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|---|---------------------------------|---|---|----------------------|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 6 |
| 2. AMENDMENT/MODIFICATION NO. Amendment No. 0002 | 3. EFFECTIVE DATE 03/20/2015 | 4. REQUISITION/PURCHASE REQ. NO. | 5. PROJECT NO. (If applicable) | |
| 6. ISSUED BY HHS\OS\ASPR\AMCG WASHINGTON, DC 20201 | CODE | 7. ADMINISTERED BY (If other than Item 6) | | CODE |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) | | (X) | 9A. AMENDMENT OF SOLICITATION NO. 15-100-SOL-00014 | |
| | | (X) | 9B. DATED (SEE ITEM 11) 03/16/2015 | |
| | | | 10A. MODIFICATION OF CONTRACT/ORDER NO. | |
| | | | 10B. DATED (SEE ITEM 13) | |
| CODE | FACILITY CODE | | | |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, 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 1 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 your 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 ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS.
IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

| | |
|--------------------------|---|
| CHECK ONE | 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"/> | |
| <input type="checkbox"/> | 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). |
| <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 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.)

Section J is changed by renaming Attachment No. 2 "Pre-Proposal Conference Visitor Information" and inserting Page Nos. 4 - 6 of this Amendment in that Attachment.

Section L is changed by adding a new Article No. L.10, entitled "Pre-Proposal Conference," as follows on Page Nos. 2 - 3 of this Amendment.

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 | | 16B. UNITED STATES OF AMERICA | |
| 15C. DATE SIGNED | | 16C. DATE SIGNED | |
| <hr/> <i>(Signature of person authorized to sign)</i> | | <hr/> <i>(Signature of Contracting Officer)</i> | |

A teleconference line and LiveMeeting session will be used during the conference as provided below:

Teleconference

Toll No. 210-301-8972

Toll Free No. 866-614-3732

Participant passcode: 7897301

LiveMeeting

Meeting Number : SA458367

Meeting passcode : P7897301

Participant Join URL: <http://www.mymeetings.com/nc/join.php?i=SA458367&p=P7897301&t=c>

Attachment No. 2
Pre-Proposal Conference Visitor Information

BARDA Visitor Information
Main number: 202-260-1200

Tip O'Neil Building

200 C St., SW
Washington, DC 20024

Google maps link: [Google Maps Tip O'Neil Building \(HHS/ASPR/BARDA\)](#)

Note: entry to the building is subject to full security with scanning. You will need a current ID to obtain a visitor pass at the guard's desk in the entrance lobby.

Metro

The closest Metro stop is Federal Center SW (orange and blue, silver lines). When you get to street level, cross both 3rd St. and D St. Proceed north on D St. one block and turn right at C St. The entrance is immediately ahead on C St.

L'Enfant Station is a 3 block walk. Leave via the Maryland Ave exit. At the top of the escalator continue straight ahead along Maryland Ave. Turn right on 6th St and then left on C St. in front of the Holiday Inn. Cross 5th and 4th St. Also cross 3rd St. to the entrance on C St.

Parking

Metered public parking is available on surrounding streets on a first-come, first-served basis. These have a strict 2 hour limit and are scarce with on-going construction

Atlantic Parking (the entrance to the garage is from Virginia Ave, which is one-way from 3rd St.)

409 3rd Street, SW Washington, DC

Google maps link: [Google Maps link to Atlantic Parking at 409 3rd street SW](#)
(202) 554-0795; www.asgpark.com

A Second location if the first is full is

Standard Parking

395 E Street, SW Washington, DC

Google maps link: [Google Maps link Standard Parking at 395 3rd Street SW](#)
(202) 554-0902; www.standardparking.com

Security

All visitors not holding an HHS badge are required to have an escort while in the Tip O'Neill Building. You will need a government or state-issued picture identification to sign in at the Security Desk in the entrance lobby. Give the Security Officer the name and phone number of the person you are visiting. The Officer will call your host, who will meet you in the lobby, sign their name in the Security Log and escort you to the meeting room, after clearing the metal detectors.

Lakisha Hamilton will be acting as your escort please call 202-260-8590 once you arrive.

FOREIGN VISITOR INFORMATION SHEET

Please complete the form below. Sign and date it, scan it, and send it to matthew.mccord@hhs.gov.
This registration also applies to US Permanent Residents (Green Card holders).

FOREIGN VISITOR INFORMATION

| | |
|-----------------------------------|--|
| VISITOR FULL NAME | |
| GENDER | |
| COUNTRY OF ORIGIN AND CITIZENSHIP | |
| PLACE OF BIRTH | |
| DATE OF BIRTH | |
| PASSPORT NUMBER | |
| PASSPORT ISSUE DATE | |
| PASSPORT EXPIRATION | |
| COUNTRY THAT ISSUED PASSPORT | |
| VISA TYPE | |
| VISA NUMBER | |
| VISA WAIVER PROGRAM YES/NO | |
| DIPLOMATIC IMMUNITY YES or NO | |
| SIGNATURE | |
| DATE | |

HOSTING OFFICIAL INFORMATON

| | |
|---|--|
| DATE AND TIME OF VISIT | April 6, 2015; 2 – 4 pm |
| PURPOSE OF VISIT | Pre-proposal Conference - Flu |
| BUILDING AND ROOMS BEING VISITED | Tip O'Neil Building – Washington, DC |
| HOSTING OFFICIAL'S NAME | Lakisha Hamilton |
| HOSTING OFFICIAL'S AGENCY | DHHS |
| HOSTING OFFICIAL'S PHONE NUMBER | (202) 260-8590 |
| HOSTING OFFICIAL'S BUILDING AND ROOM NUMBER | 200 C Street SW Room 21H19 Washington, DC 20024 |
| NAME AND PHONE NUMBER OF ESCORT | Lakisha Hamilton (202) 260-8590 |

For questions please contact **Lakisha Hamilton** at lakisha.hamilton@hhs.gov