

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
				1	3
2. AMENDMENT/MODIFICATION NO. 0001		3. EFFECTIVE DATE 07/14/2023		4. REQUISITION/PURCHASE REQ. NO.	
6. ISSUED BY HRSA/OAMP/NHDP Office of Acquisition Management and Policy National Hansens Disease Program Baton Rouge LA 70809		CODE NHDP2		5. PROJECT NO. (If applicable)	
		7. ADMINISTERED BY (If other than Item 6)		CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x)		9A. AMENDMENT OF SOLICITATION NO. 75R60123Q00002	
		x		9B. DATED (SEE ITEM 11) 07/06/2023	
				10A. MODIFICATION OF CONTRACT/ORDER NO.	
				10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE			
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<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 checked="" 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 <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication which includes a reference to the solicitation and amendment numbers. 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 electronic communication, provided each letter or electronic communication 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 ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.					
CHECK ONE	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 FAR 43.103(b).				
	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 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.)					
This Solicitation is hereby amended to respond to vendor questions.					
Question 1:					
Is there an Incumbent(s)? Or is this a new Contract requirement?					
Response to Question 1:					
Yes, there is an incumbent. This is a recompetete for an existing contract.					
Question 2:					
How many Physical Therapist do you need for services?					
Response to Question 2:					
Please review the solicitation and provide a quote that will fulfill the requirements set					
Continued ...					
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.					
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
			ANNE M. STEPHAN		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA	
(Signature of person authorized to sign)				(Signature of Contracting Officer)	
				16C. DATE SIGNED	

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>forth in the Statement of Work.</p> <p>Question 3: How many patients per day will we be servicing? Response to Question 3: The average number of patients varies over each contract period. NHDP requires a PT on location for the hours specified in the SOW.</p> <p>Question 4: What are the main parts of the body will need therapy for Hansen patients? (arm,leg,foot,etc.) Response to Question 4: The parts of the body affected varies depending on the patient. The PT addresses lower extremities care and wound management.</p> <p>Question 5: Under Task 3..3.1 Maximum billable hours per yr is 1472 hrs/yr. How do you come up with the 1472 hrs? 40hrs/wk X 52 wks is 2080hrs, 32hrs/wk X 52 wks is 1664hrs. Response to Question 5: Task 3.1.1, Standard hours, is calculated at 32 hours per week x 46 weeks (1472 hours/year; 736 hours/6-month extension period). Task 3.1.2, Extended hours, is calculated at 40 hours per week x 6 weeks (240 hours/year; 120 hours/6-month extension period).</p> <p>Question 6: Do I need another background check? Response to Question 6: Our Security Division will determine if an existing background check is up-to-date or if another is required.</p> <p>Question 7: What do you put in box 17a. Do we fill out the code and facility code? What goes in the box, just name and address? Response to Question 7: Please only include company name and address in box 17a.</p> <p>Question 8: Do we fill out 2nd page, item number 19, Name, address, and email and UEI number? Response to Question 8: Yes. Continued ...</p>				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Question 9: Is UEI number, the same one that we put on current vouchers? Response to Question 9: Yes.</p> <p>Question 10: Do we need background check for tier 2 moderate risk background investigation? Response to Question 10: All contractor (and/or any subcontractor) employees must obtain a background investigation commensurate with the position sensitivity designation prior to enter the facility.</p> <p>Question 11: Do we submit NDA with the contract or after awarding the contract? Response to Question 11: NDA shall be submitted after contract award and prior to contractor employee performance.</p> <p>Question 12: Page 10. "The offeror shall complete only paragraph b if the offeror has completed SAM". The questions are on page 14, b1 and b2. Unclear what we are supposed to fill out or turn in? Response to Question 12: Please complete and submit FAR 52.212-3 Offeror Representations and Certification-Commercial Product and Commercial Services (DEC 2022) provided in the solicitation Attachment B. If the representations and certifications section has been completed in your company's SAM.gov profile, then an Offeror would only need to complete and submit paragraph b.</p> <p>Question 13: Page 3 of SOW: I want to clarify the number of hours. Base Period and Option periods 1-4 state total number of billable labor hours at 1472hrs + 240 hours (for seminars/education etc?) = 1712 hrs/yr Response to Question 13: Please see above response to Question 5.</p>				