

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			BPA NO.		1. CONTRACT ID CODE		PAGE 1		OF PAGES 3	
2. AMENDMENT/MODIFICATION NUMBER A00003			3. EFFECTIVE DATE 07-03-2017		4. REQUISITION/PURCHASE REQ. NUMBER 640-17-3-5040-0073			5. PROJECT NUMBER (if applicable)		
6. ISSUED BY CODE 612MCP Department of Veterans Affairs VA Sierra Pacific Network (VISN 21) VA Northern California HealthCare System 5342 Dudley Blvd, Bldg 209 McClellan CA 95652-2609			7. ADMINISTERED BY (If other than Item 6) CODE 612MCP Department of Veterans Affairs Department of Veterans Affairs VA Northern California HealthCare System 3230 Peacekeeper Way, Bldg. 209 McClellan CA 95652-1012							
8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders					(X)	9A. AMENDMENT OF SOLICITATION NUMBER VA261-17-Q-0663				
						9B. DATED (SEE ITEM 11) X 07-03-2017				
						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)										
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 this amendment is to provide patient load information from the month of May to assist vendors in anticipated workload. This amendment also addresses questions that have been asked and provides the responses to all interested vendors. The quote due date/time remains 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) Michael P. Hodahkwen 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 07/03/2017		
PREVIOUS EDITION NOT USABLE										

Amendment #3
Questions and Answers

- 1) What is the location where services will be performed?

The location is 3801 Miranda Ave, Palo Alto, CA 94304.

- 2) Who is the incumbent?

There is not an incumbent, this is a new requirement.

- 3) What is the annual value of the existing contract?

This is a new requirement, so there is not an annual value of an existing requirement.

- 4) Why is this requirement limited to 16 months?

To match the contract end date with our existing janitorial contract so they can be combined going forward.

- 5) We estimate there is a total area of 230,000 sf to be serviced. Could you confirm our estimate?

Please reference section 2.6.4 of the PWS. The VA has provided site maps for the building but will not verify the accuracy of the square footage. A site visit is being held and vendors will be able to verify their own calculations.

- 6) A Past Performance Questionnaire is included. How many are expected to be used? Can recent, relevant PPQs be submitted directly by a contractor to avoid repeatedly burdening busy clients?

The RFQ requests 3 to 5 surveys to be included in the quote package. See provision 52.212-1, page 43, item (5) for additional information about submitting the surveys.

- 7) The contractor must provide consumables. What is the current staffing (FTE) and visitor/patient load?

This is a performance based work statement, so the staffing approach will be up to each vendor to determine how many staff they feel are needed to accomplish all the tasks in the PWS. The patient load information data for May has been included with this amendment.

- 8) Does the entire facilities require 3 shifts @ all three locations? Please clarify

Please see section 2.0 of the PWS which lists the work shifts.

- 9) Can you provide an estimate of the buildings occupants/tenants? Can you provide an estimate of the number visitors on a daily basis?

The patient load information for May has been included in this amendment.

- 10) Is the entire facility open 24 x 7 x 365 days? Is this facility an outpatient and inpatient?

See section 2.0 of the PWS which lists the work shifts. Yes, outpatient and inpatient.

3M ATP Measurement Plans - EXAMPLE

Ward	Rooms per Site	Beds per Site	Avg Occupied Beds	Avg % Occupied Beds	Avg Net Occupied Beds	Rooms per Ward	Beds per Ward	Avg Occupied Beds	Avg % Occupied Beds	May 2017 Clean Requests	May 2017 Requests per site	May 2017 Request % per site	May 2017 Daily Requests			
													Max	Average	Median	Mode
2A	193	282	182	94%	107	21	31	26	84%	270	1011	84%	15	9	9	10
2C						13	14	12	86%	118			8	4	4	4
3C						22	33	14	42%	165			9	5	5	7
4 A/C						26	35	26	74%	26			3	1	1	0
7 D/SCI						30	61	30	49%	73			7	2	2	1
520 A/B/C/D						52	79	52	66%	157			17	5	4	0
IICU						14	14	11	79%	104			7	3	3	2
MSICU						15	15	11	73%	98			9	3	3	3
MPD 331 B/D	241	360	258	107%	217	43	60	47	78%	26	179	15%	3	1	1	0
MPD 347 A/B						57	100	69	69%	72			27	2	1	1
MPD 350/351/352						30	63	24	38%	23			3	1	0	0
MPD 360 A/B/D/E/F/G						84	110	98	89%	39			5	1	1	0
MPD 365						27	27	20	74%	19			3	1	0	0
LVD 90	50	81	78	156%	75	50	81	78	96%	7	7	1%	3	0	0	0
LVD 62																
3A																
Dialysis																
AIC																
OR																
PACU																
Total	484	723	518	72%	399	484	723	518	72%	1197	1197	100%				