

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE 7014	PAGE OF PAGES 1 1
2. AMENDMENT/MODIFICATION NO. P00023	3. EFF. DATE 6/2/2010	4. REQUISITION/PURCHASE REQ. NO. 0020040998	5. PROJECT NO. (If applicable)	
6. ISSUED BY DHS - Customs & Border Protection CBP, Procurement Directorate 1901 South Bell Street SBI Contracting Division, Suite 800 Arlington VA 20598	CODE 70050800	7. ADMINISTERED BY (If other than Item 6) DHS - Customs & Border Protection CBP, Procurement Directorate 1901 South Bell Street SBI CONTRACTING DIVISION, SUITE 800 Arlington VA 20598		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and Zip Code) THE BOEING COMPANY DBA/ BOEING 1215 SOUTH CLARK ST (STE 600) STE 600 ARLINGTON VA 22202-3259			9A. AMENDMENT OF SOLICITATION NO.	
CODE 807414318			9B. DATED (SEE ITEM 11)	
FACILITY CODE			10A. MODIFICATION OF CONTRACT/ORDER NO. / HSBP1208J21892	
			10B. DATED (SEE ITEM 13) 09/10/2009	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

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 telegram 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 telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input checked="" type="checkbox"/>	D. OTHER (Specify type of modification and authority) FAR 43.103(A) "BILATERAL MODIFICATION/MUTUAL AGREEMENT OF ALL PARTIES"
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to issuing office.	

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

The purpose of this modification is to incorporate by reference SBInet Change Request number CM0631, Revision A, "Revise TUS-1, Route Definition Documents Based on DHS FeedBack" approved on 20 May 2010 (see attached).

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) (b) (6) , Contracts Admin	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) MARIO DIZON Contracting Officer
15B. CONTRACTOR/OFFEROR (b) (6) (Sign) _____ (sign)	16B. DATE SIGNED 6/2/10 (b) (6)
15C. DATE SIGNED 6/2/10	16C. DATE SIGNED 6/2/10

NSN 7540-01

PREVIOUS EDITION UNUSABLE

M 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

SBInet Change Control Board (CCB) – Entry Checklist

TO BE FILLED OUT BY CHANGE OWNER		
TITLE: Revise TUS-1 Route Definition Documents based on DHS feedback	ORIG DATE: 5/3/10 CHANGE REVISION DATE: 5/3/10 FINAL PRODUCT RELEASE DATE: 5/21/10	CHANGE #: CM0631 REVISION: A
PRESENTER: (b) (6) LEAD TEAM: System Analysis PRIME TASK ORDER: ADTO AFFECTED TASK ORDERS: <input type="checkbox"/> STO <input checked="" type="checkbox"/> ADTO <input type="checkbox"/> DTO <input type="checkbox"/> C3I <input type="checkbox"/> ILS <input type="checkbox"/> NBP O&M	CHANGE TYPE: CLASS: I <input type="checkbox"/> MAKE OPERABLE <input type="checkbox"/> MAKE BETTER <input type="checkbox"/> NON-TECHNICAL <input checked="" type="checkbox"/> CUSTOMER DIRECTED For TUS-1, via DHS Contracts Letter 3/24/10.	PRIORITY: <input type="checkbox"/> Emergency (Potential damage to hardware or injury to personal) <input type="checkbox"/> Urgent (Demands immediate action) <input checked="" type="checkbox"/> Routine
ERB APPROVAL DATE: 4/26/10	CSI APPROVAL: CAM: (b) (6) DATE: 4/26/10	IMPACTED MILESTONE: TUS-1 SAT Detailed Test Plan (5/21/10) BOARD APPROVAL NEED DATE: 5/3/10
DESCRIPTION OF CHANGE: For TUS-1: Change total # of routes from (b) (7)(E) based on DHS Contracts Letter dated 3/24/10 (subject: SAT Routes). Update will need to be reflected in existing (CM0691) planned update to TUS-1 Detailed Test Plan (DTP).		
REASON FOR CHANGE/REVISION: Need to document agreement between DHS and Boeing on specific routes to be used for TUS-1 project for system performance analysis and test purposes.		
OBJECTIVE FOR BRINGING TO BOARD: Approval to proceed to JCCB for approval/implementation.		
CONSEQUENCES IF NOT INCORPORATED: No formal agreement on acceptable set of routes used for system performance predictions analysis and project acceptance testing. Leads to unnecessary confusion and uncertainty.		
ALTERNATE SOLUTIONS: Documentation of this information within the TUS-1 Project Specification was discussed, however DHS prefers stand-alone document for this information.		
REGRESSION TESTING REQUIRED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
COMMENTS:		
IMPLEMENTATION: Gain change approval from DHS, upload documents to eMatrix, gain approvals, and release by 5/21/10.		

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CHANGE INFORMATION
TO BE FILLED OUT BY CHANGE OWNER
BASELINES AFFECTED BY CHANGE: Please specify impact in the gray field next to your selection(s) <input type="checkbox"/> Cost None <input type="checkbox"/> Schedule None <input type="checkbox"/> Requirements None <input type="checkbox"/> Technical Performance Measures (TPMs) None <input type="checkbox"/> Configuration None <input type="checkbox"/> Information Technology (IT) None <input type="checkbox"/> Organization None
JUSTIFICATION/BACKGROUND: Need to update these documents to reflect recent discussions with DHS. Need to document these agreements which serve as basis for upcoming TUS-1 SAT activities.

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CCB PROGRAM IMPACTS			
TO BE FILLED OUT BY TEAM LEAD OR FOCAL OF AFFECTED TEAM FROM PICL			
TEAM	TEAM LEAD	IMPACTED? YES/NO	WHO APPROVED SIGNATURE
System & Software Integration	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)
Describe "Yes" Impact from above:			
Laydown, Production & Deployment (LP&D)	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6) 4/30/10
Describe "Yes" Impact from above:			
ILS & Sustainment	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6) 4/30/10
Describe "Yes" Impact from above:			
Engineering OPS & Configuration Mgt	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6) 4/30/10
Describe "Yes" Impact from above:			
Test and Evaluation	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6) 4/30/10
Describe "Yes" Impact from above:			
Contracts	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)
Describe "Yes" Impact from above:			
Business Ops	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6) 4/30/10
Describe "Yes" Impact from above:			
Estimating & PFA	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)
Describe "Yes" Impact from above:			
Supplier Management	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)
Describe "Yes" Impact from above:			
Quality	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)
Describe "Yes" Impact from above:			
Production	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)

SBInet Change Control Board (CCB) – Entry Checklist

Describe "Yes" Impact from above:			
Mission Assurance	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6) 4/19/10
Describe "Yes" Impact from above:			
TO BE FILLED OUT BY SUPPORT FUNCTION FOCAL			
SUPPORT FUNCTION	SUPPORT FUNCTION FOCAL	IMPACTED? YES/NO	WHO APPROVED SIGNATURE
Government Property	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(b) (6)
Describe "Yes" Impact from above:			
Data Integration	(b) (6)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Describe "Yes" Impact from above:			
ADDITIONAL ENTRANCE CRITERIA			
TO BE COMPLETED BY CHANGE OWNER <u>PRIOR</u> TO CCB			
<input checked="" type="checkbox"/> Change Owner verified all comments and issues provided by impacted teams have been adjudicated and incorporated in the change package Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Estimating and/or SM has obtained estimate on product materiel and labor rates for this change			

PRODUCTS IMPACTED					
Document/ Drawing #	Planned Revision	Title	Planned Release Date	Applicability (Project/Site, TO, Test)	Doc/Dwg Authorization
D333-000313-1	A	TUS-1 Project Routes Definition For Analysis and Test	5/21/10	TUS-1	CCB Reviewed

- Deleted: D333-000312-1
- Deleted: A
- Deleted: Ajo-1 Project Routes Definition For Analysis and Test
- Deleted: 5/21/10
- Deleted: Ajo-1
- Deleted: CCB Reviewed

<p>FOR CCB FACILITATOR USE</p> <p>CCB Date: 5/3/10 CCB Entry Checklist form complete? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, the following items are missing from the form:</p> <p>TYPE OF WORK AUTHORIZED:</p> <p><input type="checkbox"/> Prepare Proposal Package</p> <p><input type="checkbox"/> Proceed with Engineering</p> <p><input type="checkbox"/> Release Engineering</p> <p><input checked="" type="checkbox"/> Proceed to JCCB</p> <p><input type="checkbox"/> Submit to CBP for Class Concurrence</p> <p><input type="checkbox"/> Rework and return to CCB – Date:</p> <p><input type="checkbox"/> Rework and return to ERB – Date:</p> <p><input type="checkbox"/> Rework and return to CSI – Date:</p> <p><input type="checkbox"/> Cancel Change</p>
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SBinet Change Control Board (CCB) – Entry Checklist

Approvals – Section to be completed by Change Manager	
Disposition	(b) (6) Defer <input type="checkbox"/> Priority
CCB Chair Signature	(b) (6) Date 5-20-10
Comments:	
Quality Assurance	
QA Signature:	(b) (6) Date
Comments:	
Change Management	
CM Signature:	Date
Comments:	Date Closed: