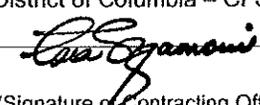


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages	
				1	7
2. Amendment/Modification Number 2		3. Effective Date See 16C	4. Requisition/Purchase Request No.		5. Solicitation Caption Transportation Services
6. Issued By: DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY CONTRACTS AND PROCUREMENT ADMINISTRATION 955 L'Enfant Plaza, SW, North Building, Suite 5200 Washington, DC 20024			Code	7. Administered By (If other than line 6)	
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)			X	9A. Amendment of Solicitation No. 2 DCRL-2012-B-0011	
				9B. Dated (See Item 11) May 10, 2012	
				10A. Modification of Contract/Order:	
				10B. Dated (See Item 13)	
Code			Facility		
<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 checked="" type="checkbox"/> is extended <input 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; or (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, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2 (c).				
	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.				
	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 _____ copies to the issuing office.				
14. Description of amendment/modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
(1) Bid Opening date is hereby changed from Indefinite to Tuesday July 3, 2012. (2) Delete Pages 3, 4, 5, 6, 7 and 8; and replace with Pages 3R, 4R, 5R, 6R, 7R and 8R. (3) Delete Section L.1.2 in its entirety and replace with: The District reserves the right to award up to a maximum of three (3) contracts resulting from this solicitation to the responsive and responsible bidder who has the lowest bid. See Section M for Evaluation Factors.					
All other terms and conditions under this Contract shall remain unchanged.					
Except as provided herein, all terms and conditions of the document 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		
			Tara Sigamoni		
15B. Name of Contractor:		15C. Date Signed	16B. District of Columbia – CFSA		16C. Date Signed
					6/19/12
(Signature of person authorized to sign)			(Signature of Contracting Officer)		

B.6 PRICE SCHEDULE - IDIQ
BASE PERIOD - Aggregate Award Group **CLINS 0001-0004**

Contract Line Item No. (CLIN)	Item Description	Unit	Minimum Number of Trips Contract Term Inclusive of Group Rate	Price Per Trip	Maximum Number of Trips/Contract Term	Contract Minimum/Contract Term	Contract Maximum/Contract Term
			(A)	(B)	(C)	(A x B)	(B x C)
0001	Fostering Connections Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
0001A	Fostering Connections Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
0002	General Transportation Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
0002A	General Transportation Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
0003	Outside of the Washington Metropolitan Area Individual Rate	Trips	10 Trips	\$ _____	1,800	\$ _____	\$ _____
0003A	Outside of the Washington Metropolitan Area Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
0004	Base Year Ceiling Contract Amount	_____	_____	\$ _____	_____	_____	\$ _____
Grand Total for B.6		_____	_____	\$ _____	_____	_____	\$ _____

B.7

PRICE SCHEDULE
Option Year One - Aggregate Award Group CLINS 1001-1004

Contract Line Item No. (CLIN)	Item Description	Unit	Minimum Number of Trips Contract Term Inclusive of Group Rate (A)	Price Per Trip (B)	Maximum Number of Trips/Contract Term (C)	Contract Minimum/Contract Term (A x B)	Contract Maximum/Contract Term (B x C)
1001	Fostering Connections Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
1001A	Fostering Connections Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
1002	General Transportation Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
1002A	General Transportation Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
1003	Outside of the Washington Metropolitan Area Individual Rate	Trips	10 Trips	\$ _____	1,800	\$ _____	\$ _____
1003A	Outside of the Washington Metropolitan Area Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
1004	Option Year One Ceiling Contract Amount	_____	_____	\$ _____	_____	_____	\$ _____
Grand Total for B.7		_____	_____	\$ _____	_____	_____	\$ _____

B.8

PRICE SCHEDULE
Option Year Two – Aggregate Award Group **CLINS 2001-2004**

Contract Line Item No. (CLIN)	Item Description	Unit	Minimum Number of Trips Contract Term Inclusive of Group Rate	Price Per Trip	Maximum Number of Trips/Contract Term	Contract Minimum/Contract Term	Contract Maximum/Contract Term
			(A)	(B)	(C)	(A x B)	(B x C)
2001	Fostering Connections Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
2001A	Fostering Connections Group Rate			\$ _____	300	\$ _____	\$ _____
2002	General Transportation Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
2002A	General Transportation Group Rate			\$ _____	300	\$ _____	\$ _____
2003	Outside of the Washington Metropolitan Area Individual Rate	Trips	10 Trips	\$ _____	1,800	\$ _____	\$ _____
2003A	Outside of the Washington Metropolitan Area Group Rate			\$ _____	300	\$ _____	\$ _____
2004	Option Year Two Ceiling Contract Amount			\$ _____			\$ _____
Grand Total for B.8				\$ _____			\$ _____

B9 PRICE SCHEDULE
Option Year Three – Aggregate Award Group CLINS 3001-3004

Contract Line Item No. (CLIN)	Item Description	Unit	Minimum Number of Trips Contract Term Inclusive of Group Rate (A)	Price Per Trip (B)	Maximum Number of Trips/Contract Term (C)	Contract Minimum/Contract Term (A x B)	Contract Maximum/Contract Term (B x C)
3001	Fostering Connections Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
3001A	Fostering Connections Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
3002	General Transportation Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
3002A	General Transportation Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
3003	Outside of the Washington Metropolitan Area Individual Rate	Trips	10 Trips	\$ _____	1,800	\$ _____	\$ _____
3003A	Outside of the Washington Metropolitan Area Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
3004	Option Year Three Ceiling Contract Amount						
Grand Total for B.9				\$ _____			\$ _____

B.10 PRICE SCHEDULE
Option Year Four – Aggregate Award Group CLINS 4001-4004

Contract Line Item No. (CLIN)	Item Description	Unit	Minimum Number of Trips Contract Term Inclusive of Group Rate (A)	Price Per Trip (B)	Maximum Number of Trips/Contract Term (C)	Contract Minimum/Contract Term (A x B)	Contract Maximum/Contract Term (B x C)
4001	Fostering Connections Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
4001A	Fostering Connections Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
4002	General Transportation Individual Rate	Trips	15 Trips	\$ _____	1,800	\$ _____	\$ _____
4002A	General Transportation Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
4003	Outside of the Washington Metropolitan Area Individual Rate	Trips	10 Trips	\$ _____	1,800	\$ _____	\$ _____
4003A	Outside of the Washington Metropolitan Area Group Rate	_____	_____	\$ _____	300	\$ _____	\$ _____
4004	Option Year Four Ceiling Contract Amount	_____	_____	_____	_____	_____	_____
Grand Total for B.10		_____	_____	\$ _____	_____	_____	\$ _____

B.11 Grand Total

Period of Performance	Extended Total
Base Year (B.6)	\$ _____
Option Year One (B.7)	\$ _____
Option Year Two (B.8)	\$ _____
Option Year Three (B.9)	\$ _____
Option Year Four (B.10)	\$ _____
Grand Total	\$ _____

B.12 A bidder responding to this solicitation must submit with its bid, a notarized statement detailing any subcontracting plan required by law. The bidder responding to this IFB shall be deemed non-responsive and shall be rejected if the bidder fails to submit a subcontracting plan that is required by law. For contracts in excess of \$250,000, at least 35% of the dollar volume of the contract shall be contracted in accordance with Section H.9.1.1.