| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | | | O CODE | PAGE OF PAGES | |
|---|----------------------------|---|--|--------------------|----------------|--------------------|--|
| AMENDMENT OF SOLICITA | TION/MODIF | ICATION OF CONTRACT | | J | | 1 12 | |
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | 4. REQUISITION/PURCHASE REQ. NO. | | | 5. PROJECT | NO.(If applicable) | |
| P00001 | 08-Dec-2011 | SEE SCHEDULE | | | | | |
| 6. ISSUED BY CODE | N00033 | 7. ADMINISTERED BY (If other than item 6) | | COD | E N 000 | 33 | |
| MILITARY SEALIFT COMMAND, HQ N102 WNY 914 CHARLES MORRIS CT SE WASHINGTON DC 20398-5540 | | MILITARY SEALIFT COMMAND, N1021/ PM1 914 CHARLES MORRIS COURT, SE WASHINGTON NAVY YARD DC 20398 | | | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (| No., Street, County, S | State and Zip Code) | 9A. | AMENDME | NT OF SO | LICITATION NO. | |
| AAR AIRLIFT GROUP, INC. TIM CHILDREY DBA AAR AIRLIFT | | 9B. DATED (SEE ITEM 11) | | | | | |
| 2310 COMMERCE PARK DRIVE NE PALM BAY FL 32905-2698 | | | X 10A. MOD. OF CONTRACT/ORDER NO. N00033-11-C-1003 | | | | |
| | | | 1 | . DATED (S | EE ITEM | 13) | |
| CODE 1WVA5 FACILITY CODE X 30-Sep-2011 | | | | | | | |
| | | PPLIES TO AMENDMENTS OF SOLIC | ITATIO | ONS | _ | | |
| The above numbered solicitation is amended as set forth | in Item 14. The hour and o | late specified for receipt of Offer | is ext | ended, | is not exter | nded. | |
| Offer 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 returningcopies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegramwhich includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT 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. Ifby virtue of this amendment you desire to change an offer already submitted, such change may be made by telegramor letter, provided each telegramor letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DA | TA (If required) | | | | | | |
| See Schedule | | | | | | | |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. | | | | | | | |
| A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. | | | | | | | |
| X B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B). | | | | | | | |
| C. THIS SUPPLEMENT AL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: | | | | | | | |
| D. OTHER (Specify type of modification and authority) | | | | | | | |
| E. IMPORTANT: Contractor X is not, is required to sign this document and return copies to the issuing office. | | | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) Modification Control Number: rosarioj12606 The purpose of this modification is to fully fund per diem, flight rate, and inspection CLINs of Detachment A & B. Additionally, funding is added to the Reimbursables CLINs of Detachment A & B. Please see attached. | | | | | | | |
| Except as provided herein, all terms and conditions of the do- | cument referenced in Items | PA or 10A, as heretofore changed, remains unchang | ged and ir | n full force and e | effect. | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | | | | | or print) | | |
| | | STEFANI NICK / CONTRACTING OFFICER TEL: (6) (6) | FMΔ | AL:(b) (6) | | | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNEI | | | الاراكار جار | 16 | C. DATE SIGNED | |
| | | BY Section | | rek | | | |
| (Signature of person authorized to sign) | | (Signature of Contracting Offi | | | — º | 8-Dec-2011 | |

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

The following items are applicable to this modification:

MODIFICATION P0001

1. The purpose of this modification is to fully fund the Firm Period per diem, flight rate, and inspection CLINs, and add funding to the reimbursable CLINs as follows:

| CLIN | Nomenclature | Amount |
|------|---|-------------------------|
| 0002 | Firm Period, ALPHA Per Diem | (b) (4) |
| 0003 | Firm Period, ALPHA Aircraft Flight Rate | (b) (4) |
| 0004 | Firm Period, ALPHA Inspections | \$ <mark>(b) (4)</mark> |
| 0024 | ALPHA Reimbursables | \$ <mark>(b) (4)</mark> |
| 1001 | Firm Period, BRAVO Per Diem | \$ <mark>(b) (4)</mark> |
| 1002 | Firm Period, BRAVO Aircraft Flight Rate | (b) (4) |
| 1003 | Firm Period, BRAVO Inspections | (b) (4) |
| 1023 | BRAVO Reimbursables | \$ <mark>(b) (4)</mark> |

- 2. As a result of this modification, the contract value has increased to \$(b) (4)
- 3. All other terms and conditions remain unchanged.

SUMMARY OF CHANGES

SECTION B - SUPPLIES OR SERVICES AND PRICES

CLIN 0002 is added as follows:

AMOUNT

0002 1

SUPPLIES/SERVICES

ITEM NO

Firm Period, Detachment ALPHA Per Diem

FFP FFP

Detachment Per Diem: 366 days. See Section B 2.1.2 (1) for details

QUANTITY

UNIT

Each

366 days x \$(b) (4)

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P102

NET AMT

UNIT PRICE

ACRN AA

CIN: N000332340P1020001

SUBCLIN 000201 is added as follows:

ITEM NO SUPPLIES/SERVICES **QUANTITY** UNIT **UNIT PRICE** 000201

Each

AMOUNT \$0.00

N00033-11-C-1003 FIRM PERIOD CLIN 0002 COMM HELO PAC DET ALPHA. D

FFP

N00033-11-C-1003 FIRM PERIOD CLIN 0002 DET ALPHA.

DETACHMENT PER DIEM 01 OCT 2011 - 30 SEP 2012 366 DAYS

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P102

NET AMT \$0.00

CLIN 0003 is added as follows:

AMOUNT

0003 1 Firm Period, ALPHA Aircraft Flight Rate

SUPPLIES/SERVICES

FFP

ITEM NO

FFP Aircraft Flight Rate: 288 hours. See Section B 2.1.2 (2) for details

QUANTITY

UNIT

Each

288 hours x (b) (4) = (b) (4)

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P103

NET AMT

UNIT PRICE

\$(b) (4)

ACRN AA

CIN: N000332340P1030001

\$(b) (4)

SUBCLIN 000301 is added as follows:

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 000301 Each \$0.00

 ${\tt N00033-11-C-1003}$ FIRM PERIOD, CLIN 0003 COMM HELO PAC DET

ALPHA A

FFP

N00033-11-C-1003 FIRM PERIOD, CLIN 0003 DET ALPHA AIRCRAFT

FLIGHT RATE 01 OCT 2011 - 30 SEP 2012 (288 FLIGHT HRS).

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P103

NET AMT \$0.00

CLIN 0004 is added as follows:

Fi

ITEM NO

SUPPLIES/SERVICES QUANTITY 1

UNIT Each UNIT PRICE (b) (4)

AMOUNT \$(b) (4)

Firm Period ALPHA Inspections

FFP FFP

Two Inspections. See Section B 2.1.3 for details

2 inspections x \$(b) (4)

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P104

NET AMT

\$(b) (4)

ACRN AA

CIN: N000332340P1040001

\$(b) (4)

SUBCLIN 000401 is added as follows:

ITEM NO SUPPLIES/SERVICES

QUANTITY

UNIT UNIT PRICE

Each

AMOUNT \$0.00

N00033-11-C-1003 FIRM PERIOD. CLIN 0004 COMM HELO PAC DET

ALPHA.

FFP

000401

N00033-11-C-1003 FIRM PERIOD. CLIN 0004 DET ALPHA. SEMI

ANNIAL THIRD PARTY INSPECTIONS FY-12. 01 OCT 2011 - 30 SEP

2012

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P104

NET AMT

\$0.00

CLIN 0024 is added as follows:

N00033-11-C-1003 P00001 Page 6 of 12

0024 ALPHA Reimbursables

ALP FFP

ITEM NO

FFP See Section B.3.0 for details.

SUPPLIES/SERVICES

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P105

QUANTITY

1

UNIT

Each

UNIT PRICE AMOUNT (b) (4) (b) (4)

NET AMT

(b) (4)

ACRN AA

CIN: N000332340P1050001

\$(b) (4)

SUBCLIN 002401 is added as follows:

ITEM NO SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT 002401 Each \$0.00

N0003311C1003 FIRM PERIOD. COMM HELO PAC DET ALPHA. REI

FFP

N0003311C1003 FIRM PERIOD. CLIN 0024 COMM HELO PAC DET

ALPHA. REIMBURSABLES FY-12.

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P105

NET AMT \$0.00

CLIN 1001 is added as follows:

ITEM NO

SUPPLIES/SERVICES QUANTITY **UNIT** Each

UNIT PRICE

AMOUNT

Firm Period Detachment BRAVO Per Diem

FFP FFP

Detachment Per Diem 366 days. See Section B 2.1.2 (1) for details.

366 days x (b) (4) = \$(b) (4)

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P106

NET AMT

ACRN AA

CIN: N000332340P1060001

SUBCLIN 100101 is added as follows:

ITEM NO SUPPLIES/SERVICES

QUANTITY

UNIT **UNIT PRICE**

Each

AMOUNT \$0.00

N0003311C1003 FIRM PERIOD CLIN 1001 COMM HELO PAC DET

BRAVO: DETA

FFP

100101

N0003311C1003 FIRM PERIOD CLIN 1001 DET BRAVO:

DETACHMENT PER DIEM 01 OCT 2011 - 30 SEP 2012 (366 DAYS).

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P106

NET AMT \$0.00

CLIN 1002 is added as follows:

SUPPLIES/SERVICES

ITEM NO

QUANTITY

UNIT Each

UNIT PRICE

AMOUNT

Firm Period BRAVO Aircraft Flight Rate

FFP FFP

Aircraft Flight Rate: 288 hurs. See Section B 2.1.2 (2) for details.

288 hours x \$(b) (4) = \$(b) (4)

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P107

NET AMT

ACRN AA

CIN: N000332340P1070001

SUBCLIN 100201 is added as follows:

ITEM NO SUPPLIES/SERVICES **QUANTITY**

UNIT **UNIT PRICE** Each

AMOUNT \$0.00

N0003311C1003 FIRM PERIOD CLIN 1002 COMM HELO PAC DET

BRAVO AIRCR

FFP

100201

N0003311C1003 FIRM PERIOD CLIN 1002 COMM HELO PAC DET

BRAVO AIRCRAFT FLIGHT RATE OCT 2011 - SEP 2012 (288 FLIGHT

HRS).

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P107

NET AMT \$0.00

CLIN 1003 is added as follows:

SUPPLIES/SERVICES

Fir

ITEM NO

QUANTITY 1 UNIT Each UNIT PRICE \$(b) (4) AMOUNT \$(b) (4)

Firm Period BRAVO Inspections

FFP FFP

Two Inspections. See Section B 2.1.3 for details.

2 inspections x \$ (b) (4) = \$ (b) (4).00DETACHMENT BRAVO.

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P108

NET AMT

\$(b) (4)

ACRN AA

CIN: N000332340P1080001

(b) (4)

SUBCLIN 100301 is added as follows:

ITEM NO SUPPLIES/SERVICES

QUANTITY

UNIT Each **UNIT PRICE**

AMOUNT \$0.00

N0003311C1003 FIRM PERIOD CLIN 1003 COMM HELO PAC DET

BRAVO SEMI

FFP

100301

N0003311C1003 FIRM PERIOD CLIN 1003 DET BRAVO SEMI

ANNUAL THIRD PARTY INSPECTIONS FY-12.

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P108

NET AMT \$0.00

CLIN 1023 is added as follows:

1023 BRAVO Reimbursables

FFP

ITEM NO

FFP See Section 3.0 for details.

SUPPLIES/SERVICES

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P109

QUANTITY

1

UNIT PRICE AMOUNT (b) (4) \$(b) (4)

NET AMT

(b) (4)

ACRN AA

CIN: N000332340P1090001

\$(b) (4)

SUBCLIN 102301 is added as follows:

ITEM NO SUPPLIES/SERVICES

QUANTITY

UNIT Each

UNIT

Each

UNIT PRICE

AMOUNT

N0003311C1003 FIRM PERIOD CLIN 1004 COMM HELO PAC DET

BRAVO. REIM

FFP

102301

N0003311C1003 FIRM PERIOD CLIN 1004 COMM HELO PAC DET

BRAVO. REIMBURSABLES FY-12.

FOB: Destination

PURCHASE REQUEST NUMBER: N000332340P109

\$0.00

NET AMT \$0.00

SECTION G - CONTRACT ADMINISTRATION DATA

Accounting and Appropriation

Summary for the Payment Office

As a result of this modification, the total funded amount for this document was increased by \$(b) (4) from \$(b) to \$(b) (4)

CLIN 0002:

Funding on CLIN 0002 is initiated as follows:

ACRN: AA

CIN: N000332340P1020001

Increase: \$(b) (4)

Total: \$(b) (4)

CLIN 0003:

Funding on CLIN 0003 is initiated as follows:

ACRN: AA

CIN: N000332340P1030001

Increase: \$(b) (4)

Total: (b) (4)

CLIN 0004:

Funding on CLIN 0004 is initiated as follows:

ACRN: AA

CIN: N000332340P1040001

Increase: \$(b) (4)

Total: \$(b) (4)

CLIN 0024:

Funding on CLIN 0024 is initiated as follows:

ACRN: AA

CIN: N000332340P1050001

Increase: \$(b) (4)

Total: (b) (4)

CLIN 1001:

Funding on CLIN 1001 is initiated as follows:

ACRN: AA

CIN: N000332340P1060001

Increase: \$(b) (4)

Total: \$(b) (4)

CLIN 1002:

Funding on CLIN 1002 is initiated as follows:

ACRN: AA

CIN: N000332340P1070001

Increase: \$(b) (4)

Total: \$(b) (4)

CLIN 1003:

Funding on CLIN 1003 is initiated as follows:

ACRN: AA

CIN: N000332340P1080001

Increase: \$(b) (4)

Total: \$(b) (4)

CLIN 1023:

Funding on CLIN 1023 is initiated as follows:

ACRN: AA

CIN: N000332340P1090001

Increase: \$(b) (4)

Total: \$(b) (4)

(End of Summary of Changes)