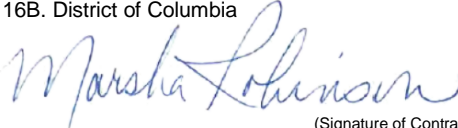


<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. Contract Number		Page of Pages											
						<div style="display: flex; justify-content: space-between;"> <span>1</span> <span>1</span> </div>											
2. Amendment/Modification Number		3. Effective Date		4. Requisition No.		5. Solicitation Caption											
A001		See Section 16c Below				Day Habilitation											
6. Issued by: Code JMOMB Department on Disability Services Office of Contracts and Procurement 1125 15 <sup>th</sup> Street NW, 4 <sup>th</sup> Floor Washington, DC 20005-2720				7. Administered by (If other than line 6)													
8. Name and Address of Contractor (No. street, city, county, state and zip code)				9A. Amendment of Solicitation No. X DCJM-2015-H-0032													
				9B. Dated (See Item 11) June 19, 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 <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> 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:																	
X D. Other (Specify type of modification and authority) 27 DCMR, Chapter 16, Section 1644																	
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return ____ copy to the issuing office.																	
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)																	
<p>Human Care Agreement (HCA) No. DCJM-2015-H-0032, Day Habilitation, is hereby modified as follows:</p> <p>A. delete CLINS 0001A and B small group day hab and large group day hab, and replaced with:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLIN</th> <th style="text-align: left;">Service Description</th> <th style="text-align: center;">Service Unit</th> <th style="text-align: center;">Service Rate</th> <th style="text-align: center;">Maximum Units Allowed (per client)</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">0001</td> <td style="text-align: left;">Day Habilitation</td> <td style="text-align: center;">Hour</td> <td style="text-align: center;">\$22.28</td> <td style="text-align: center;">2028</td> </tr> </tbody> </table> <p>B. Extend the HCA closing date to <b>July 27, 2015 at 2 p.m.</b></p>								CLIN	Service Description	Service Unit	Service Rate	Maximum Units Allowed (per client)	0001	Day Habilitation	Hour	\$22.28	2028
CLIN	Service Description	Service Unit	Service Rate	Maximum Units Allowed (per client)													
0001	Day Habilitation	Hour	\$22.28	2028													
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)						7/8/2015											
				(Signature of Contracting Officer)													