

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES
			J	1 4
2. AMENDMENT/MODIFICATION NO. 0002	3. EFFECTIVE DATE 30-Oct-2002	4. REQUISITION/PURCHASE REQ. NO. W81W3G-2267-0083		5. PROJECT NO.(If applicable)
6. ISSUED BY CONTRACTING DIVISION PO BOX 1715 BALTIMORE MD 21203-1715	CODE CA31	7. ADMINISTERED BY (If other than item 6) See Item 6		
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)			<input checked="" type="checkbox"/> 9A. AMENDMENT OF SOLICITATION NO. DACA31-03-R-0005	
			<input checked="" type="checkbox"/> 9B. DATED (SEE ITEM 11) 24-Oct-2002	
			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 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.) WHOLE HOUSE REVITILIZATION, DDC/DDSP, NEW CUMBERLAND, PA 1. The attached security information sheet MUST be filled out and faxed to Tony Marcell at 717-770-7660 by November 5, 2002 for those individuals planning to attend the site visit on November 7, 2002 at 9:00 a.m. 2. The Proposal due date remains unchanged. 3. FAR Clause 52.211-12, Liquidated Damages--Construction is hereby deleted. Replace with the following:				
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	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED	
_____ (Signature of person authorized to sign)		BY _____ (Signature of Contracting Officer)	30-Oct-2002	

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

52.211-12 LIQUIDATED DAMAGES--CONSTRUCTION (SEP 2000)

(a) If the Contractor fails to complete the work within the time specified in the contract, the Contractor shall pay liquidated damages to the Government in the amount of \$ 925.00 per day.

The following additional costs are to be assessed for rent cost per day per phase:

(1) "J" Avenue, Bldgs. 164 thru 171, 8 units, LD's are \$29.30 per unit per day, which amounts to \$234.40.

(2) 11th Street, Bldgs. 31 thru 37, 7 units, LD's are \$33.00 per unit per day, which amounts to \$231.00.

(3) "H" Avenue Quarters 40 and 41, 2 units, LD's are \$35.40 per unit per day, which amounts to \$70.80.

The total liquidated damages and rent costs per day is \$1,461.20.

(b) If the Government terminates the Contractor's right to proceed, liquidated damages will continue to accrue until the work is completed. These liquidated damages are in addition to excess costs of repurchase under the Termination clause.

(End of clause)

4. SPECIFICATIONS:

PAGE 01050-1, PARA. 1.3 – SUBMITTALS: SD-05 – DESIGN DATA: Delete Survey Data & Quantity Surveys in their entirety.

PAGE 01050-2, PARA. 1.4 PHASING: Delete in its entirety.

DDC SECURITY INFORMATION

NAME: _____
(Last) (First) (Initial)

NAME OF COMPANY: _____

PHONE NUMBER OF COMPANY: _(_____)_____

POINT OF CONTACT NAME: _____

POINT OF CONTACT PHONE NUMBER: _____

LENGTH OF STAY: DAYS (MAX 90) _____

DESTINATION: _____

VEHICLE LICENSE NUMBER: _____ STATE: _____

ADMINISTRATIVE AREA/CONTROLLED AREA _____

ESCORT BADGE REQUIRED _____

DDC SECURITY INFORMATION

SOCIAL SECURITY #: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

RANK/GRADE/STATION: _____

BRANCH/SECTION: _____

DIVISION: _____

OFFICE PHONE NC: _____ MECH: _____

EMERGENCY REMARKS (Medication, Health Problems): _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

HOME PHONE #: _(_____) _____

BIRTH DATE (DD/MM/YY): _____

BIRTH PLACE (City, State, Country): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

SEX: MALE FEMALE

HEIGHT IN INCHES: _____

WEIGHT: _____

EYE COLOR: _____

HAIR COLOR: _____