AMENDMENT OF SOLICIT	FATION / MODIFICATI		Contract Number	Page of Pages 1 2
AMENDMENT OF SOLICI 2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase F	Request No. 5. Solicitation (
001	1/6/17	TBD/TBD	Ambulance	Services for sive Psychiatric
6. Issued by:	Code	7. Administered by (If o		
Office of Contracting and Department of Behaviora 64 New York Avenue, NE Washington, DC 20002	l Health (DBH)			
8. Name and Address of Cont	ractor (No. street, city, cou	ınty, 9A. Amendm	nent of Solicitation No. RM-17-I	FB-031-BY4-TYM
state and zip code)	9B. Dated (S	9B. Dated (See Item 11) 12/23/2016		
	10A. Modific	ation of Contract/Order No.		
	l _x l	x		
		10B. Dated ((See Item 13)	
Code	Facility		,	
The above numbered solicitation is		S TO AMENDMENTS OF SOL		7
submitted; or (c) BY separate letter or fa BE RECEIVED AT THE PLACE DESIG OF YOUR OFFER. If by virtue of this ar telegram makes reference to the solicite 12. Accounting and Appropriation Dat	NATED FOR THE RECEIPT OF O mendment you desire to change ar tion and this amendment, and is read (If Required)	FFERS PRIOR TO THE HOUR A n offer already submitted, such ma eceived prior to the opening hour	AND DATE SPECIFIED MAY RES ay be made by letter or fax, provi and date specified.	SULT IN REJECTION
13	THIS ITEM APPLIES ONLY TO IT MODIFIES THE CONTRAC		/	
	led pursuant to (Specify Authority Item 14 are made in the contrac		tract Modifications	
B. The above numbered cor etc.) set forth in item 14,	ntract/order is modified to reflect pursuant to the authority of 27 Diment is entered into pursuant to a	the administrative changes (suc CMR, Chapter 36, Section 360		appropriation data
D. Other (Specify type of mo	odification and authority)			
E. IMPORTANT: Contractor is n	ot is required to sign th	nis document.		
14. Description of Amendment/Modifi The Request for Quotation for amended as follows:				
 Section C.5.11 is hereby re Section C.5.16 is hereby a 	mended to read: "Contrac			y a CPEP
consumer during scheduled 3. Questions and Answers (A 4. All other terms and condition	ttachment A).	tional support in the cons	sumer's best interest."	
Except as provided herein, all terms a	and conditions of the document is	s referenced in Item QA or 10A	remain unchanged and in full fo	arce and effect
15A. Name and Title of Signer (Type		16A. Name of Contracting C MARGARET T. DESP	Officer	nice and enect.
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia		16C. Date Signed
(Signature of person autho	rized to sign)		(Signature of Contracting Officer)	

ATTACHMENT A

Invitation for Bid (IFB) for Ambulance Services for CPEP Questions and Answers

1. QUESTION: With regard to Section C.5.11 – The Contractor shall maintain an adequate fleet designed and equipped for non-emergency transport with wheel chair carrying capacity and the ability to carry disabled individuals. Is wheelchair van service being requested?

ANSWER: No. Section C.5.11 is hereby removed from the requirement of this IFB.

2. QUESTION: With regard to Section C.5.16 - The Contractor shall provide transport for a second person when requested by DBH staff at the per unit rate indicated in Schedule B of this document. Is the second person a patient or a representative of DBH?

ANSWER: The second person is a DBH staff member.