

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.

1. CONTRACT ID CODE

PAGE 1 OF 4 PAGES

2. AMENDMENT/MODIFICATION NUMBER
00033. EFFECTIVE DATE
05-26-2026

4. REQUISITION/PURCHASE REQ. NUMBER

5. PROJECT NUMBER (if applicable)

6. ISSUED BY
CODE
Department of Veterans Affairs
Network Contracting Office 8 (NCO 8)
Orlando VA Healthcare System
13800 Veterans Way
Orlando FL 32827

36C248

7. ADMINISTERED BY (If other than Item 6)

CODE 36C248

Department of Veterans Affairs
Network Contracting Office 8 (NCO 8)
Orlando VA Healthcare System
13800 Veterans Way
Orlando FL 328278. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code)
To all Offerors/Bidders

(X)

9A. AMENDMENT OF SOLICITATION NUMBER

36C24826Q0666

9B. DATED (SEE ITEM 11)
05-08-2026

10A. MODIFICATION OF CONTRACT/ORDER NUMBER

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. 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 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or electronic communication 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 letter or electronic communication, 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)
See CONTINUATION Page**13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE

 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.)

The purpose of this amendment is to provide responses to questions.
a. The questions and answer period is hereby closed.
b. Question and responses are on the continuation page.
c. The site visit roster is attached.

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)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

RFQ 36C24826Q0666 QUESTIONS & RESPONSES

Q1. Is the bid being extended?

A1. All quotes are due no later than 06/03/2026 at 3:00 PM EST.

Q2. The model that was selected is 80 HP (total) for the dental side. Currently, the total is 45HP so the electrical side would need to be upgraded. Can I propose the same HP in a SCROLL system that would match what is there with a smaller model that could use the existing electrical panel?

A2. The current system in the Clinic Building supplying air to the Dental Clinic is a Powerex MPT1508 (Model Number: MPT1508s5122708). The provided unit must meet or exceed the specifications of the current unit.

Q 3. The Lab air compressor has the Same model number as the Dental system in the RFQ?

A3. This is a typo. The model number of the Lab Air Compressor should be: MTD0504s5122708.

Q4. Confirm the existing electrical breaker size for the clinical dental compressor?

A4. Current power for the Dental Compressor is fed from panel C0A2HN1, 480v/277v, ckt.7/9/11. It currently has a 100amp breaker in place.

Q5. Are there ICRA requirements for hot work in both mechanical rooms housing the compressors to be changed? If so, what level will be required and who is responsible for providing?

A5. All Hot Work (Welding, Cutting, Brazing, Soldering, etc.) that is required, is by permit only. Selected vendor will be required to adhere to all internal requirements for this work. This would include the appropriate fire extinguishers, fire watch, and Hot Work Permits. The COR would be responsible for coordinating with Safety Office and others internally. The Vendor would be required to provide everything else.

Q6. Advise on what is to be seen on the BAS interface in regard to the new compressors. Share required points to be pulled in and if there are any graphic updating requirements?

A6. All points to be viewed by the BAS are after the compressor controls and individual points in the line after the system. Current control panels that are physically on the unit are not connected to the BAS.

Q7. Can we receive a copy of the site visit sign in sheet?

A7. Yes. See attached site visit roster.

Q8. Will the VA allow any other compressors that are defined as or equal?

A8. Yes. If proposed equipment meets or exceeds all the specs of the proposed unit.

Q9. The enclosed PowerX MSED400X5 compressor footprint will not fit on the equipment pad detailed in the SOW for the Hospital Lab Air Compressor as 94"x54"x84" (LxWxH).?

A9. Available equipment pad is the available space. Any required modifications to the pad to accommodate the equipment would be the burden of the vendor or contractor performing the installation.

Q10. The MSED4006X5 is listed on page 5 of the solicitation for both the Dental air and the Laboratory air. This configuration is fine for the dental air but is much too large for the lab air (footprint and HP)?

A10. This is a typo. The model numbers should be as follows for the current, existing equipment that is being replaced:

- *Dental Clinic Compressor Powerex MPT1508 (Model Number: MPT1508s5122708)*
- *Hospital Lab Air Compressor Powerex OPT050 (Model Number: MTD0504s5122708)*

Q11. The existing system is a duplex 7.5HP (total 15HP). The MSED is a duplex 20 HP (total 40HP). The existing laboratory air housekeeping pad is 94"x54"x84". There are NO enclosed scroll packages that will fit the housekeeping pad?

A11. The existing Hospital/Lab Air Compressor Powerex OPT050 (Model Number: MTD0504s5122708). This is a dual 5hp (total 10HP) unit.

Q12. Although we are proposing an open scroll vs an enclosed scroll, it is still a SCROLL compressor.

*A12. Will **NOT** accept open scroll for this requirement.*

Q13. The attached LSE10-20-PREMIUM-2019 that has a smaller footprint & still will not fit on the Hospital Lab Air Compressor equipment pad?

A13. The existing pad for the Hospital/Lab Air is 94"x54"x84". Available equipment pad is the available space. Any required modifications to the pad to accommodate the equipment would be the burden of the vendor or contractor performing the installation.

Q14. What hours do the clinics operate? Will the installation be done after hours?

A14. The clinic closed from 4:00 PM on Fridays until 7:00 AM on Mondays. That is the preferred time for installations. POC is onsite 24/7 to assist.

See attached document: Site Visit Attendees.