

**NAVFAC  
SPECIFICATION**

**Project RI-04 Restoration of  
Occupational Health Clinic  
B-3907  
MCAS Cherry Point NC**

## **IMPORTANT**

**This amendment should be acknowledged when your proposal is submitted. Failure to acknowledge the amendment may constitute grounds for rejection of the proposal.**

**If your proposal has been submitted prior to the receipt of this amendment, acknowledgement should be made by email, which should state whether the price contained in your proposal is to remain unchanged, is to be decreased by an amount, or is to be increased by an amount. The acknowledgement must be received prior to proposal due date.**

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE	PAGE	OF PAGES
2. AMENDMENT/MODIFICATION NO. 0002			3. EFFECTIVE DATE 01/25/2010	4. REQUISITION/PURCHASE REQ.	5. PROJECT NO. (If applicable)
6. ISSUED BY <b>CG MCAS Cherry Point FACILITIES, ROICC B-163, CURTIS ROAD PSC BOX 8006 CHERRY POINT, NC 28533</b>			Code N40085	7. ADMINISTERED BY (If other than item 6.) Code	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  <b>AMENDMENT MUST BE ACKNOWLEDGED WITH YOUR PROPOSAL</b>			<input checked="" type="checkbox"/>	9A. AMENDMENT OF SOLICITATION	
				9B. DATED (SEE ITEM 11) 7/29/2009	
			<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.	
				10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE		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. 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 <u>1</u> 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 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 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.				
<input type="checkbox"/>	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATION 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 <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return <b>original</b> to the issuing office.					
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)					

**PROJECT RI-04 RESTORATION OF OCCUPATIONAL HEALTH CLINIC B-3907**

**The purpose of the amendment is to post the following:**

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
15B. CONTRACTOR/OFFEROR (Same as Item 8)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA BY	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	

## **QUESTION**

The Asbestos report provided in the specs refers to certain materials as "top Layers" of asbestos containing flooring. How many layers are under the top layer? Are they contaminated with asbestos as well? What about the mastic?

## **ANSWER**

The "Results" listed on pages 3 and 4 of the Asbestos Report indicates that multiple layers of flooring were tested and that the mastic associated with the multiple layers of flooring does contain asbestos. Therefore, for bidding purposes, it should be assumed that there are 2 layers of flooring to be removed and the mastic is asbestos contaminated.

## **QUESTION**

The specifications indicate that the facility will remain in operation during the construction period. No phasing of work or temporary facilities are indicated.

It is not feasible to keep the entire building in operation while the work is being performed. With asbestos tile removal and necessary testing work, ceramic tile work, etc areas will need to be closed for a period of time

Can the building be divided into several phases so work may be safely performed?

## **ANSWER**

Specification Section 01 14 00, Paragraph 1.1 b & c restricts contractor's work to nights and weekends so that the facility can be utilized during week day normal operational times.

