

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE	PAGE OF PAGES
	1 1

2. AMENDMENT/MODIFICATION NO. 002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
---	---	----------------------------------	--------------------------------

6. ISSUED BY National Heart, Lung, & Blood Institute, NIH Rockledge II Building, Room 6016 6701 ROCKLEDGE DR MSC 7902 BETHESDA MD 20892-7902	7. ADMINISTERED BY (If other than Item 6)
--	---

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) Recipients of RFP NHLBI-HR-05-05 Clinical Coordinating Center for a Clinical Research Network for the Treatment of Acute Lung Injury and Acute Respiratory Distress Syndrome	<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. NHLBI-HR-05-05
	<input checked="" type="checkbox"/>	9B. DATED (SEE ITEM 13) 6/21/04
		10A. MODIFICATION OF CONTRACT/ORDER NO.
		10B. DATED (SEE ITEM 13)

CODE	FACILITY CODE
------	---------------

11. THIS ITEM 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 2 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 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.

<input checked="" type="checkbox"/>	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 _____ copies to the issuing office.

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

SECTION C: DESCRIPTION OF REQUIREMENT, Part i. Travel, Phase II, 3) is revised to read:
 the Nurse Coordinator visiting five clinical centers each year during years 1-5, and three clinical centers during year 6,

Note: When using the spread sheet included in SECTION J, BUSINESS PROPOSAL ATTACHMENTS, Summary of Proposed Estimated Cost and Labor Hours, offerors are reminded to update estimated Travel Costs, C. SITE VISITS - Chart Review by Nurse Coordinator to include the additional site visits.

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) Pamela S. Lew Contracting Officer, HLVD Contracts Section
15B. CONTRACTOR/OFFEROR	16B. UNITED STATES OF AMERICA
15C. DATE SIGNED	16C. DATE SIGNED 9/15/2004
(Signature of person authorized to sign.)	BY _____ /S/ _____ (Signature of Contracting Officer)

