

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			BPA NO.		1. CONTRACT ID CODE		PAGE 1		OF PAGES 1	
2. AMENDMENT/MODIFICATION NO. A00003			3. EFFECTIVE DATE		4. REQUISITION/PURCHASE REQ. NO.			5. PROJECT NO.(If applicable) None		
6. ISSUED BY Department of Veterans Affairs Network Contract Office 23 (NCO 23) 2501 W. 22nd St. Sioux Falls SD 57105			CODE 00438/90C		7. ADMINISTERED BY (If other than Item 6) Department of Veterans Affairs Network Contract Office 23 (NCO 23) 2501 W. 22nd St. Sioux Falls SD 57105			CODE 00438/90C		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) To all Offerors/Bidders					(X)		9A. AMENDMENT OF SOLICITATION NO. VA263-16-Q-0025			
					X		9B. DATED (SEE ITEM 11) 12-08-2015			
							10A. MODIFICATION OF CONTRACT/ORDER NO.			
							10B. DATED (SEE ITEM 13)			
CODE			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 Offers <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> 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 <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, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.										
CHECK ONE 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 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.) The purpose of this Amendment is to revise the Instructions to Offerors, Addendum to FAR 52.212-1, Technical Factors, page 56 on the SF1449. Item a(2) is removed. Copies of State of Nebraska Emergency Medical Services Out-of-Hospital Emergency Care Provider or Temporary Provider license for each employee that will perform services under the contract is removed. Instead, offerors shall provide the information contained in Item a(3), The offeror shall list the names, Nebraska DHHS license numbers and licensure levels for the Out-of-Hospital contractor employees that will provide ALS/BLS services under the contract. A minimum of one (1) ALS licensed EMT, two (2) BLS licensed EMTs, and three (3) Licensed Ambulance Drivers are required for each VAHCS location.										
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) John Becker NCO2315L2-2953 Contracting Officer					
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)				15C. DATE SIGNED		16B. UNITED STATES OF AMERICA BY (Signature of Contracting Officer)			16C. DATE SIGNED	

CONTINUATION PAGE

Revision of the Technical Factors is as follows:

Technical Factors. In order to be considered for award the following technical factors must receive an “acceptable” rating:

a. **Technical:** The contractor must have acceptable technical capabilities as evaluated by the VA. The Government shall consider the following information when evaluating the offeror's technical capabilities. Offerors shall include the following in or with their quote:

(1) The offeror **shall provide a copy of the State of Nebraska Emergency Medical Services Advanced Life Support (ALS) license** from the Nebraska Department of Health and Human Services. Per the Nebraska DHHS, a separate BLS license is not required to provide BLS services if the firm has a DHHS ALS license.

(2) REMOVED

(3) The offeror **shall list the names, Nebraska DHHS license numbers and licensure levels for the Out-of-Hospital contractor employees** that will provide ALS/BLS services under the contract. A minimum of one (1) ALS licensed EMT, two (2) BLS licensed EMTs, and three (3) Licensed Ambulance Drivers are required. Acceptable license levels include Emergency Medical Technician, Advanced Emergency Medical Technician or Paramedic.

(4) The offeror **shall provide a VIN list of all vehicles** that will be used to provide services under the contract for each location. A minimum of three (3) ambulances are required for each CBOC location.

(5) The offeror **shall provide a copy of insurance coverage** at the limits prescribed in the solicitation. General Liability: \$200,000 per person and \$500,000 per occurrence for bodily injury and \$200,000 per occurrence for property damage and passenger liability bodily injury shall be at least \$200,000 multiplied by the number of seats or passengers, whichever is greater.

Offeror Checklist for Required Items to be submitted with Offer:

1. Signed Copy of the SF1449
2. Signed Copy of **all** SF 30 Amendments
3. Copy of completed Price/Cost Schedule
4. Point of Contact Information (Name, Telephone and Email)
5. Copy of the State of Nebraska Emergency Medical Services Advanced Life Support (ALS) license from the Nebraska Department of Health and Human Services
6. List of names, Nebraska DHHS license numbers and licensure levels of Out-of-Hospital Contractor employees that will provide service under the contract.
7. List of VIN numbers for all vehicles used to provide services.
8. Copy of Insurance Coverage.