

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			BPA NO.	1. CONTRACT ID CODE	PAGE 1	OF PAGES 3
2. AMENDMENT/MODIFICATION NUMBER A00002		3. EFFECTIVE DATE 06-19-2017		4. REQUISITION/PURCHASE REQ. NUMBER 502-17-3-084-0099		5. PROJECT NUMBER (if applicable) None
6. ISSUED BY ALEXANDRIA VA HEALTH CARE SYSTEM NETWORK CONTRACTING OFFICE 16 ALEXANDRIA VA HEALTH CARE SYSTEM PO BOX 69004 ALEXANDRIA LA 71306-9004		CODE 00502	7. ADMINISTERED BY (If other than Item 6) DEPARTMENT OF VETERANS AFFAIRS NETWORK CONTRACTING OFFICE 16 ALEXANDRIA VA HEALTH CARE SYSTEM 2495 SHREVEPORT HIGHWAY PINEVILLE LA 71360-4004			CODE 00502
8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders			(X)	9A. AMENDMENT OF SOLICITATION NUMBER VA256-17-Q-0888		
			X	9B. DATED (SEE ITEM 11) 06-19-2017		
				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 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 _____ 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.						
12. ACCOUNTING AND APPROPRIATION DATA (If required) See CONTINUATION Page NOT APPLICABLE						
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 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 AMENDMENT A00002 IS TO CORRECT/CLARIFY THE QUANTITY OF PUMPS REQUIRED. THE TOTAL QUANTITY OF INFUSION PUMPS IS 194. THE CHANGE IS AS FOLLOW: A. SF 1449, page 8 of 40, Paragraph B.3 PRICE/COST SCHEDULE, line item 0001 quantity is hereby changed from "120" to read "194". B. 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)			
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

A.1 PRICE/COST SCHEDULE

ITEM INFORMATION

ITEM NUMBER	DESCRIPTION OF SUPPLIES/SERVIC ES	QUANTIT Y	UNI T	UNIT PRICE	AMOUNT
0001	Infusion Pumps (Alaris System Model #s 8015, 8100, 8110, 8120 & 8300). Pumps shall include software, implementation services, system manager fees, maintenance and support fees. SEE STATEMENT OF WORK for detail breakdown of quantities and salient characteristics for each model #.	194.00	EA	_____	_____
				GRAND TOTAL	_____

A.2 DELIVERY SCHEDULE

ITEM NUMBER	QUANTITY	DELIVERY DATE
0001	SHIP TO: DEPARTMENT OF VETERANS AFFAIRS ALEXANDRIA VA HEALTH CARE SYSTEM 2495 SHREVEPORT HWY 71N (WAREHOUSE BLDG 136) PINEVILLE, LA 71360 United States	194.00 60 DAYS ARO
MARK	318-466-4338	

FOR: george.jeffcoat@va.gov