

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			BPA NO.		1. CONTRACT ID CODE		PAGE 1		OF PAGES 2		
2. AMENDMENT/MODIFICATION NUMBER 00002			3. EFFECTIVE DATE 05-08-2018		4. REQUISITION/PURCHASE REQ. NUMBER N/A; ID/IQ. Individual Funded Orders			5. PROJECT NUMBER (if applicable) 0			
6. ISSUED BY CODE			7. ADMINISTERED BY (If other than Item 6) CODE			Y					
Department of Veterans Affairs Ann Arbor Healthcare System Network Contracting Office 10 2215 Fuller Road Ann Arbor MI 48105			Department of Veterans Affairs Ann Arbor Healthcare System Network Contracting Office 10 2215 Fuller Road Ann Arbor MI 48105								
8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders					(X)		9A. AMENDMENT OF SOLICITATION NUMBER 36C25018Q0603				
							9B. DATED (SEE ITEM 11) X 05-08-2018				
							10A. MODIFICATION OF CONTRACT/ORDER NUMBER				
							10B. DATED (SEE ITEM 13)				
CODE					FACILITY CODE						
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS											
<input 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. May 29, 2018 at 4:00 PM EST											
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 checked="" 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.)											
1. The purpose of this amendment is to clarify and amend information provided in the Statement of Work and Addendum to to FAR 52.212-1 Instructions to Offerors. All areas affected are cited within each change. 2. This amendment also extends the closing date and time of the solicitation to May 29, 2018 at 4:00 PM EST. 3. All implementations and amendments to the Statement of Work shall be formally implemented on the resulting award. 4. All other terms and conditions remain unchanged by this amendment.											
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					15C. DATE SIGNED		16B. UNITED STATES OF AMERICA			16C. DATE SIGNED	
_____ (Signature of person authorized to sign)							BY _____ (Signature of Contracting Officer)				

CONTINUATION PAGE

- Changes to the Statement of Work:
 - Implementation to Statement of Work, Section V: License to operate common carrier (taxi) and wheelchair van (for hire vehicles) in Michigan and Ohio.
 - Statement of Work, Section IX.a. shall be amended to read: “The contractor shall be ready to perform in full compliance with all contract requirements within **30** business days of contract start date. The contractor shall submit specific information on vehicles and drivers required for full performance **at the time of offer submission**.”
 - Implementation to Statement of Work, Section IX: The contractor is not required to have the fleet/drivers readily available in the performance location upon Contract Award. Full performance shall be provided IAW Section IX.a. of the Statement of Work.
 - Statement of Work, Informational: Background check requirements are covered in section V.h. of the Statement of Work.
- Changes to the Addendum FAR 52.212-1 Instructions to Offerors:
 - Implementation to FAR 52.212-1 Instructions to Offerors: The contractor shall provide key personnel and expected number of vehicles required perform will be required upon offer submission.
 - Implementation to FAR 52.212-1 Instructions to Offerors: The contractor shall submit proof of license to operate common carrier (taxi) and wheelchair van (for hire vehicles) in Michigan and/or Ohio.
 - Should the offeror require subcontracts, the subcontractor’s name shall be identified with their licenses to operate in the required state(s). A formal subcontracting plan is NOT required.
 - Implementation to FAR 52.212-1 Instructions to Offerors: The contractor shall include evidence of insurance coverage required by C.6 52.228-10 Vehicular and General Public Liability Insurance.
 - Should the offeror require subcontracts, the subcontractor’s name shall be identified with their evidence of insurance coverage. A formal subcontracting plan is NOT required.