AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT	1. HCA Solicitation Number	Page of Pages	
	DCRL-2013-H-0039	1	1

2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.	5. Solicitation Caption
DCRL-2013-H-0039-A007	See Block 16C		Case Management and Family Based Foster Care Services

6. Issued by: Code	7. Administered by (If other than line 6)
Child and Family Services Agency Contracts and Procurement Administration 200 I Street, S.E., Suite 2030 Washington, DC 20003	Child and Family Services Agency Foster Care Resources Administration 200 I Street, S.E., Suite 3201 Washington, DC 20003

8. Name and Address of Contractor (No. street, city, county, state and zip code)		9A. Amendment of HCA No. DCRL-2013-H-0039
		9B. Dated (See Item 11) November 14, 2012
		10A. Modification of Contract/Order No.
Code DUNS: TIN FEIN:		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 ☒ is extended ☐ is not extended. Offeror's/Providers 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 2 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) *To be cited on individual orders issued on behalf of participating agencies*

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 data etc.) set forth in item 14, pursuant to the authority of
	C. This supplemental agreement is entered into pursuant to authority of:
	D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor: ☐ is not required to sign this document and return 2 copies at the time of proposal submission.
☒ is required to sign this document and return 2 copies at the time of proposal submission.

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

Pursuant to Article 3, Changes Clause of the Standard Contract Provisions for the use with District of Columbia Government Supply and Services Contracts dated March 2007, the subject solicitation is hereby amended as follows:

1. Delete Section B, Price Schedule pages 3 through 9 in its entirety; substitute the revised pages 3R through 9R, attached to this amendment.

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 Tara Sigamoni	
15B. Name of Contractor (Signature of person authorized to sign)	15C. Date Signed	16B. District of Columbia Tara Sigamoni (Signature of Contracting Officer)	16C. Date Signed 1/18/13

B.4 PRICE SCHEDULE

B.4.1	BASE YEAR – CLIN NOS. 0001 THROUGH 0006				
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
0001	Traditional Case Management with Placement	$_____	365	$_____	$_____
0002	Traditional - Case Management with no Placement	$_____	365	$_____	$_____
0003	Administrative Rate	N/A	N/A	N/A	$_____
0004	Cost Reimbursement	N/A	N/A	N/A	$_____
0005	Teen Parent with 1 Child	N/A	N/A	N/A	$_____
0006	Teen Parent with 2 Children	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 0001 AND 0006					$_____

BASE YEAR – CLIN NOS. 0007 THROUGH 0012					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
0007	Therapeutic Case Management with Placement	$_____	365	$_____	$_____
0008	Therapeutic Case Management with no Placement	$_____	365	$_____	$_____
0009	Administrative Rate	N/A	N/A	N/A	$_____
0010	Cost Reimbursement	N/A	N/A	N/A	$_____
0011	Teen Parent with 1 Child	N/A	N/A	N/A	$_____
0012	Teen Parent with 2 Children	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 0007 THROUGH 0012					$_____

BASE YEAR – CLIN NOS. 0013 THROUGH 0016					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
0013	Specialized Case Management with Placement	$_____	365	$_____	$_____
0014	Specialized Case Management with no Placement	$_____	365	$_____	$_____
0015	Administrative Rate	N/A	N/A	N/A	N/A
0016	Cost Reimbursement	N/A	N/A	N/A	N/A
TOTAL CLIN NOS. 0013 THROUGH 0016					$_____

B.4.2	OPTION YEAR 1 – CLIN NOS. 1001 THROUGH 1006				
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
1001	Traditional Case Management with Placement	$_____	365	$_____	$_____
1002	Traditional Case Management with no Placement	$_____	365	$_____	$_____
1003	Administrative Rate	N/A	N/A	N/A	$_____
1004	Cost Reimbursement	N/A	N/A	N/A	$_____
1005	Teen Parent with 1 Child	N/A	N/A	N/A	$_____
1006	Teen Parent with 2 Children	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 1001 AND 1006					$_____

OPTION YEAR 1 – CLIN NOS. 1007 AND 1012					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
1007	Therapeutic Case Management with Placement	$_____	365	$_____	$_____
1008	Therapeutic Case Management with no Placement	$_____	365	$_____	$_____
1009	Administrative Rate	N/A	N/A	N/A	$_____
1010	Cost Reimbursement	N/A	N/A	N/A	$_____
1011	Teen Parent with 1 Child	N/A	N/A	N/A	$_____
1012	Teen Parent with 2 Children	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 1007 THROUGH 1012					$_____

OPTION YEAR 1 - CLIN NOS. 1013 AND 1016					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
1013	Specialized Case Management with Placement	$_____	365	$_____	$_____
1014	Specialized Case Management with no Placement	$_____	365	$_____	$_____
1015	Administrative Rate	N/A	N/A	N/A	$_____
1016	Cost Reimbursement	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 1013 THROUGH 1016					$_____

B.4.3	**OPTION YEAR 2 – CLIN NOS. 2001 AND 2006**				
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
2001	Traditional Case Management with Placement	$_____	365	$_____	$_____
2002	Traditional Case Management with no Placement	$_____	365	$_____	$_____
2003	Administrative Rate	N/A	N/A	N/A	$_____
2004	Cost Reimbursement	N/A	N/A	N/A	$_____
2005	Teen Parent with 1 Child	N/A	N/A	N/A	$_____
2006	Teen Parent with 2 Children	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 2001 THROUGH 2006					$_____

OPTION YEAR 2 – CLIN NOS. 2007 AND 2012					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
2007	Therapeutic Case Management with Placement	$_____	365	$_____	$_____
2008	Therapeutic Case Management with no Placement	$_____	365	$_____	$_____
2009	Administrative Rate	N/A	N/A	N/A	$_____
2010	Cost Reimbursement	N/A	N/A	N/A	$_____
2011	Teen Parent with 1 Child	N/A	N/A	N/A	$_____
2012	Teen Parent with 2 Children	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 2007 THROUGH 2012					$_____
OPTION YEAR 2 - CLIN NOS. 2013 THROUGH 2016					
CLIN NO.	Services	Per Diem Rate Per Client	Maximum Days	Quantity Max	Total Amount
2013	Specialized Case Management with Placement	$_____	365	$_____	$_____
2014	Specialized Case Management with no Placement	$_____	365	$_____	$_____
2015	Administrative Rate	N/A	N/A	N/A	$_____
2016	Cost Reimbursement	N/A	N/A	N/A	$_____
TOTAL CLIN NOS. 2013 THROUGH 2016					$_____

The Provider shall enter the maximum quantity specified in Sections B.4 through B.4.3 for which the Provider is submitting a business plan.