

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages 1 2	
2. Amendment/Modification Number DCAM-2009-R-0002-006		3. Effective Date 13-Feb-09	4. Requisition/Purchase Request No.		5. Solicitation Caption: IDIQ for (CMS) Construction Management Services
6. Issued By: Office of Contracting and Procurement Construction, Design and Building Renovation 441 4th Street, NW, Suite 700 South Washington, DC 20001			7. Administered By (If other than line 6) Office of Contracting and Procurement Construction, Design and Building Renovation 441 4th Street, NW, Suite 700 South Washington, DC 20001		
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)			<input checked="" type="checkbox"/> 9A. Amendment of Solicitation No. DCAM-2009-R-0002	<input type="checkbox"/> 9B. Dated (See Item 11) 8-Dec-08	
Code _____ Facility _____			<input type="checkbox"/> 10A. Modification of Contract/Order No.	<input type="checkbox"/> 10B. Dated (See Item 13)	
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 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>2</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 fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGEMENT 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 fax, provided each letter or telegram 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					
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 27 DCMR, Chapter 36, Section 3601.2.					
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 checked="" type="checkbox"/> is required to sign this document and return <u>2</u> copies to the issuing office.					
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Solicitation No. DCAM-2009-R-0002 is hereby amended as follows: 1. In addition to submitting fully loaded hourly labor rates on the Pricing Sheet (Sec B.5) of the solicitation, each offeror must separately submit breakdown showing Direct Wage Rate, % Overhead Rate, and % Profit used in computing Fully Loaded Rate for each labor category only for the "Base Period" exactly in the same format shown on the attached page-2. 2. Each offeror must specify Wage-Escalation (%) used for each Option Year exactly per the format shown on attached page-2. Note: a. Above information should be provided for the prime plus each subcontractor. b. The Closing Date for submission of offers remains unchanged					
Except as provided herein, all other terms and conditions of the document referenced in Box - 9A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Diane Wooden		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia <i>Diane Wooden</i>		16C. Date Signed 2/13/09
(Signature of person authorized to sign)			(Signature of Contracting Officer)		

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A. FORMAT FOR SUBMITTING BREAKDOWN FOR EACH FULLY LOADED HOURLY RATE ("BASE YEAR" only)

<<< BASE YEAR >>>

Contractor/Subcontractor (name)	CLIN#	Labor Category	Direct Wage Hrly Rate	Overhead %	Profit %	Loaded Hrly Rate
	00X	Proj Exec	\$dd.pp			
	00Y	Proj Mgr	\$ee.ff			
	00Z	Inspector	\$ff.gg			

- * NOTE: 1. Overhead Rate based on the latest Independent Audit Report, but Not To Exceed 110% for the Field Office or 140% for the Home Office.
2. Profit Not To Exceed 10%

B. ESCALATION PERCENTAGE USED FOR OPTION YEARS 1 THROUGH 4 (fill in the blanks):

- 1 "....." % was added as wage escalation to previous year's rate in computing Direct Wage Rate for Option year -1.
- 2 "....." % was added as wage escalation to previous year's rate in computing Direct Wage Rate for Option year -2.
- 3 "....." % was added as wage escalation to previous year's rate in computing Direct Wage Rate for Option year -3.
- 4 "....." % was added as wage escalation to previous year's rate in computing Direct Wage Rate for Option year -4.