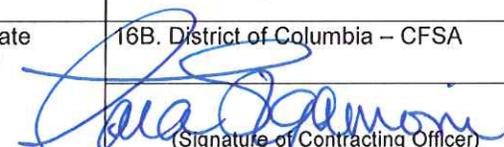


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract Number	Page of Pages	
					1	6
2. Amendment/Modification Number 1		3. Effective Date See 16C		4. Requisition/Purchase Request No.		5. Solicitation Caption In-Home Nursing Services
6. Issued By:			Code	7. Administered By (If other than line 6)		
DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY CONTRACTS AND PROCUREMENT ADMINISTRATION 955 L'Enfant Plaza, SW, North Building, Suite 5200 Washington, DC 20024						
8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)				9A. Amendment of Solicitation No. 2 DCRL-2012-B-0087		
				9B. Dated (See Item 11) X September 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 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) Please delete Pages 3 through in its entirety and replace with Pages 3R through 7R.						
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
				 (Signature of Contracting Officer)		9-10-12
(Signature of person authorized to sign)						

B.6 BASE YEAR – PRICE SCHEDULE- IDIQ

Contract Line Item No. (CLIN)	Supply/Services	Price Per Unit	Minimum Quantity (Hours)	Minimum Total Price	Maximum Quantity (Hours)	Maximum Total Price
0001	In-Home Nursing Services by Healthcare Aides (Holidays)	\$	2	\$	132	\$
0002	Initial Assessment (RN)	\$	1 Assessment	\$	10 Assessments	\$
0003	Follow-Up Assessments	\$	1 Assessment	\$	20 Assessments	\$
0004	In-Home Nursing Services by Healthcare Aides (Client Services)	\$	2	\$	7,800	\$
0005	In-Home Nursing Services LPN	\$	2	\$	5,200	\$
0006	In-Home Nursing Services by RN	\$	2	\$	5,200	\$
Total Contract Amount						\$

B.7 OPTION YEAR ONE – PRICE SCHEDULE- IDIQ

Contract Line Item No. (CLIN)	Supply/Services	Price Per Unit	Minimum Quantity (Hours)	Minimum Total Price	Maximum Quantity (Hours)	Maximum Total Price
1001	In-Home Nursing Services by Healthcare Aides (Holidays)	\$	2	\$	132	\$
1002	Initial Assessment (RN)	\$	1 Assessment	\$	10 Assessments	\$
1003	Follow-Up Assessments	\$	1 Assessment	\$	20 Assessments	\$
1004	In-Home Nursing Services by Healthcare Aides (Client Services)	\$	2	\$	7,800	\$
1005	In-Home Nursing Services LPN	\$	2	\$	5,200	\$
1006	In-Home Nursing Services by RN	\$	2	\$	5,200	\$
Total Contract Amount						\$

B.8 OPTION YEAR TWO – PRICE SCHEDULE- IDIQ

Contract Line Item No. (CLIN)	Supply/Services	Price Per Unit	Minimum Quantity (Hours)	Minimum Total Price	Maximum Quantity (Hours)	Maximum Total Price
2001	In-Home Nursing Services by Healthcare Aides (Holidays)	\$	2	\$	132	\$
2002	Initial Assessment (RN)	\$	1 Assessment	\$	10 Assessments	\$
2003	Follow-Up Assessments	\$	1 Assessment	\$	20 Assessments	\$
2004	In-Home Nursing Services by Healthcare Aides (Client Services)	\$	2	\$	7,800	\$
2005	In-Home Nursing Services LPN	\$	2	\$	5,200	\$
2006	In-Home Nursing Services by RN	\$	2	\$	5,200	\$
Total Contract Amount						\$

B.9 OPTION YEAR THREE – PRICE SCHEDULE- IDIQ

Contract Line Item No. (CLIN)	Supply/Services	Price Per Unit	Minimum Quantity (Hours)	Minimum Total Price	Maximum Quantity (Hours)	Maximum Total Price
3001	In-Home Nursing Services by Healthcare Aides (Holidays)	\$	2	\$	132	\$
3002	Initial Assessment (RN)	\$	1 Assessment	\$	10 Assessments	\$
3003	Follow-Up Assessments	\$	1 Assessment	\$	20 Assessments	\$
3004	In-Home Nursing Services by Healthcare Aides (Client Services)	\$	2	\$	7,800	\$
3005	In-Home Nursing Services LPN	\$	2	\$	5,200	\$
3006	In-Home Nursing Services by RN	\$	2	\$	5,200	\$
Total Contract Amount						\$

B.10 OPTION YEAR FOUR – PRICE SCHEDULE- IDIQ

Contract Line Item No. (CLIN)	Supply/Services	Price Per Unit	Minimum Quantity (Hours)	Minimum Total Price	Maximum Quantity (Hours)	Maximum Total Price
4001	In-Home Nursing Services by Healthcare Aides (Holidays)	\$	2	\$	132	\$
4002	Initial Assessment (RN)	\$	1 Assessment	\$	10 Assessments	\$
4003	Follow-Up Assessments	\$	1 Assessment	\$	20 Assessments	\$
4004	In-Home Nursing Services by Healthcare Aides (Client Services)	\$	2	\$	7,800	\$
4005	In-Home Nursing Services LPN	\$	2	\$	5,200	\$
4006	In-Home Nursing Services by RN	\$	2	\$	5,200	\$
Total Contract Amount						\$

*****END OF SECTION B*****