

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO. P00009		3. EFFECTIVE DATE 25-Feb-2008	4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)
6. ISSUED BY ARMY CONTRACTING AGENCY-ITEC4 2461 EISENHOWER AVE ALEXANDRIA VA 22331-1700		CODE W91QLZ	7. ADMINISTERED BY (If other than item 6) <b>See Item 6</b>		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code) QUEST SOFTWARE INC KIMBERLY WILBURN 5 POLARIS WAY ALISO VIEJO CA 92656-5356			9A. AMENDMENT OF SOLICITATION NO.		
			9B. DATED (SEE ITEM 11)		
			X	10A. MOD. OF CONTRACT/ORDER NO. W91QLZ-05-A-0023	
			X	10B. DATED (SEE ITEM 13) 28-Jul-2005	
CODE 0PKD1		FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offer <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. 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 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 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. 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)					
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 SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:					
D. OTHER (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> 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: bhenry081069 The purpose of this modification is to insert DISA Transmittal Letter.  All other terms and conditions remain unchanged.					
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)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) RONALD L. HYDE / CONTRACTING OFFICER TEL: 703-325-4625 EMAIL: Ron.Hyde@conus.army.mil		
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)		15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY <i>Ronald L. Hyde</i> (Signature of Contracting Officer)		16C. DATE SIGNED 06-Mar-2008

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

**SUMMARY OF CHANGES**

SECTION C - DESCRIPTIONS AND SPECIFICATIONS

The following have been modified:  
TRANSMITTAL LETTERS

Date:

**MEMORANDUM FOR Army Small Computer Program**

PEO Enterprise Information Systems  
Assistant Project Manager, Army Small Computer Program  
SFAE-PS-EI-SCP (Attn: Financial Support Group)  
Fort Monmouth, NJ 07703-5605

From: (Company name):  
(POC for this transaction):  
(Street Address):  
(City, State, and Zip Code):

**SUBJECT:** Collection of Checks for (name of company and BPA/contract #) –  
FY06, etc.

1. Collection of the check will include the following:

- a. Please make check payable to United States Treasury
- b. Mail original check to address below:

PEO Enterprise Information Systems  
Assist Project Manager, Army Small Computer Program  
SFAE-PS-EI-SCP (Attn: Financial Support Group)  
Fort Monmouth, NJ 07703-5605

2. Direct questions to: Margie Kirsch, 732.427.6613

3. Provide copies of this letter and check to: [AMSEL-dsa-scp-CR@mail1.monmouth.army.mil](mailto:AMSEL-dsa-scp-CR@mail1.monmouth.army.mil)

**[FOR AF]  
(COMPANY NAME)**

**(Date)**

MEMORANDUM FOR DEFENSE FINANCE and ACCOUNTING SERVICE  
DFAS-DE/ATDT/DEDE  
(Attn: Mr. Daniel Medina)  
6760 East Irvington Place  
Denver Colorado 80279

FROM: **(Company Name)**  
**(Street Address)**  
**(City, State and Zip Code)**

SUBJECT: Collection of Checks for ESI SW – FY06 (CPEA00) For **BPA**  
**Number** \_\_\_\_\_

1. This transmittal letter is to be used in lieu of a cash collection voucher (DD Form 1131).
2. Line of accounting to collect this check into is as follows:  
5763400 306 47AZ 4KABE0 04 592RR 72806F 16 667100  
FSR:001002 PSR: 076202 DSR: 075608  
MORD: F2XTKK5287M006
3. Direct questions to **(Company POC, Phone Number)**.

1 Attach: **Check #-----**

Note: Also provide a copy of the check and transmittal letter sent to DFAS, Denver to the following address:

HQ 754 ELSG/KABS  
Bldg 892  
490 East Moore Drive  
MAFB-Gunter Annex, AL 36114-3014

Mail, fax, or email is an acceptable means for forwarding copies to HQ 754 ELSG/KABS. Fax number is: (334) 416-7795 or (334) 416-1351.

Email address is: kabfinance@gunter.af.mil - Subject Line Format of e-mail should be:

PIIN with hyphens, CCR Month Year, Program Name, and Contractor Name

Example: FA8771-05-A-0301, CCR June 2006, ESI, immixTechnology, Inc.

Notes: CCR stands for Customer Check Report. This denotes the month of the report.

**DISA Transmittal Letter**

DISA Sales.

The amount of ACT Fee due DISA shall be calculated at 1% of all DISA sales.

Remit ACT Fee to the address provided below by corporate or cashiers check made payable to "Treasurer of the United States" noted with the following information:

BPA (\_\_\_\_\_)

DoD (VENDOR: \_\_\_\_\_) Enterprise Software Agreement Quarterly ACT Fee

\*\*\*\*Checks must be accompanied by a transmittal letter that cites the applicable accounting data to ensure proper crediting of the payment.

Send check and transmittal letter to:

DISA/CFE5

P.O. Box 4502

Arlington, VA 22204-4502

Mail a copy of the check and transmittal letter to:

DISA

Attn: Jonnice Medley, SI33

P.O. Box 4502

Arlington, VA 22204-4502

Or send via email to: [jonnice.medley@disa.mil](mailto:jonnice.medley@disa.mil)

(End of Summary of Changes)