5. PROJECT NUMBER (if applicable)

CODE

7. ADMINISTERED BY

2. AMENDMENT/MODIFICATION NUMBER

CODE

6. ISSUED BY

8. NAME AND ADDRESS OF CONTRACTOR

4. REQUISITION/PURCHASE REQ. NUMBER

3. EFFECTIVE DATE

9A. AMENDMENT OF SOLICITATION NUMBER

9B. DATED

PAGE

OF PAGES

10A. MODIFICATION OF CONTRACT/ORDER NUMBER

10B. DATED

BPA NO.

1. CONTRACT ID CODE

FACILITY CODE

CODE

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:

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers

**E. IMPORTANT:**

is extended,

(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

is not extended.

12. ACCOUNTING AND APPROPRIATION DATA

(REV. 11/2016)

is required to sign this document and return \_\_\_\_\_\_\_\_\_\_\_ copies to the issuing office.

is not,

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.

15C. DATE SIGNED

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES

SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

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.

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

D. OTHER

BY

Contractor

16C. DATE SIGNED

14. DESCRIPTION OF AMENDMENT/MODIFICATION

16B. UNITED STATES OF AMERICA

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

16A. NAME AND TITLE OF CONTRACTING OFFICER

15B. CONTRACTOR/OFFEROR

STANDARD FORM 30

PREVIOUS EDITION NOT USABLE

Prescribed by GSA - FAR (48 CFR) 53.243

(Type or print)

(Type or print)

(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

(Number, street, county, State and ZIP Code)

(If other than Item 6)

(Specify type of modification and authority)

(such as changes in paying office, appropriation date, etc.)

(If required)

(SEE ITEM 11)

(SEE ITEM 13)

(X)

CHECK

ONE

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS,**

**IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

(Signature of person authorized to sign)

(Signature of Contracting Officer)

1

4

A00006

09-12-2017

662-17-2-6451-0021

662-17-001

Department of Veterans Affairs

VA Sierra Pacific Network (VISN 21)

San Francisco VA Medical Center

4150 Clement Street

San Francisco CA 94121-1545

Department of Veterans Affairs

VA Sierra Pacific Network (VISN 21)

San Francisco VA Medical Center

4150 Clement Street

San Francisco CA 94121-1545

To all Offerors/Bidders

VA261-17-B-0638

09-12-2017

X

X

X

X

1

This amendment incorporates the following changes:

Please see attached responses to RFIs -0002, and 0005

All other terms and conditions remain the same and in full force.

tachRFI FORM Contractor Name: Herman Construction Group

Address: 2060 Wineridge Place, Suite A, Escondido, CA 92029 Phone/email: 858-277-7100/ [estimating@hermancg.com](mailto:estimating@hermancg.com) Send to Karen.smith [3@va.gov](mailto:3@va.gov)

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| --- | --- | --- | --- | --- |
| **RFI**  **(REQUEST FOR INFORMATION)** | | | | |
| **PROJECT NO.:** | 662-17-001 | **RFI NO.:** | | A-002 |
| **PROJECT NAME:** | Upgrade Medical Air Compressors | **DATE REQUESTED:** | | 9/6/17 |
| **SOLICITATION NO.:** | VA26117B0638 | **REFERENCE:** | |  |
| **DRAWING:** |  | **SPECIFICATION**  **SECTION:** | | 014529, 019100 |
| **DESCRIPTION OF PROBLEM OR INFORMATION BEING REQUESTED** | | | | |
| Please be specific as possible:  Confirm that the V.A. will be responsible for all costs associated with testing and inspection tests, and commissioning. | | | | |
| **PROJECT MANAGER’S RESPONSE** | | | | |
| Contractor to perform all testing, inspection and certification of the medical air compressor system before connecting to existing system. This also includes testing, inspection and certification of any system related to providing temporary medical air to the campus. See Spec Section 22 63 00. Commissioning is not required. | | | | |
| **TRACKING NO.: RFI-0002** | | | **AMENDMENT NO.:**  A00006 | |
| **VA PROJECT ENGINEER/MANAGER: CHANH LAM** | | | **DATE: 9/12/2017** | |

RFI FORM

Contractor Name: Certified Medical Sales Address: 41551 Date St Murrieta, CA. 92562

Phone/email: 951-447-7055 [dom@certifiedmedicalsales.com](mailto:dom@certifiedmedicalsales.com) Send to Karen.smith [3@va.gov](mailto:3@va.gov)

|  |  |  |  |
| --- | --- | --- | --- |
| **RFI**  **(REQUEST FOR INFORMATION)** | | | |
| **PROJECT NO.:** | 662-17-001 | **RFI NO.:** |  |
| **PROJECT NAME:** | Upgrade Medical Air Compressors | **DATE REQUESTED:** | 9/11/17 |
| **SOLICITATION NO.:** | VA26117B0638 | **REFERENCE:** |  |
| **DRAWING:** |  | **SPECIFICATION**  **SECTION:** |  |
| **DESCRIPTION OF PROBLEM OR INFORMATION BEING REQUESTED** | | | |
| The solicitation shows a duplex medical air compressor with a “pump capacity” of 400.5 CFM. 400 CFM’s would mean a compressor that’s 100hp. Same goes for working pressure.  Would it be possible to ask the plumbing engineer who designed this system to clarify what horsepower and capacity they would like on the air compressor?  Did they mean 400.5 LPM?  I have attached a cut sheet to this email as an example. | | | |
| **PROJECT MANAGER’S RESPONSE** | | | |
| The basis of design is the EnviroAire Medical Duplex Air Compressor System, Model BENV75D-25DDC oil-less, air-cooled modular skid mounted system with associated dryer and appurtenances. | | | |
| **TRACKING NO.:**  **RFI 0005** |  | **AMENDMENT NO.:**  **A00006** | |

**VA PROJECT ENGINEER/MANAGER: Chanh Lam**

**DATE: 9/12/2017**