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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | BPA NO. | | 1. CONTRACT ID CODE | | PAGE 1 | | OF PAGES 1 | | |
| 2. AMENDMENT/MODIFICATION NUMBER 0001 | | | 3. EFFECTIVE DATE | | 4. REQUISITION/PURCHASE REQ. NUMBER | | | 5. PROJECT NUMBER (if applicable) None | | |
| 6. ISSUED BY Department of Veterans Affairs Orlando VA Healthcare System 13800 Veterans Way Orlando FL 32827 | | | CODE 675 | | 7. ADMINISTERED BY (If other than Item 6) Department of Veterans Affairs Network Contracting Activity 8 (NCO 8) Orlando VA Healthcare System 13800 Veterans Way Orlando FL 32827 | | | CODE 00675 | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders | | | | | (X) | 9A. AMENDMENT OF SOLICITATION NUMBER 36C24818Q0852 | | | | |
| | | | | | | 9B. DATED (SEE ITEM 11) X 07-02-2018 | | | | |
| | | | | | | 10A. MODIFICATION OF CONTRACT/ORDER NUMBER | | | | |
| | | | | | | 10B. DATED (SEE ITEM 13) | | | | |
| CODE | | | FACILITY CODE | | | | | | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | | | | | | |
| <input 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.) | | | | | | | | | | |
| <div>The purpose of this amendment is as follows: 1. A site visit/job walk will be held on Thursday July 5, 2018, at 10:00 AM ET. The location of the site visit is: Orlando VA Healthcare System Building 7 13800 Veterans Way Orlando, FL 32827 2. All requests for clarifications are due to the NCO 8 contracting office not later than July 6, 2018, 2:00 PM ET. The Government reserves the right to not answer questions submitted after this time.</div> | | | | | | | | | | |
| 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) Pedro Catinchi V814L2-2527 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 | | |