

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE J	PAGE OF PAGES 1 7
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 04-Aug-2015	4. REQUISITION/PURCHASE REQ. NO. ACQR3905898		5. PROJECT NO.(If applicable)
6. ISSUED BY NAVFAC SOUTHEAST PWD KEY WEST BLDG A-629, PO BOX 9018 KEY WEST FL 33040-9018	CODE N69450	7. ADMINISTERED BY (If other than item 6) See Item 6		
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)		X	9A. AMENDMENT OF SOLICITATION NO. N69450-15-R-4716	
		X	9B. DATED (SEE ITEM 11) 25-Jul-2015	
			10A. MOD. 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 Offer <input type="checkbox"/> is extended, <input checked="" type="checkbox"/> is not extended. Offer 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; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. 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 change may be made by telegram or letter, provided each telegram or letter 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.				
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, 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 checked="" type="checkbox"/> is required to sign this document and return <u>1</u> copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) The purpose of this amendment is to provide Attachment J-1503020-14 Pest Management Operations Report, and Attachment A - Responsibility Evaluation Form that were inadvertently omitted.				
Except as provided herein, all terms and conditions of the document referenced in Item 9A 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)		
		TEL: _____ EMAIL: _____		
15B. CONTRACTOR/OFFEROR _____ (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY _____ (Signature of Contracting Officer)	16C. DATE SIGNED 04-Aug-2015	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION SF 30 - BLOCK 14 CONTINUATION PAGE

The following have been added by full text:

ATTACHMENT A

ATTACHMENT A

RESPONSIBILITY EVALUATION FORM

Please provide the following information within three business days from receipt of this letter to assist us with conducting our Pre-Award Survey:

a. Identification of the Contractor's personnel and management to be used on this contract.

Name: _____

Official Capacity: _____

b. The Contractor's technical and management plans for performing required services.

c. Description of Contractor's facilities and equipment.

d. Summary of the Contractor's experience in performing work of the type required by this specification.

e. Provide current financial statements and data, and financial institution/credit references point of contact and phone number.

Name of Bank: _____

Point of Contact: _____ Phone: _____

GOVERNMENT QUESTIONS:

1. How long has the contractor done business with your firm? _____
2. How many figures are in their average monthly balance? _____
3. What is their credit limit? _____

Credit Firm Name: _____

Point of Contact: _____ Phone: _____

GOVERNMENT QUESTIONS:

1. How long have they had credit with your firm? _____
2. Do they pay on time? _____
3. Have you ever had any problems with the contractor? _____

Credit Firm Name: _____

Point of Contact: _____ Phone: _____

GOVERNMENT QUESTIONS:

4. How long have they had credit with your firm? _____
5. Do they pay on time? _____
6. Have you ever had any problems with the contractor? _____

f. Other work presently under contract.

g. Prior contracts for similar work, and the names, addresses and telephone numbers of individuals with the organization issuing the contract who may be contacted for information concerning the Contractor's performance.

Agency Name: _____

Point of Contact: _____ Phone: _____

Contract Number: _____ Title: _____

Contract Award Date: _____ Contract Completion Date: _____

Contract Award Amount: _____ Number of Modifications (if any): _____

Overall Performance Rating: _____ Was contract completed on time: _____

Additional Comments: _____

Agency Name: _____

Point of Contact: _____ Phone: _____

Contract Number: _____ Title: _____

Contract Award Date: _____ Contract Completion Date: _____

Contract Award Amount: _____ Number of Modifications (if any): _____

Overall Performance Rating: _____ Was contract completed on time: _____

Additional Comments: _____

Agency Name: _____

Point of Contact: _____ Phone: _____

Contract Number: _____ Title: _____

Contract Award Date: _____ Contract Completion Date: _____

Contract Award Amount: _____ Number of Modifications (if any): _____

Overall Performance Rating: _____ Was contract completed on time: _____

Additional Comments: _____

SECTION J - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

The following have been added by full text:

ATTACHMENT J-1503020-14

ATTACHMENT J-1503020-14
PEST MANAGEMENT OPERATIONS REPORT

New Pesticide Management Record (SAMPLE)

Directions:

1. Select the installation and fill in the Office/Contractor, if applicable
2. Fill in a separate form for each pest management operation. For pesticide applications, the pounds of active ingredient (PAI) will be calculated automatically based on the data you enter.

Installation Name:

Department/Company:

Office/Contractor:
(optional)

Negative Report

Contract or In-House:	<input type="text"/>	5/17/2012 6:23:1
Application Date:	<input type="text"/>	
Inside or Outside:	<input type="text"/>	
Facility: Building # or Area	<input type="text"/>	
Operation:	<input type="text"/>	
Site:	<input type="text"/>	<input type="button" value="Save Defaults*"/>
	<input type="button" value="Clear Defaults_"/>	

Pest:	<input type="text"/>
Applicator Name:	<input type="text"/> Create Applicator List
Pesticide Trade Name:	<input type="text"/> - Select an installation to see the pesticide list
Pesticide Active Ingredient:	<input type="text"/>
EPA Registration # or Other #:	
Formulation:	
Area Treated:	<input type="text"/>
Quantity of Final Product Applied:	<input type="text"/>
Final Concentration (%):	<input type="text"/>
PAI*:	Will be automatically calculated for the appropriate Operations*
Comments:	<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>
Additional Comments (Optional):	<div style="border: 1px solid gray; height: 80px; width: 100%;"></div>

*Whatever is currently in the following fields will now be the default entry when the page is opened: Contract or In-House; Application Date; Inside or Outside; Operation; Site. **New: If you want the current date to continue to load while the other default values are loaded, save the Application Date as a blank.**

(End of Summary of Changes)