

**NAVFAC
SPECIFICATION**

**Project RI-04 Restoration of
Occupational Health Clinic
B-3907
MCAS Cherry Point NC**

IMPORTANT

This amendment should be acknowledged when your proposal is submitted. Failure to acknowledge the amendment may constitute grounds for rejection of the proposal.

If your proposal has been submitted prior to the receipt of this amendment, acknowledgement should be made by email, which should state whether the price contained in your proposal is to remain unchanged, is to be decreased by an amount, or is to be increased by an amount. The acknowledgement must be received prior to proposal due date.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE	OF PAGES
				1	2
2. AMENDMENT/MODIFICATION NO. 0003	3. EFFECTIVE DATE 01/25/2010	4. REQUISITION/PURCHASE REQ.		5. PROJECT NO. (If applicable)	
6. ISSUED BY CG MCAS Cherry Point FACILITIES, ROICC B-163, CURTIS ROAD PSC BOX 8006 CHERRY POINT, NC 28533		7. ADMINISTERED BY (If other than item 6.)		Code	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) AMENDMENT MUST BE ACKNOWLEDGED WITH YOUR PROPOSAL			<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION	
				9B. DATED (SEE ITEM 11) 7/29/2009	
			<input type="checkbox"/>	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> copy 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.					
<input type="checkbox"/>	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.				
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATION CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b).				
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:				
<input type="checkbox"/>	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 original to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					

PROJECT RI-04 RESTORATION OF OCCUPATIONAL HEALTH CLINIC B-3907

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR (Same as Item 8) _____ (Signature of person authorized to sign)		16B. UNITED STATES OF AMERICA BY _____ (Signature of Contracting Officer)	
15C. DATE SIGNED		16C. DATE SIGNED	

QUESTION

Your last amendment does not clear up the problem regarding the schedule. We understand we are to work weekend and nights. What we're saying, there are many parts of this work that will take days and weeks to do, so that the areas will not be available the next morning after the nights work. Areas having AB tile removed will be off limits until testing clearance given. Ceramic tile work will take days, etc.

ANSWER

The question was posed to the Naval Health Clinic's Facility Manager (who is the customer for this project). His response is as follows:

"The floor tile can be removed on the weekends with certain corridors closed down. The patients and staff can work off the bare concrete until all the new tile is installed.

The front patient bathrooms can be secured as necessary until those areas are complete as long as the toilet in the back is available. They should not schedule all three at the same time for repairs.

There is no schedule requirements on the shower area. The staff does not use that constantly."

(END)