# AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

| 1. Contract Number | Page of Pages | |
|---|---|---|
| DCJM-2015-H-0006 | 1 | 2 |

| 2. Amendment/Modification Number | 3. Effective Date | 4. Requisition No. | 5. Solicitation Caption |
|---|---|---|---|
| A002 | June 19, 2015 | | Residential Expenses |

6. Issued by: Code JM0TNS
Department on Disability Services
Office of Contracts and Procurement
1125 15th Street NW. 4th Floor
Washington, DC 20005-2717

7. Administered by (If other than line 6)

8. Name and Address of Contractor (No. street, city, county, state and zip code)

X

9A. Amendment of Solicitation No.
DCJM-2015-H-0006

9B. Dated (See Item 11)
March 26, 2015

10A. Modification of Contract/Order No.

10B. Dated (See Item 13)

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

☒ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers _X_ is extended. ___is not extended. Offerors 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 fax which includes a reference to the solicitation and amendment number. 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 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 CONTRACTORS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14

| | |
|---|---|
| | A. This change order is issued pursuant to (Specify Authority): THE CHANGES CLAUSE, 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 data 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 ☐ is not ☐ is required to sign this document and return _____ copy to the issuing office.

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)

The solicitation for Human Care Agreement (HCA) No. DCJM-2015-H-0006 for Residential Expenses is hereby amended as follows:

A. Delete Sections H.10-H.10.5.3, B.6, and L.2.2 (k) in its entirety pertaining to the subcontracting plan requirement.

B. Delete the first sentence of the first paragraph in L.2.1 in its entirety and Add the following:
One (1) original, one (1) copy, and one (1) CD-ROM of the written application for the Human Care Agreement shall be submitted **only after submittal of the prospective Provider's Medicaid Waiver application for Residential Habilitation or Supported Living** services **to the DDA Provider Resource Management Unit.**

C. Delete the last paragraph in L.2.1 in its entirety and Add the following:
Prospective Providers shall submit applications along with the completed Human Care Agreement Contractor Qualifications Record (CQR) no later than 2:00 p.m. on Friday, August 28, 2015 to: Department on Disability Services (DDS), 1125-15th Street, NW, 2nd Floor – Mailroom, Washington, DC 20005.

D. Delete the proposal submission date of June 19, 2015 in Section L.3.1. and Add Friday, August 28, 2015.

Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.

| 15A. Name and Title of Signer (Type or print) | | 16A. Name of Contracting Officer<br>Callie Byrd-Williams | |
|---|---|---|---|
| 15B. Name of Contractor<br>(Signature of person authorized to sign) | 15C. Date Signed | 16B. District of Columbia<br>(Signature of Contracting Officer) | 16C. Date Signed<br>6-18-15 |