

|   |  |  |                   |  |  |  |  |                                       |               |                  |  |
|---|--|--|-------------------|--|--|--|--|---------------------------------------|---------------|------------------|--|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>   |  |  | BPA NO.           |  | 1. CONTRACT ID CODE  |  | PAGE<br>1  |                                       | OF PAGES<br>2 |                  |  |
| 2. AMENDMENT/MODIFICATION NO.<br>A00001   |  |  | 3. EFFECTIVE DATE |  | 4. REQUISITION/PURCHASE REQ. NO.   |  |  | 5. PROJECT NO.(If applicable)<br>None |               |                  |  |
| 6. ISSUED BY<br><br>Department of Veterans Affairs<br>Network Contract Office 23 (NCO 23)<br>2501 W. 22nd St.<br>Sioux Falls SD 57105   |  |  | CODE<br>00438/90C |  | 7. ADMINISTERED BY (If other than Item 6)<br><br>Department of Veterans Affairs<br>Network Contract Office 23 (NCO 23)<br>2501 W. 22nd St.<br>Sioux Falls SD 57105 |  |  | CODE<br>00438/90C                     |               |                  |  |
| 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>VA263-16-Q-0025                   |                                       |               |                  |  |
|   |  |  |                   |  |  |  | 9B. DATED (SEE ITEM 11)<br>12-08-2015                                  |                                       |               |                  |  |
|   |  |  |                   |  | X  |  | 10A. MODIFICATION OF CONTRACT/ORDER NO.                                |                                       |               |                  |  |
|   |  |  |                   |  |  |  | 10B. DATED (SEE ITEM 13)   |                                       |               |                  |  |
| CODE  |  |  |                   |  | FACILITY CODE  |  |  |                                       |               |                  |  |
| <b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>  |  |  |                   |  |  |  |  |                                       |               |                  |  |
| <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)   |  |  |                   |  |  |  |  |                                       |               |                  |  |
| <b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>   |  |  |                   |  |  |  |  |                                       |               |                  |  |
| CHECK ONE<br>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)   |  |  |                   |  |  |  |  |                                       |               |                  |  |
| <b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.  |  |  |                   |  |  |  |  |                                       |               |                  |  |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)<br>The purpose of this Amendment is to correct information contained in the SF 1449 and to respond to Vendor Questions. Offers must acknowledge receipt of this amendment. See Block 11 for instructions.<br>Correction(s) to the SF 1449:<br>Page 12, B.3 Price/Cost Schedule, Period of Performance and Ordering Period. The following dates are corrected to:<br>Base Year: March 1, 2016 through February 28, 2017<br>Option Year 1: March 1, 2017 through February 28, 2018<br>Option Year 2: March 1, 2018 through February 28, 2019<br>Correction(s) to the SF 1449:<br>Page 60, E.6, 52.216-1, Type of Contract. The sentence is corrected to "The Government contemplates award of a Firm-Fixed Price, Indefinite Quantity Contract resulting from this solicitation.  |  |  |                   |  |  |  |  |                                       |               |                  |  |
| 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>John Becker<br>NCO2315L2-2953  |  |  |                                       |               |                  |  |
| 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 |  |

CONTINUATION PAGE

Vendor Question(s)

1. **QUESTION:** What is the average number of miles traveled for ALS calls within the 40 mile radius annually?

**RESPONSE:** The Omaha VAHCS has estimated the amount of ALS trips to be approximately 350 trips per year. This number was derived from prior year requests and slightly increased based upon the anticipated number of new patients enrolled at the Omaha VAHCS. This is an **ESTIMATED** figure and is not a guarantee of the number of trips to be requested. Trips will be requested on an as-needed basis and are dependent upon patient need.

NOTE: The figures contained in the “Estimated Quantity per Year” column of the Price/Cost Schedule are rough estimates based upon prior year figures to include a slight increase for new patient enrollment and cannot be relied on as the final number. The actual quantity ordered can and will vary depending on patient need.

2. **QUESTION:** What is the average number of miles traveled for BLS calls within the 40 mile radius annually?

**RESPONSE:** The Omaha VAHCS has estimated the amount of BLS trips to be approximately 1,600 trips per year. This number was derived from prior year requests with a slight increase based upon the anticipated number of new patients enrolled at the VAHCS. This is an **ESTIMATED** figure and is not a guarantee of the number of trips to be requested. Trips will be requested on an as-needed basis and are dependent upon patient need.

NOTE: The figures contained in the “Estimated Quantity per Year” column of the Price/Cost Schedule are rough estimates based upon prior year figures to include a slight increase for new patient enrollment and cannot be relied on as the final number. The actual quantity ordered can and will vary depending on patient need.