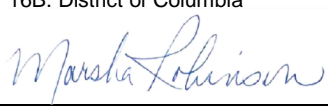


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. Contract Number	Page of Pages			
			1	1		
2. Amendment/Modification Number A0002	3. Effective Date See Block 16C	4. Requisition No.	5. Solicitation Caption Vocational Services			
6. Issued by: Office of Contracts and Procurement Department on Disability Services 1125 15 th Street NW., 4 th Floor Washington, DC 20005-2717		Code JMOMB	7. Administered by (If other than line 6) Department on Disability Services Rehabilitation Services Administration (RSA) 1125 – 15th Street, NW., 9th Floor Washington, DC 20005-2717 202-442-8400 Fax 202-442-8725			
8. Name and Address of Contractor (No. street, city, county, state and zip code) TO BE DETERMINED		X	9A. Amendment of Solicitation No. DCJM-2016-H-0004			
			9B. Dated (See Item 11) September 11, 2015			
		10A. Modification of Contract/Order No.				
		10B. Dated (See Item 13)				
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 ____ is extended. <u>X</u> is not extended. Offerors 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 fax which includes a reference to the solicitation and amendment number. 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 may be made by letter or fax, provided each letter or telegram 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 CLAUSE, 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 data etc.) set forth in item 14, pursuant to the authority of 27 DCMR, Chapter 36, Section 3601.2.						
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 checked="" type="checkbox"/> is required to sign this document and return <u>One (1)</u> _____ copy to the issuing office.						
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.) Human Care Agreement (HCA) No. DCJM-2016-H-0004 for Vocational Services, Section C.5.3.2.2, Benefits Planner (Counselor), is hereby “replaced” as follows: “Minimum of a Bachelor’s Degree in Human Services or related field; and fully Certified Community Work Incentive Coordinator through the Social Security Administration or fully certified Work Incentive Practitioner; minimum of three (3) to four (4) years working with individuals with disabilities.”						
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.						
15A. Name and Title of Signer (Type or print)		16A. Name of Contracting Officer				
		Marsha Robinson				
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia	16C. Date Signed			
(Signature of person authorized to sign)			3/30/2016			
		(Signature of Contracting Officer)				