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|---|---|---------------------------------|---|--|---------------------------------------|---------------|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT  |   |                                 | BPA NO.   | 1. CONTRACT ID CODE                                  | PAGE<br>1                             | OF PAGES<br>3 |
| 2. AMENDMENT/MODIFICATION NO.<br>A00007   |   | 3. EFFECTIVE DATE<br>02-10-2014 | 4. REQUISITION/PURCHASE REQ. NO.  |  | 5. PROJECT NO.(If applicable)<br>NONE |               |
| 6. ISSUED BY<br>Department of Veterans Affairs<br>Network Contracting Office (NCO) 15<br>3450 South 4th Street<br><br>Leavenworth KS 66048  |   | CODE<br>00255                   | 7. ADMINISTERED BY (If other than Item 6)<br>Department of Veterans Affairs<br>Network Contracting Office (NCO) 15<br>3450 South 4th Street<br><br>Leavenworth KS 66048 |  | CODE<br>00255                         |               |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br><br>To all Offerors/Bidders  |   |                                 | (X)   | 9A. AMENDMENT OF SOLICITATION NO.<br>VA255-13-R-0498 |                                       |               |
|   |   |                                 |   | 9B. DATED (SEE ITEM 11)<br>05-01-2013                |                                       |               |
|   |   |                                 | X   | 10A. MODIFICATION OF CONTRACT/ORDER NO.              |                                       |               |
|   |   |                                 |   | 10B. DATED (SEE ITEM 13)                             |                                       |               |
| CODE  |   | FACILITY CODE                   |   |  |                                       |               |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS   |   |                                 |   |  |                                       |               |
| <input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended.<br>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:<br>(a) By completing Items 8 and 15, and returning <u>1</u> 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,<br>IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.   |   |                                 |   |  |                                       |               |
| (X)   | 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.  |                                 |   |  |                                       |               |
|   | 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 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.)<br><br>Adult Day Health Care Services<br><br>This amendment provides changes to the base solicitation as follows:<br><br>1) Section B.1 "Contract Administration Data" is hereby modified to delete, in its entirety, the paragraph entitled "(h) Agreement Pricing" located on page 6 of the request for proposal VA255-13-R-0498, and replace it with a new paragraph "(h) Agreement Pricing" as set forth below:<br>"Pricing shall be firm fixed for ADHC Services."<br><br>2) Section B.1 "Contract Administration Data" is hereby modified to delete, in its entirety, the paragraph entitled<br>CONTINUED ON PAGE 2   |   |                                 |   |  |                                       |               |
| 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)<br>Ralph Crum<br>Contracting Officer   |  |                                       |               |
| 15B. CONTRACTOR/OFFEROR<br><br>(Signature of person authorized to sign)   |   | 15C. DATE SIGNED                | 16B. UNITED STATES OF AMERICA<br>BY (Signature of Contracting Officer)  |  | 16C. DATE SIGNED                      |               |
| NSN 7540-01-152-8070<br>PREVIOUS EDITION NOT USABLE   |   |                                 |   |  |                                       |               |
| STANDARD FORM 30 (REV. 10-83)<br>Prescribed by GSA - FAR (48 CFR) 53.243  |   |                                 |   |  |                                       |               |

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CONTINUATION PAGE

PAGE NO.

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CONTRACT NO.

ORDER NO.

MODIFICATION NO.

A00007

14. DESCRIPTION OF AMENDMENT/MODIFICATION (CONTINUED)

"(i) Rate Determination" located on page 6 of the request for proposal VA255-13-R-0498, and replace it with a new paragraph "(i) Rate Determination" as set forth below:

"Rate determination methodology is not used in this solicitation."

3) Section B.2. "Description/Specifications/Statement of Work," is hereby modified to delete, in its entirety, the sentence at (a)(2)(iii), which reads "Daily rate shall include one shower/bath" located on page 8 of the request for proposal VA255-13-R-0498, and replace it with a new sentence, which reads as follows:

"Provide a daily shower/bath (if available)."

4) Section B.3 "Price Schedule" (attached), located on page 10 of the request for proposal VA255-13-R-0498 has been updated to reflect the changes in 1) through 3) above.

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

CONTINUATION PAGE

**B.3. PRICE SCHEDULE**

| CLIN        | Description of Services  | Price   |
|-------------|--|---|
| 0001        | <b>ADULT DAY HEALTH CARE (ADHC SERVICES (Per Section B.2(a))</b> |   |
| 0001AA      | Full day (maximum of 9 hours)                                    | \$  |
| 0001AB      | ½ day (maximum of 5 hours)                                       | \$  |
| 0001AC      | One shower/bath (if available)                                   |   |
| <b>0002</b> | <b>CLIN 0002 Not Used</b>  | <b>N/A</b>  |
| 0003        | <b>TRANSPORTATION (Per section B.2(b)(1))</b>                    |   |
| 0003AA      | <b>Within 5 mile radius of facility</b>                          | \$  |
| 0003AB      | <b>Over 5 up to 10 mile radius of facility</b>                   | \$  |
| 0003AC      | <b>Over 10 up to 20 mile radius of facility</b>                  | \$  |
| 0003AD      | <b>One-way transportation only</b>                               | Reimbursement is only ½ of the applicable rate above. |