

OMB Approval 2700-0042

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE	PAGE OF PAGES
				1   2
2. AMENDMENT/MODIFICATION NO. <b>0002</b>	3. EFFECTIVE DATE <b>12/24/2014</b>	4. REQUISITION/PURCHASE REQ. NO. <b>4200530603</b>	5. PROJECT NO. (If applicable)	
6. ISSUED BY NASA Stennis Space Center Office of Procurement Building 1100 Room 248D Stennis Space Center, MS 39529-6000		7. ADMINISTERED BY (If other than Item 6) <b>Same as block #6</b>		
8. NAME AND ADDRESS OF CONTRACTOR (No. Street, county, State and ZIP: Code)			9A. AMENDMENT OF SOLICITATION NO. <b>NNS15530603R</b>	
			9B. DATED (SEE ITEM 11) <b>12/3/2014</b>	
			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 one (1) 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 DATA 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 data specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

N/A

**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

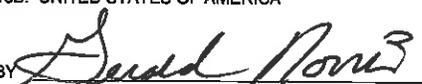
A.	THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
B.	THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH 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  is not,  is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

- a. The purpose of this amendment is to provide clarification to the RFP, amendment 0001 answers and to add attachment 8-1 Safety and Health Program Information.
- b. The date for receipt of proposals remains:  
**January 13, 2015 at 1500 CT**

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)	
		Gerald Norris	
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)	12-24-14

**c. The following clarifications are provided**

**1. Reference – Amendment 0001, Answer 36**

**Clarification:** An excel spreadsheet will not be provided by the Government, all documents provided are as PDF. Offerors are to model their submission after attachments 6-1 and 6-2.

**2. Reference – Amendment 0001, Answer 35**

**Clarification:** Offerors are to model their submission after attachments 6-1 and 6-2 and comply with font type, size and margins.

**3. Reference – Amendment 0001, Answer 39**

**Clarification:** Attachment 8-1 is hereby included. Attachment 8-1 Safety and Health Program Information was inadvertently omitted from the original posting. It is included in this amendment. The Safety and Health Program Information submitted by offerors will be included in the evaluation of Past Performance and Safety.

**4. Reference – RFP Attachment 12, Submission Requirements, Para D, III (A)(1) Past Performance & Safety**

**Clarification:** Revise paragraph 1 to allow two (2) recent and relevant references submissions for each subcontractors or teaming partners as follows:

1. Past Performance Information (PPI) shall include the name(s) and contact information for the three (3) most recent (within three years from the offer due date listed on page 1, in Block 8, of the SF1449) and relevant references (whether federal, state, local government, or private industry) for the prime contractor **and two (2) each for subcontractors or teaming partners.** PPI narrative shall be limited to 10 pages. Attachment 14 is not included in the 10 page limitation. References may be contacted for verification. Failure to provide adequate contact information or relevant past performance shall result in the offeror being given a “neutral” rating.

**d. All other terms and conditions remain unchanged.**

**SAFETY AND HEALTH PROGRAM INFORMATION**

**CONTRACTOR NAME:** \_\_\_\_\_

1. Independently documented evidence (OSHA 300A log is evidence) of your firm's designated OSHA Total Recordable Incident Rate (TRIR) with NAICS code. You must provide your current Recordable Incident Rate (RIR) **and the previous three year's** (TRIRs). The following web site is available to help you compute this rate: <http://www.bls.gov/iif/osheval.htm>. These rates will be compared to the most recent industry averages of like NAICS codes found on the same web page.

Current Year: \_\_\_\_\_ 2013: \_\_\_\_\_ 2012: \_\_\_\_\_ 2011: \_\_\_\_\_  
NAICS CODE: 541380

2. Independently documented evidence (OSHA 300A log is evidence) of your firm's OSHA DART rate (Days away from work, days of restricted work activity or job transfer) with NAICS code. You must provide your current DART rate **and the previous three year's** DART rates. The following web site is available to help you compute this rate: <http://www.bls.gov/iif/osheval.htm>. These rates will be compared to the most recent industry averages of like NAICS codes found on the same web page.

Current Year: \_\_\_\_\_ 2013: \_\_\_\_\_ 2012: \_\_\_\_\_ 2011: \_\_\_\_\_  
NAICS CODE: 541380

3. Independently documented evidence (letter from your insurance carrier) of your firm's designated Safety Experience Modifier Rate (EMR) used to calculate Workmen's Compensation Insurance. You must provide your current EMR rating **and the previous three year's EMR ratings**. This rate will be compared to the industry average rate of 1.0.

Current Year: \_\_\_\_\_ 2013: \_\_\_\_\_ 2012: \_\_\_\_\_ 2011: \_\_\_\_\_

4. Information on all OSHA citations issued to the firm **over the past three years**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Information on all previous OSHA reportable mishaps (OSHA Forms 300 & 300A) that have occurred in the past three years to include items a through c below: The following website shall be used to verify OSHA data: [www.osha.gov/cgi-bin/est/est1](http://www.osha.gov/cgi-bin/est/est1)

- (a) Address any fatalities that have occurred; identify whether the investigation has been completed and the results;
- (b) The cause of the safety and health mishap;
- (c) Describe the corrective action taken and when it was implemented. If the corrective action has not yet been implemented, provide the planned implementation date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please provide your establishments employee size: \_\_\_\_\_