AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 / 2

2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO.(If applicable)
0005	30-Jul-2002		

6. ISSUED BY CODE N62645
NAVAL MEDICAL LOGISTICS COMMAND
1681 NELSON STREET
FORT DETRICK MD 21702-9203

7. ADMINISTERED BY (If other than item 6) CODE
See Item 6

8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)

CODE FACILITY CODE

X	9A. AMENDMENT OF SOLICITATION NO. N62645-02-R-0007
X	9B. DATED (SEE ITEM 11) 09-May-2002
	10A. MOD. OF CONTRACT/ORDER NO.
	10B. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[X] The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offer [ ] is extended, [X] 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 [ ] is not, [ ] 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.)

SEE ATTACHED

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)	
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 30-Jul-2002

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

1. The purpose of this amendment is to change Amendment 0004 as follows:

a. In Section B, Change Quantity (Hours) CLIN 0009AB to 508
b. In Section B, Change Quantity (Hours) CLIN 0009AC to 502
c. In Section J, ATTACHMENTS 001, 003, 004, 005 and 007, delete paragraph 4 and replace it with the following:

4. ABSENCES AND LEAVE. The HCWs shall accrue leave as stated in the basic contract.

2. The closing date for this solicitation is unchanged.

ELECTRONIC FILE FORMAT: OFFEROR'S PAST PERFORMANCE INFORMATION (PAST PERFORMANCE.DOC)

Ref	Number of HCWs (by FTE)	Types of HCWs	Location of Services	Start Date	End Date	Name. Telephone number, email address of **verified** point of contact
1						
2						
3						
4						
5						

ELECTRONIC FILE FORMAT: OFFEROR'S PAST PERFORMANCE INFORMATION
(PAST PERFORMANCE.DOC)
(Continued)

Ref	Contract Number	Description of Service	Contract Discrepancy or Non-compliance reports issued
1			
2			
3			
4			
5			

ELECTRONIC FILE FORMAT: OFFEROR'S MANAGEMENT PLAN
(MANAGEMENT PLAN.DOC)

A. **Recruitment**

1. Describe any unusual or extraordinary recruitment methods that may be required to fill scarce marketplace commodities for **CLINs 0002 through 0009**, and Notional Task Orders **NTO001 and NTO002**. If none exist, so state.

2. Describe any innovations or ideas to mitigate any risks identified to successful recruitment.

B. **Retention**

1. Provide the typical fringe and other benefit packages paid to HCWs. If the offeror intends to hire sub-contractors also, so state.

a. Indicate the benefit provided to HCWs including:

401K. If "Yes", what amount or percentage or dollar amount do you contribute?

b. Health Insurance. If "Yes", what amount or percentage or dollar amount do you contribute?

c. Dental Insurance. If "Yes", what amount or percentage or dollar amount do you contribute?

d. Is a 125 Pre-tax medical spending account available?

e. Uniform Allowance. If "Yes", what amount or percentage do you contribute?

f. Continuing Education. If "Yes", (a) what amount or percentage do you contribute, and (b) describe your continuing education benefit in terms of types of courses and number of days/hours?

g. Do you allow personnel to decline all or some benefits in exchange for an increase in direct compensation?

h. Other Benefits: Identify any other benefits provided and the amount you contribute.

i. Do benefits for part time employees differ from those offered to full time employees? If "yes", please explain how those benefits differ.

2. On-site assistance to employees.

a. How often will regular/scheduled contact be made with each employee?

b. How will contact be made (site visit, telephone, email, etc?)

c. Will there be an on-site or local (within 100 miles) representative? If "yes", what will this individual's responsibilities be for issues specifically including planned leave use, unplanned leave notification, payroll issues?

d. Are these services available to each health care worker which facilitate contact (i.e., "1-800" number, 24 hour POC via answering machine, etc?)

3. Describe any innovations or ideas to mitigate any risks identified to successful retention.

ELECTRONIC FILE FORMAT; OFFEROR'S MANAGEMENT PLAN
(Continued)

C. **Pre-Credentialing**

1. Describe how expiring licenses and certifications will be tracked to ensure that they are kept current and that the Government has the latest versions.

2. Describe the offeror's credentials compilation and verification process.

3. Describe any plan to pre-credential candidates before a need is identified.

4. Describe any plan that will keep candidates up to date on the status of the contract prior to contract award thus ensuring a smooth transition to contract start.

D. **Sub-Contracting and Teaming.** If a sub-contracting and/or teaming approach will be used, provide the following information. If no sub-contracting and/or teaming approach will be used, so state.

1. Describe the experience of the offeror's sub-Contractor(s)/teaming partner(s) with multiple dental labor categories across wide geographic areas that are relevant to the requirements of **CLINs 0002 through 0009**, **CLINs 0013 through 0023**, and **NTO001 and NTO002**. Medical experience, although relevant, is less relevant than comparable dental experience. This narrative discussion shall contain sufficient specificity and detail to assess its relevance.

2. Provide letters from the sub-Contractor(s) and/or teaming partner(s) that acknowledge the teaming arrangement and their participation if a contract is awarded. This acknowledgement may be a simple statement on letterhead paper, signed by an authorized representative who can be contacted and telephonically interviewed by the Government. Therefore, telephone numbers shall be provided which shall be accurate and legible.

3. Provide (at the offeror's choice, within the same letter) information from the sub-Contractor(s) and/or teaming partner(s) indicating the duties or performance responsibilities of each organization in the specific areas of recruitment, initial and ongoing credentialing, and overall project management.

4. Explain how these teaming arrangements will be used in the decision-making process within the contract. Which specific areas are delegated to the teaming partner and which are retained? How will the offeror hold the teaming partner accountable for non-performance or unacceptable performance?

E. **Leave Management.** The Contractor will establish and manage a leave program for NDC Mid-Atlantic, Norfolk, VA as required within Sections C, H, and **Attachments 0001 through 008** of the solicitation. The offeror shall:

1. Explain their leave benefit fully:

2. Explain the process(es) by which leave is managed within the offeror's organization:

3. Explain how the benefit granted to employees under existing contracts will be transitioned to the offeror's leave benefit plan: