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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | BPA NO. | 1. CONTRACT ID CODE | PAGE 1 | OF 3 | PAGES |
| 2. AMENDMENT/MODIFICATION NUMBER 0001 | | 3. EFFECTIVE DATE 10-30-2019 | | 4. REQUISITION/PURCHASE REQ. NUMBER | | 5. PROJECT NUMBER (if applicable) 0 |
| 6. ISSUED BY Department of Veterans Affairs Network Contracting Office 22 4811 Airport Plaza Drive Suite 600 Long Beach CA 90815 | | CODE 00262 | 7. ADMINISTERED BY (If other than Item 6) Department of Veterans Affairs Network Contracting Office 22 4811 Airport Plaza Drive Suite 600 Long Beach CA 90815 | | CODE 00262 | |
| 8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code) To all Offerors/Bidders | | | (X) | 9A. AMENDMENT OF SOLICITATION NUMBER 36C26220R0018 | | |
| | | | <input checked="" type="checkbox"/> | 9B. DATED (SEE ITEM 11) 10-24-2019 | | |
| | | | <input type="checkbox"/> | 10A. MODIFICATION OF CONTRACT/ORDER NUMBER | | |
| | | | <input type="checkbox"/> | 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 <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. | | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required) See CONTINUATION Page | | | | | | |
| 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. | | | | | |
| <input type="checkbox"/> | 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). | | | | | |
| <input type="checkbox"/> | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: | | | | | |
| <input type="checkbox"/> | 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.) Hillrom Hospital Bed Preventive Maintenance for the VA Loma Linda Healthcare System (VALLHS) The purpose of this amendment is to provide answers to the questions submitted from the solicitation. A list of the beds is also being provided. Please see below questions and answers as well as the bed list. | | | | | | |
| 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 Cordeiro Contracting Officer | | | |
| 15B. CONTRACTOR/OFFEROR _____ (Signature of person authorized to sign) | | 15C. DATE SIGNED | | 16B. UNITED STATES OF AMERICA _____ (Signature of Contracting Officer) | | 16C. DATE SIGNED |

Questions and Answers to RFP 36C26220R0018

Loma Linda Hospital Bed Preventive Maintenance

- 1. Question:** Who was the incumbent awardee of the contract? What was the winning bid amount for the previous vendor?

Answer: This service was not previously awarded. There is no incumbent.

- 2. Question:** Does the contract involve any repair calls after the preventive maintenance is performed?

Answer: No repair calls are required for this contract. This is only for preventive maintenance.

- 3. Question:** The RFP lists on page 27 item 2, specifically 2.1.8 that Offerors shall complete and submit the Schedule of Service and Price in section B.3. Should this be section B.2 instead?

Answer: Yes, Offerors shall complete section B.2 of the RFP.

SICU

Bed 1: 80084
Bed 2: 80102
Bed 3: 80080
Bed 4: 80104
Bed 5: 80090
Bed 6: 80087
Bed 7: 80086
Bed 8: 80107
Bed 9: 80101
Bed 10: 80091

MICU

Bed 1: 80106
Bed 2: 80097
Bed 3: 80083
Bed 4: 80095
Bed 5: 80099
Bed 6: 80100
Bed 7: 80098

CCU

Bed 1: 80088
Bed 2: 80094
Bed 3: 80082
Bed 4: 80108
Bed 5: 80085
Bed 6: 80081

Compella Bariatric Beds

80109
80111
80110

New Unit, 2SE and 2SW

80105
80093
80103
80092
80079
80096
80089