

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		BPA NO.		1. CONTRACT ID CODE		PAGE 1		OF PAGES 4		
2. AMENDMENT/MODIFICATION NUMBER A00003			3. EFFECTIVE DATE 05-12-2017		4. REQUISITION/PURCHASE REQ. NUMBER			5. PROJECT NUMBER (if applicable) NONE		
6. ISSUED BY DEPARTMENT OF VETERANS AFFAIRS NETWORK 23 CONTRACTING OFFICE 2101 North Elm Street Building 30 (04-S) FARGO ND 58102			CODE 04-S		7. ADMINISTERED BY (If other than Item 6) DEPARTMENT OF VETERANS AFFAIRS NETWORK 23 CONTRACTING OFFICE 2101 North Elm Street Building 30 (04-S) FARGO ND 58102			CODE 04-S		
8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders					(X)		9A. AMENDMENT OF SOLICITATION NUMBER VA263-17-Q-0528			
							9B. DATED (SEE ITEM 11) 04-20-2017			
							10A. MODIFICATION OF CONTRACT/ORDER NUMBER			
							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 checked="" 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 <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 electronic communication 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 letter or electronic communication, provided each letter or electronic communication makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. 1500 CDT on 5/19/2017										
12. ACCOUNTING AND APPROPRIATION DATA (If required) 568-3670152-6412-844100-568XXXXX-2580-010041084										
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 checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return <u>0</u> copies to the issuing office.										
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) THE PURPOSES OF THIS AMENDMENT ARE TO CORRECT/UPDATE PRICE-COST SCHEDULE, AND EXTEND QUOTE CLOSING DATE/TIME. ***REVISED (& ATTACHED) PRICE-COST SCHEDULE REPLACES ANY AND ALL OTHERS ***NEW QUOTE CLOSING DATE/TIME IS 1500 CDT ON 5/19/2017 ***IT IS ANTICIPATED THAT ANOTHER AMENDMENT WILL BE FORTHCOMING TO RESPOND TO ADDITIONAL VENDOR QUESTIONS ***NO ADDITIONAL VENDOR QUESTIONS WILL BE CONSIDERED IF RECEIVED AFTER 1300 CDT ON 5/15/2017										
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) DARRYL W. MOON NCO2315L3-6069 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		
PREVIOUS EDITION NOT USABLE										
STANDARD FORM 30 (REV. 11/2016) Prescribed by GSA - FAR (48 CFR) 53.243										

A.1 PRICE – COST SCHEDULE

ITEM INFORMATION

BASE PERIOD – 6/1/2017 – 9/30/2017

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	NUMBER OF COPIERS	NUMBER OF MONTHS	UNIT PRICE PER MONTH	EXTENDED PRICE
0001	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 454e OR Better	3	4		
0002	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 287 OR Better	60	4		
				PERIOD TOTAL	

*MULTIPLY NUMBER OF COPIERS X NUMBER OF MONTHS X UNIT PRICE PER MONTH = EXTENDED PRICE

EXAMPLE 3 X 4 X \$_____ = \$_____

EXAMPLE 60 X 4 X \$_____ = \$_____

OPTION PERIOD 1 – 10/1/2017 – 9/30/2018

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	NUMBER OF COPIERS	NUMBER OF MONTHS	UNIT PRICE PER MONTH	EXTENDED PRICE
1001	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 454e OR Better	3	12		
1002	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 287 OR Better	60	12		
				PERIOD TOTAL	

*MULTIPLY NUMBER OF COPIERS X NUMBER OF MONTHS X UNIT PRICE PER MONTH = EXTENDED PRICE

EXAMPLE 3 X 12 X \$_____ = \$_____

EXAMPLE 60 X 12 X \$_____ = \$_____

OPTION PERIOD 2 – 10/1/2018 – 9/30/2019

ITEM	DESCRIPTION OF	NUMBER OF	NUMBER	UNIT PRICE	EXTENDED
------	----------------	-----------	--------	------------	----------

NUMBER	SUPPLIES/SERVICES	COPIERS	OF MONTHS	PER MONTH	PRICE
2001	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 454e OR Better	3	12		
2002	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 287 OR Better	60	12		
				PERIOD TOTAL	

*MULTIPLY NUMBER OF COPIERS X NUMBER OF MONTHS X UNIT PRICE PER MONTH = EXTENDED PRICE

EXAMPLE 3 X 12 X \$_____ =

\$_____

EXAMPLE 60 X 12 X \$_____ =

\$_____

OPTION PERIOD 3 – 10/1/2019 – 9/30/2020

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	NUMBER OF COPIERS	NUMBER OF MONTHS	UNIT PRICE PER MONTH	EXTENDED PRICE
3001	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 454e OR Better	3	12		
3002	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 287 OR Better	60	12		
				PERIOD TOTAL	

*MULTIPLY NUMBER OF COPIERS X NUMBER OF MONTHS X UNIT PRICE PER MONTH = EXTENDED PRICE

EXAMPLE 3 X 12 X \$_____ =

\$_____

EXAMPLE 60 X 12 X \$_____ =

\$_____

OPTION PERIOD 4 – 10/1/2020 – 9/30/2021

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVICES	NUMBER OF COPIERS	NUMBER OF MONTHS	UNIT PRICE PER MONTH	EXTENDED PRICE
4001	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 454e OR	3	12		

	Better				
4002	All-in-One Copiers Lease, in accordance with functional performance specification. Konica Minolta 287 OR Better	60	12		
				PERIOD TOTAL	
				GRAND TOTAL (including ALL PERIODS & CLINS)	

*MULTIPLY NUMBER OF COPIERS X NUMBER OF MONTHS X UNIT PRICE PER MONTH = EXTENDED

PRICE

EXAMPLE

\$ _____

EXAMPLE

\$ _____

3 X 12 X \$_____ =

60 X 12 X \$_____ =