AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT	1. Contract Number	Page of Pages	
		1	6

2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.	5. Solicitation Caption
8	See 16C		Evidence-Based Volunteer Mentoring Program

6. Issued By:	Code	7. Administered By (If other than line 6)
DISTRICT OF COLUMBIA CHILD AND FAMILY SERVICES AGENCY CONTRACTS AND PROCUREMENT ADMINISTRATION 200 I Street, S.E., Suite 2030 Washington, DC 20003		

8. Name and Address of Contractor (No. Street, city, country, state and ZIP Code)		9A. Amendment of Solicitation No.
		DCRL-2013-R-0134
		9B. Dated (See Item 11)
		10A. Modification of Contract/Order:
		November 19, 2013
		10B. Dated (See Item 13)
Code	Facility	

[X] 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.

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

	B. 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 ©.
	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 [ ] is not [X] 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. Delete Sections - B.3.1; B.3.2; B.3.3; B.3.4 and B.3.5, Price Schedules and replace with B.3.1R; B.3.2R; B.3.3R; B.3.4R and B.3.5R.

2. Add Sections B.7, B.8 and B.9.

3. **Proposal Submission date is hereby changed from March 6, 2014 to March 17, 2014 at 2:00 p.m.**

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 person authorized to sign)		(Signature of Contracting Officer)	3.5.14

4. Delete Section B.5 in its entirety and replace with: This is an IDIQ contract for supplies or services specified, and effective for the period stated. Delivery or performance shall be made only as authorized by orders issued in accordance with the Ordering Clause, G.10. The Contractor shall furnish to the District, when and if ordered, the supplies or services specified in the Schedule up to and including the maximum quantity of **175 for CLINs 0001 and 0002 through 4001 and 4002.**

   District will order at least the minimum quantity of forty (40) and a maximum of one hundred seventy-five (175) for individual mentoring services. There is no limit on the number of orders that may be issued. **The Contractor shall not furnish any services that exceed the dollar amount specified in the order without receiving proof of additional funding availability.** The District may issue orders requiring delivery to multiple destinations or performance at multiple locations.

5. Delete Section L.1.1 in its entirety and replace with: The District intends to award multiple contracts resulting from this solicitation to the responsible offeror(s) whose offer(s) conforming to the solicitation will be most advantageous to the District, cost or price, technical and other factors, specified elsewhere in this solicitation considered.

6. Delete Section L.1.2 in its entirety and replace with: The District, Child and Family Services Agency (CFSA) intends to award up to two (2) contracts.

7. CFSA invites the prospective providers of the Evidence-Based Volunteer Mentoring Program to attend a meeting to discuss the budget on ***Monday March 10, 2014 from 10:30 – 12:00 pm in the CFSA Conference Center – Conference Room 2203B at 200 I Street, SE. Use the 2nd Street, S.E. Entrance, also known as the CFSA Clinic entrance.***

B.3.1R

	BASE YEAR					
CLIN NO.	Services	Per Diem Rate Per Client	Units/Sessions	Minimum Number of Clients	Maximum Number of Clients	Total Amount
0001	Individual Mentoring Services cited in §§ B.5	$	52	40	175	
0002	Cost Reimbursement cited in §§ B.8.1.2	N/A	N/A	N/A	N/A	
	TOTAL NOT-TO-EXCEED AMOUNT FOR CLIN NOS. 0001 and 0002 $					

B.3.2R

	OPTION YEAR ONE					
CLIN NO.	Services	Per Diem Rate Per Client	Units/Sessions	Minimum Number of Clients	Maximum Number of Clients	Total Amount
1001	Individual Mentoring Services cited in §§ B.5	$	52	40	175	
1002	Cost Reimbursement cited in §§ B.8.1.2	N/A	N/A	N/A	N/A	
	TOTAL NOT-TO-EXCEED AMOUNT FOR CLIN NOS. 1001 and 1002 $					

B.3.3R

	OPTION YEAR TWO					
CLIN NO.	Services	Per Diem Rate Per Client	Units/Sessions	Minimum Number of Clients	Maximum Number of Clients	Total Amount
2001	Individual Mentoring Services cited in §§ B.5	$	52	40	175	
2002	Cost Reimbursement cited in §§ B.8.1.2	N/A	N/A	N/A	N/A	
	TOTAL NOT-TO-EXCEED AMOUNT FOR CLIN NOS. 2001 and 2002 $					

B.3.4R

	OPTION YEAR THREE					
CLIN NO.	Services	Per Diem Rate Per Client	Units/Sessions	Minimum Number of Clients	Maximum Number of Clients	Total Amount
3001	Individual Mentoring Services cited in §§ B.5	$	52	40	175	
3002	Cost Reimbursement cited in §§ B.8.1.2	N/A	N/A	N/A	N/A	
	TOTAL NOT-TO-EXCEED AMOUNT FOR CLIN NOS. 3001 and 3002 $					

B.3.5R

	OPTION YEAR FOUR					
CLIN NO.	Services	Per Diem Rate Per Client	Units	Minimum Number of Clients	Maximum Number of Clients	Total Amount
4001	Individual Mentoring Services cited in §§ B.5	$	52	40	175	
4002	Cost Reimbursement cited in §§ B.8.1.2	N/A	N/A	N/A	N/A	
	TOTAL NOT-TO-EXCEED AMOUNT FOR CLIN NOS. 4001 and 4002 $					

B.7 PAYMENT/REIMBURSEMENT METHODS

B.7.1 There are two (2) payment/reimbursement components associated with this contract. Providers will be paid separately for the *negotiated* Individual Mentoring Per Diem Rate based on the number children/youth service units and the associated costs. All remaining costs will be reimbursed after they have been expended and reported via Cost Reimbursement.

Individual items of costs may not be paid/reimbursed from more than one payment/reimbursement component.

B.8.1.2 Cost Reimbursement

B.8.1.3 The Provider will be paid monthly on a cost reimbursable basis for the cost of negotiated budgeted line items and/or services that are not included in either the case management rate, the foster care room and board rate, or the monthly administrative rate. (See Budget Package Instructions attached to this email).

B.8.1.4 The Provider will be reimbursed for costs that are supported and substantiated after they have been expended and reported by the Provider within the amounts set forth in Section B.3 and as shown in the corresponding budget forms attached to this email. The Cost Reimbursement invoices shall be submitted on a monthly basis and will be paid without regard to number of children placed during the month. The monthly Cost Reimbursement is subject to monthly reconciliation and will be adjusted, if required.

B.8.1.5 Providers shall not mark-up the cost reimbursement allowable expenses on this contract with indirect cost of overhead, general, and administrative cost. Profit may not be charged against cost reimbursement expenses under this contract. Tangible items charged under the cost reimbursement CLIN (such as vehicles, computers, or equipment) will become the property of the District of Columbia.

B.9 COST REIMBURSEMENT CEILING

B.9.1 CLINs 0002, 1002, 2002, 3002 and 4002 of the contract set forth the ceiling amount for the cost element of the contract ("ceiling').

B.9.2 The amount for performing this cost element of the contract shall not exceed the ceilings specified in CLINs 0002, 1002, 2002, 3002, and 4002.

B.9.3 The Contractor agrees to use its best efforts to perform the work specified in this contract and to meet all obligations under this contract within the cost reimbursement ceiling.

B.9.4 The Contractor must notify the CO, in writing; whenever it has reason to believe that the total cost for the performance of this contract will be either greater or substantially less than the cost reimbursement ceiling.

B.9.5 As part of the notification, the Contractor must provide the CO a revised estimate of the total cost of performing this contract.

B.9.6 The District is not obligated to reimburse the Contractor for costs incurred in excess of the cost reimbursement ceiling specified in Section B.3.5R and the Contractor is not obligated to continue performance under this RFP (including actions under the Termination clauses of this contract), or otherwise incur costs in excess of the cost reimbursement ceiling specified in Section B.9.4, until the CO notifies the Contractor, in writing, that the estimated cost has been increased and provides revised cost reimbursement ceiling for performing this contract.

B.9.7 No notice, communication, or representation in any form from any person other than the CO shall change the cost reimbursement ceiling. In the absence of the specified notice, the District is not obligated to reimburse the Contractor for any costs in excess of the costs reimbursement ceiling, whether such costs were incurred during the course of performance or as a result of termination.

B.9.8 If any cost reimbursement ceiling specified in Section B.9 is increased, any costs the Contractor incurs before the increase that are in excess of the previous cost reimbursement ceiling shall be allowable to the same extent as if incurred afterward, unless the CO issues a termination or other notice directing that the increase is solely to cover termination or other specified expenses.

B.9.9 A change order shall not be considered an authorization to exceed the applicable cost reimbursement ceiling specified in Section B.9, unless the change order specifically increases the cost reimbursement ceiling.

B.9.10 Only costs determined in writing to be reimbursable in accordance with the cost principles set forth in rules issued pursuant to Title V of the Procurement Practices Reform Act of 2010 shall be reimbursable.

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

Mentoring Per Diem	Cost Reimbursement
Schedule 1: Salary/Wage Any personnel whose duties and/or responsibilities include: • Providing direct supervision to mentors. • Providing direct services to mentees. • Providing any of the requirements detailed in Sub-Section C.5-Requirements and Sub-Section F.3-Deliverables of this solicitation.	**Schedule 1: Salary/Wage** • **(N/A)**
Schedule 2: Fringe Benefits- *Proportionate share of costs allocable to Schedule 1-Mentoring Per-Diem Personnel* • Social Security (FICA) • Health/Hospitalization Insurance • Worker's Compensation • Unemployment Insurance • Other Benefits (any other employer-paid benefits) *(Note: Capped at a maximum of 30.0% of total Salary & Wage expenditure)*	**Schedule 2: Fringe Benefits** • **(N/A)**

Attachment A-R1 to accompany Amendment No. 8

Mentoring Per Diem	Cost Reimbursement
Schedule 3: Consultants/Experts • **(N/A)**	**Schedule 3: Consultants/Experts** • • • •
Schedule 4: Occupancy Costs • Office Space (rental/lease/mortgage) • Trash Removal • Building Maintenance • Property Insurance • Pest Control • Building/Property Security (non-employee) • Other (Specify)	**Schedule 4: Occupancy Costs** • Office Space (rental/lease/mortgage) • Utilities (Gas/Electric/Oil/Water/ Sewage) • Trash Removal • Building Maintenance • Property Insurance • Pest Control • Building Repairs • Building/Property Security (non-employee) • Other (Specify)

Mentoring Per Diem	Cost Reimbursement
Schedule 5: Travel/Transportation Costs • Vehicle Lease/Rental • Vehicle Depreciation • Vehicle Insurance • Vehicle Registration/ Licensing *(**Note:** Applies to vehicles owned/leased by the Provider & must be supported by formal documentation)*	**Schedule 5: Travel/Transportation Costs** • Vehicle Maintenance (Gasoline/Oil/Supplies) • Tires/Batteries • Vehicle Maintenance/Repairs • Mileage (staff personally owned vehicles) • Metro Train/Bus Fares (staff) • Travel Other
Schedule 6: Supplies/Minor Equipment Costs • **(N/A)**	**Schedule 6: Supplies/Minor Equipment Costs** • Office Supplies • Office Furnishings • Minor Equipment Rental/Lease • Minor Equipment

Mentoring Per Diem	Cost Reimbursement
Schedule 7: Capital Equipment/Outlays Costs • **(N/A)**	**Schedule 7: Capital Equipment/Outlays Costs** • **(N/A)**
Schedule 8: Client Expense Costs • **(N/A)**	**Schedule 8: Client Expense Costs** • Mentor Reimbursement • Client Transportation • Educational Supplies • •
Schedule 9: Communications Costs • Telephone/Landline (staff) • Cellular Telephone Service (staff) • Internet Service	**Schedule 9: Communications Costs** • Telephone/Landline (staff) • Cellular Telephone Service (staff) • Internet Service • Postage • Delivery Service

Mentoring Per Diem	Cost Reimbursement
Schedule 10: Other Direct Costs **N/A**	**Schedule 10: Other Direct Costs** • **Pre-Service Training** • **In-Service Training** • •
Schedule 11: Indirect/Overhead Costs	**Schedule 11: Indirect/Overhead Costs** • **(N/A)**

Mentoring Per-Diem: Any costs (*not otherwise prohibited*) allocable that belongs in the appropriate schedules as described above associated with personnel listed in Schedule-1 whose duties and/or responsibilities include the provision of any of the requirements detailed in Sub-Section C.5 Requirements and Sub-Section F.3-Deliverables of this solicitation. Any costs not supported by a formal agreement, policy or contract will be moved to Cost Reimbursement.

Cost Reimbursement: Any cost that does not qualify as a Mentoring Per-Diem cost, as the cost **cannot** be supported by a formal agreement, policy or contract.