

Statement of Work – CAM- Yoga Prevention Integration with Primary Care Fargo VA Health Care System

General Description

The Fargo VA Health Care System is seeking a vendor to provide the following evidence-based yoga classes on an ongoing basis for a period of one year, with the possibility of extension, starting at the time of the award date by Registered Yoga Teachers (RYT) .

- A General Wellness-Based Yoga Class: This class shall be geared toward veterans who are interested in improving general wellness and physical health. Ability level of participants could vary widely. It is possible that class participants may have multiple health conditions resulting in limited mobility or chronic pain. The class shall accommodate 15 Veterans.
- All classes should be available to be run with mixed gender participants.
- The vendor will offer two 60 minute classes per week, 48 weeks throughout the year. All classes will be provided on weekdays. A weekly morning class will be offered between the hours of 9:00am-11:30am and a weekly afternoon class between the hours of 1:30pm-4:00pm.
- Vendor will be required to administer and collect a small assortment of paper and pencil assessments (provided by VA) prior to a Veterans first yoga class and following last yoga class.

A space within the Fargo VA Hospital will be provided for the vendor to instruct yoga classes. All necessary equipment to include mats, blocks, and rolls will be provided by the Fargo VA Hospital. The vendor is expected to provide a general summary for each yoga class to the VA – such as participation rates, successes/barriers, and reports/observations describing methods to improve the effectiveness of this program. The vendor will not be collecting any personal information on the Veterans.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				BPA NO.	1. CONTRACT ID CODE	PAGE 1	OF PAGES 1
2. AMENDMENT/MODIFICATION NO. P00001		3. EFFECTIVE DATE 06-01-2016		4. REQUISITION/PURCHASE REQ. NO. 437-16-2-019-0001 P.O. #437-C60071		5. PROJECT NO. (if applicable) None	
6. ISSUED BY Department of Veterans Affairs VA Black Hills HCS Fort Meade Campus 113 Comanche Rd. Fort Meade SD 57741		CODE 36C568	7. ADMINISTERED BY (If other than Item 6) Department of Veterans Affairs VA Black Hills HCS Fort Meade Campus 113 Comanche Rd. Fort Meade SD 57741		CODE 36C568		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) COMMUNITY EXTENDED NUCLEAR TRANSITION RESIDENCE FOR EX-CENTRE 123 15TH ST N FARGO ND 581024220				(X)	9A. AMENDMENT OF SOLICITATION NO.		
					9B. DATED (SEE ITEM 11)		
					10A. MODIFICATION OF CONTRACT/ORDER NO. VA263-13-D-0030 VA263-16-J-0275		
				X	10B. DATED (SEE ITEM 13)		
CODE 3N2W7		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 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 _____ 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) See CONTINUATION Page		437-3660160-019-836100 Alcohol and Drug Treatm- 2560 Medical Care Contracts \T\010022166					
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 data, 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:						
X	D. OTHER (Specify type of modification and authority) FAR 52.212-4 Terms and Conditions-Commercial Items						
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.) The purpose of this modification is to:							
1. De-Obligate funds, as historical precedence demonstrates excess funds are present under P.O. #437-C60071.							
2. Decrease Task Order dollar amount by \$20,000.							
3. The Task Order amount is modified/decreased by \$20,000 from \$107,000 to \$87,000.							
4. The Period of Performance remains the same.							
5. 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)			
				ANGELA G. BECK Contracting Officer			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA Angela G. Beck 622818 BY _____ (Signature of Contracting Officer)		16C. DATE SIGNED 5/24/2016	
(Signature of person authorized to sign)							