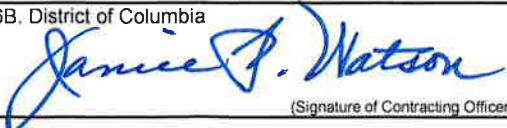


<b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>			1. Contract Number	Page of Pages	
				1	2
2. Amendment/Modification Number A001	3. Effective Date June 29, 2018	4. Requisition No.	5. Solicitation Caption Training and Community Outreach Services		
6. Issued by: Office of the Attorney General Support Services Division/Procurement Unit 441 4 <sup>th</sup> Street NW, Suite 1100 South Washington, DC 20001-2714		Code CB0	7. Administered by (If other than line 6) Office of the Attorney General Section Chief, Restorative Justice and Victim Services 441 4 <sup>th</sup> Street NW, Suite 1100 South Washington, DC 20001-2714		
8. Name and Address of Contractor (No., street, city, state and zip code)     Code Facility Code			X	9A. Amendment of Solicitation No. OAG-FY18-H-0007	
				9B. Dated (See Item 11) June 29, 2018	
				10A. Modification of Contract/Order No.	
				10B. Dated (See Item 13)	
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>					
<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 checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. <b>Offerors must acknowledge receipt of this amendment</b> 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>one</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 email which includes a reference to the solicitation and amendment number(s). 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 letter or email, provided each letter or electronic communication 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)					
<b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>					
A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Contract Modifications 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. <b>IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)  Request for Qualifications No. OAG-FY18-H-0007 for Training and Community Outreach Services is hereby amended as follows, to encourage additional participation:  A. Initial cut-off date for receipt of Contractor Qualification Records (CQRs) of July 3, 2018 is extended. CQRs will be accepted through September 30, 2018 at 12:00 noon.  B. Section 4, Qualification Criteria #6, is amended to extend anticipated date to begin service delivery from July 11, 2018 to October 1, 2018 or such later date as mutually agreed to by the parties.  C. Section 5, PAYMENT OF STIPENDS, is added as set forth on the following page 2.					
Except as provided herein, all terms and conditions of the document 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		
			Janice Parker Watson		
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)				8/31/2018	
		(Signature of Contracting Officer)			

## 5. PAYMENT OF STIPENDS

- 5.1. The Office of the Attorney General may pay stipends to compensate one or more unsuccessful offerors for a portion of proposal development costs, the use of information contained in their proposals, and to encourage participation or competition.
  - 5.2. Stipends shall be paid only to offerors that have submitted acceptable Statements of Qualifications in compliance with the requirements, conditions and qualification criteria set forth in the RFQ and have been deemed Qualified by the Review Panels and the Contracting Officer.
  - 5.3. A true stipend is a payment made to an organization for participation in the Human Care Agreement (HCA) process only, NOT for services rendered. The payments cannot be tied to “any obligation for past, present, or future services.” There can be no contractual or employer/ employee relationship associated with the stipend payment. There are no fringe benefits associated with a stipend payment, as they are NOT for services rendered.
  - 5.4. The District retains the right to use ideas from unsuccessful offerors if they accept stipends.
  - 5.5. An unsuccessful offeror’s acceptance of a stipend payment for participation is optional.
  - 5.6. To qualify for a stipend, the qualified provider organization must:
    - A. Participate in hiring panels; and
    - B. Attend preliminary training to learn the Cure Violence© violence interruption model.
    - C. Certify its understanding and acceptance of the terms and conditions by signing and submitting a Stipend Agreement, Attachment B, to the Contracting Officer.
  - 5.7. The maximum stipend payment will be \$5,000.00 and will be made after award to the successful offeror(s). This will be a possible taxable payment and may be reportable to the IRS on a Form 1099. An organization receiving a stipend must submit a current IRS Form W-9.
- D. The attached OAG Stipend Agreement Form, is hereby added and incorporated as Attachment B (2 pages).

# **OAG Stipend Agreement Form**

## **ATTACHMENT B**

to

**Amendment A001**

to

**Request for Qualifications No. OAG-FY18-H-0007**

for

**Training and Community Outreach Services**

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Office of the Attorney General**



**STIPEND AGREEMENT**

**REQUEST FOR QUALIFICATIONS NO. OAG-FY18-H-0007**

**Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

**Participant EID:** \_\_\_\_\_

**Human Care Agreement/Program Name:** Training and Community Outreach Services

**Program Manager:** Seema Gajwani, Section Chief, Restorative Justice and Victim Services

In order to be supported by a Stipend or other participant payment, you must read and understand the following information. A true stipend is a payment made to an organization for participation in the Human Care Agreement (HCA) process only, NOT for services rendered. The payments cannot be tied to "any obligation for past, present, or future services." There can be no contractual or employer/ employee relationship associated with the stipend payment. There are no fringe benefits associated with a stipend payment, as they are NOT for services rendered.

**General Conditions:**

1. I understand that this award does not represent payment for services required as a condition of the HCA.
2. I acknowledge to qualify for this stipend, an organization must:
  - (a) Submit an acceptable proposal in compliance with the conditions of the HCA that meets the minimum qualifications;
  - (b) Participate in hiring panels;
  - (c) Attend preliminary training to learn the Cure Violence© violence interruption model.
3. The District retains the right to use ideas from unsuccessful offerors if they accept stipends.
4. An unsuccessful offeror's acceptance of a stipend payment for participation is optional.

The maximum stipend payment will be \$5,000.00 and will be made after award to the successful offeror(s). This will be a possible taxable payment and may be reportable to the IRS on a Form 1099. An organization receiving a stipend must submit a current IRS Form W-9.

*Your signature below certifies your understanding and acceptance of the foregoing terms and conditions:*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date