> <p>4. Maximum FY14 Allocation: \$139,840</p> <p>5. Reimbursable activities eligible for partial reimbursements are subject to review, certification, and validation of operational necessity based on the requirements within the Statement of Joint Objective (SOJO).</p> <p>6. Except as modified herein, all other terms and conditions remain unchanged.</p> <p>End of Modification P00001</p>					
10	AUTHORIZED SIGNATURES				
NOT REQUIRED					
Recipient's Signature		 Contracting Officer's Signature			
NOT REQUIRED					
TYPED NAME AND TITLE		Johnny L. Hicks, Contracting Officer TYPED NAME AND TITLE			
		April 11, 2014			

LGB HSTS0213HSLR108 P00001

fred.pena@longbeach.gov;jill.casey@longbeach.gov; john.blood@longbeach.gov
Nancy.Baggott@dhs.gov; Nancy.Baggott@dhs.gov;michael.keil@dhs.gov
;aimee.jackson@dhs.gov

Dear Mr. Pena:

Attached is a fully-executed copy of Modification P00001 for your files.

It is advisable to attach a copy of this modification to the first FY14 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