2. AMENDMENT/MODIFICATION NUMBER					I
A00001	3. EFFECTIVE DATE 02-16-2017		4. REQUISITION/PURCHASE REQ. NUMBER 528-17-1-4192-0028		5. PROJECT NUMBER (if applicable 528A4-13-s73
ISSUED BY	CODE	7. ADMINISTERED BY (If oth	7. ADMINISTERED BY (If other than Item 6)		CODE
Department of Veterans Affair Western New York Healthcare S Network Contracting Office (N 2875 Union Rd. Suite 3500 Cheektowaga NY 14227	ystem		ork Hea acting . Suite	althcare System Office (NCO) 2 e 3500	
NAME AND ADDRESS OF CONTRACTOR (Number, st	treet, county, State and ZIP Code)		(X)	9A. AMENDMENT OF SOLICIT	ATION NUMBER
To all Offerors/Bidders			VA242-17-B-0227		
			х	9B. DATED (SEE ITEM 11) 02-16-2017	
				10A. MODIFICATION OF CON	TRACT/ORDER NUMBER
				10B. DATED (SEE ITEM 13)	
ODE FACILITY CODE					
11. TH	IS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLIC	CITATIC	NS	
by letter or electronic communication, provide prior to the opening hour and date specified. ACCOUNTING AND APPROPRIATION DATA (If require	500 2670160 A100 00	ication makes reference to the	e solicitati	on and this amendment,	and is received
				5550	
	M APPLIES ONLY TO MODI			,	
	DIFIES THE CONTRACT/ORD	DER NO. AS DESCRIBED	IN ITEM	14.	
	DIFIES THE CONTRACT/ORD C: (Specify authority) THE CHANGES SET MODIFIED TO REFLECT THE ADMINISTRAT	DER NO. AS DESCRIBED	IN ITEM	14.	
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO B. THE ABOVE NUMBERED CONTRACT/ORDER IS I	DIFIES THE CONTRACT/ORD D: (Specify authority) THE CHANGES SET MODIFIED TO REFLECT THE ADMINISTRAT ORITY OF FAR 43.103(b).	DER NO. AS DESCRIBED	IN ITEM	14. ORDER NO. IN ITEM 10A.	
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 15A. NAME AND TITLE OF SIGNER (Type or print)
 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) David M. Esmay Contracting Officer

 15B. CONTRACTOR/OFFEROR
 15C. DATE SIGNED

 (Signature of person authorized to sign)
 16C. DATE SIGNED