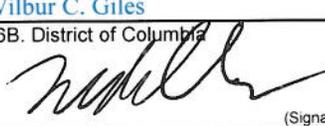


<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. Contract Number DCAM-2010-R-0126	Page of Pages 1   7	
2. Amendment/Modification Number  DCAM-2010-R-0126-003	3. Effective Date  May 18, 2010	4. Requisition/Purchase Request No.	5. Solicitation Caption Energy Audits at Various District Government Facilities	
6. Issued By:  Department of Real Estate Services Contracting and Procurement Division 2000 14th Street, NW, Fifth Floor Washington, DC 20009		Code	7. Administered By (If other than line 6)  Department of Real Estate Services Contracting and Procurement Division 2000 14th Street, NW, Fifth Floor Washington, DC 20009	
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)		9A. Amendment of Solicitation No. DCAM-2010-R-0126		
		X 9B. Dated (See Item 11) 4/28/2010		
		10A. Modification of Contract/Order No.		
		10B. Dated (See Item 13)		
Code	Facility			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS				
X 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> copy 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>1</u> copy to the issuing office.				
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) The Subject solicitation is hereby amended as follows:  1. Attachment A: Questions and answers.  2. Attachment B - Subcontracting Plan Form.  3. Provide Alternate Pricing for Level 2 Audits with proposal  4. All other contract provisions remain the same.				
15A. Name and Title of Signer (Type or print)		16A. Name of Contracting Officer/Deputy Director Wilbur C. Giles		
15B. Name of Contractor  (Signature of person authorized to sign)	15C. Date Signed	16B. District of Columbia  (Signature of Contracting Officer)	16C. Date Signed 5/24/10	

## Energy Audits at Various District Government Facilities

### DCAM-2010-R-0126 Questions and Answers

(1) Q: Will a successful bidder for this solicitation be precluded from bidding on subsequent implementation phases of work.

A: No.

(2). Q: Request Clarification of the following: page 47, L.7 PROPOSALS WITH OPTION YEARS

“The Offeror shall include option year prices in its price/cost proposal. An offer may be determined to be unacceptable if it fails to include pricing for the option year(s).”

A: If no pricing is submitted for the option year the proposal will not be considered

(3). Q: Request Clarification of the following page 56, M4 EVALUATION OF OPTION YEARS

A: During the evaluation process the District will consider the total pricing Base Year + Option Year. The District is however not obligated to exercise the option

(4) Q: Should Attachment J.7, Cost/Price Certification and Data Package, be included in both the Price and Technical Proposal.

A: Indicate in the Technical Proposal that the Cost/Price Certification and Data Package are included in the Price Proposal

(5) Q: Can you please provide more information on Attachment J.10 Master Collection Form? Not sure if this is a document from the Government of the District of Columbia or a contractor form. If it is a contractor form, we are not sure what to provide.

A: Attachment J.10, the Master Collection Form, must be filled out by the contractor (The form is part of the original “Attachments” posted with the Solicitation on the Office of Contracting and Procurement (OCP) website at [www.ocp.dc.gov](http://www.ocp.dc.gov), Business Opportunities).

Follow the instructions on the form to register your company with the ARIBA System.

Attachment A – Amendment #3

- (6) Q: Section B – Where is Section B.3.2
- A: Section B.3.2 is the section on pricing for Option Year One starting on page 8 of the solicitation.
- (7) Q: Section H.10 - Will the District provide other information such as utility bill or building plans.
- A: Per answer posted on the OCP website, Attachment D – Amendment 1 for this solicitation, historical information will be provided to the selected vendors. It should be assumed that there are no plans available for the buildings. However, as Section H.10 states “The District will provide access to the facilities to be audited upon notification from the Contractor of date and time of audit.”
- (8) Q: Section M.5 – Is there a form for the Subcontracting Plan
- A: See Attachment B with this Amendment (#3)
- (9) Q: Section L.6.2 – Is identifying the amendments received in Section A – Solicitation Form sufficient, or should signed amendments be included in the proposals.
- A: All Amendments must be signed and included in the solicitation thus acknowledging that the information covered in the Amendments was reviewed by the Offeror.
- (10) Q: Will the form be revised to show Diane Wooden as the contact?
- A: Ms. Silvia Silverman is the Contract Specialists and the point of contact for this solicitation. Ms. Diane Wooden is the Contracting Officer and the person ultimately responsible for issuing the contract(s) and any subsequent changes to the solicitation and contract.
- (11) Q: Section H.1 Does the 51% new hire requirement apply to all new hires or just apprentices and trainees?
- A: Per Attachment J.3, Office of Local Business Development Equal Employment Opportunity Information Report and Mayor’s Order 85-85 available at [www.ocp.dc.gov](http://www.ocp.dc.gov) click on “Solicitation Attachments”, read the Mayor’s Order 85-85 and fill out the required forms found on OCP website.
- (12) Q: To clarify – there will be four fixed contracts, correct and the four fixed contracts will be to four separate prime entities

Attachment A – Amendment #3

A: There will be four contract issued to four different prime contractors.

(13) Q: Can an entity be a prime in one proposal and part of a subcontracting plan in another? Is there a limit to which an entity can be awarded work under a subcontracting plan or multiple subcontracting plans?

A: The District's contract is with the prime contractor, who the prime contractor chooses to subcontract with is not an issue unless the subcontracting company is in "Excluded Parties List"

# **ATTACHMENT B**

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## **SUBCONTRACTING FORM**

## SUBCONTRACTING PLAN

### PRIME CONTRACTOR INFORMATION:

Company: _____ Street Address: _____ City & Zip Code: _____ Phone Number: _____ Fax: _____ Email Address: _____	Solicitation Number: _____ Contractor's Tax ID Number: _____ Caption of Plan: _____ _____ _____
Project Name: _____ Address: _____ _____ Project Descriptions: _____ _____ _____	Duration of the Plan: From _____ to _____ Total Prime Contract Value: \$ _____ Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$ _____ Amount of all Subcontracts: \$ _____ LSDBE Total: \$ _____ equals _____ % <div style="display: flex; justify-content: space-around; width: 100%;"> <span>LSDBE Subcontract Value</span> <span>Percentage Set Aside</span> </div>

### CONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ %    Tier: _____ <div style="text-align: center; margin-left: 150px;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></div> LSDBE Certification Number: _____			Point of Contact: _____ <div style="text-align: right; margin-left: 100px;">Name (Print)</div> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____							
Certification Status: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">SBE:</td> <td style="width: 20px;">LBE:</td> <td style="width: 20px;">DBE:</td> <td style="width: 20px;">DZE:</td> <td style="width: 20px;">ROB:</td> <td style="width: 20px;">LRB:</td> </tr> </table> (check all that apply)					SBE:	LBE:	DBE:	DZE:	ROB:	LRB:
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

### CERTIFICATIONS

The prime contractor shall attach a **notarized** statement including the following:

- a. A **description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROB, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;
- b. In all subcontracts that offer **further subcontracting opportunities**, assurances that the prime contractor will include a statement, approved by the CO, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- c. **Assurances** that the prime contractor will cooperate in any studies or surveys that may be required by the CO, and submit periodic reports, as requested by the CO, to allow the District to determine the extent of **compliance** by the prime contractor with the subcontracting plan;
- d. Listing of the type of **records** the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District's request; and
- e. A description of the prime contractor's recent **efforts to locate LBEs, DBEs, SBEs, DZEs, LRBs, and ROB, and to award subcontracts to them.**

### PERSON PREPARING THE SUBCONTRACTING PLAN:

Name: _____ <div style="text-align: right; margin-left: 100px;">(Print)</div> Telephone Number: (    ) _____ - _____ Fax Number: (    ) _____ - _____ Email Address: _____	Signature: _____ Title: _____ Date: _____
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### FOR CO USE ONLY

### (SUBCONTRACTORS LIST CONTINUED)

Date Plan Received by CO: _____		
Report: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	Contract Number: _____	
Name of CO _____	Signature _____	Date _____

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

**SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)**

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ %    Tier: : _____ <span style="margin-left: 300px;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></span>			Point of Contact: _____ <span style="margin-left: 150px;">Name (Print)</span>	
LSDBE Certification Number: _____ Certification Status: <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB: (check all that apply)			Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	

**SUBCONTRACTOR INFORMATION:**

Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ %    Tier: : _____ <span style="margin-left: 300px;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></span>			Point of Contact: _____ <span style="margin-left: 150px;">Name (Print)</span>	
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Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ %    Tier: : _____ <span style="margin-left: 300px;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></span>			Point of Contact: _____ <span style="margin-left: 150px;">Name (Print)</span>	
LSDBE Certification Number: _____ Certification Status: <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB: (check all that apply)			Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	