

2. Amendment/Modification No. P00002	3. Effective Date 2003OCT28	4. Requisition/Purchase Req No. SEE SCHEDULE	5. Project No. (If applicable)
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6. Issued By TACOM-ROCK ISLAND AMSTA-AQ-ARCC LORRIE SCHMIDT (309)782-0673 ROCK ISLAND IL 61299-7630  EMAIL: SCHMIDTL@RIA.ARMY.MIL	Code W52H09	7. Administered By (If other than Item 6) DCMA PITTSBURGH 1000 LIBERTY AVE RM 1612 FEDERAL BLDG PITTSBURGH PA 15222-4190	Code S3911A
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SCD C    PAS NONE    ADP PT HQ0337

8. Name And Address Of Contractor (No., Street, City, County, State and Zip Code)  CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED 211 CENTRAL AVENUE JOHNSTOWN, PA. 15902-2495  TYPE BUSINESS: JWOD Participating Nonprofit Agencies	<input type="checkbox"/>	9A. Amendment Of Solicitation No.
	<input type="checkbox"/>	9B. Dated (See Item 11)
	<input checked="" type="checkbox"/>	10A. Modification Of Contract/Order No. DAAE20-03-F-0014
	<input type="checkbox"/>	10B. Dated (See Item 13) 2003MAY22

Code 7P105    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 \_\_\_\_\_ copies of the amendments; (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)  
NO CHANGE TO OBLIGATION DATA

**13. THIS ITEM ONLY APPLIES 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: The Contract/Order No. In Item 10A.	The Changes Set Forth In Item 14 Are Made In
<input checked="" type="checkbox"/>	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 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  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.)

SEE SECOND PAGE FOR DESCRIPTION

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) MARGARET C TUFTEE TUFTEEM@RIA.ARMY.MIL (309)782-7163		
15B. Contractor/Offeror  (Signature of person authorized to sign)	15C. Date Signed	16B. United States Of America  By _____ /SIGNED/ (Signature of Contracting Officer)	16C. Date Signed  2003OCT28

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 4****PIIN/SIIN** DAAE20-03-F-0014**MOD/AMD** P00002**Name of Offeror or Contractor:** CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED

## SECTION A - SUPPLEMENTAL INFORMATION

1. The purpose of modification P00002 is as follows:

a. Delete Statement of Work (SOW) dated 27 Nov 2002 and replace with Statement of Work (SOW) dated 27 Oct 2003.

b. To incorporate NSN and Part Number for Clins 0001AB and 0002AA in Schedule B.

c. To delete the following erroneous entry under Clin 0001AB, Schedule B, Page 6

Government Approval/Disapproval Days: 15

d. To revise the delivery schedule for Clin 0001AB quantity of 100 from 14 Oct 2003 to 31 Oct 2003 as shown in Schedule B.

e. To revise the delivery schedule for Clin 0002AA quantity of 233 from 14 Oct 2003 to 31 Oct 2003 as shown in Schedule B.

2. There will be no change in total contract price as a result of this action.

3. All other terms and conditions remain unchanged.

\*\*\* END OF NARRATIVE A 003 \*\*\*

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-03-F-0014 MOD/AMD P00002

Name of Offeror or Contractor: CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																								
	<p>SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>PRODUCTION QUANTITY</u></p> <p>NOUN: ASSEMBLY, HARNESS                      PRON: S63ZK731SB PRON AMD: 02 ACRN: AA                      AMS CD: 070011</p> <p>NSN: 4240-01-506-9884                      P/N: 6474</p> <p>(End of narrative D001)</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u>                      INSPECTION: Origin ACCEPTANCE: Origin                      Government Approval/Disapproval Days: 0</p> <p><u>Deliveries or Performance</u>                      DOC SUPPL  <table border="1"> <thead> <tr> <th>REL CD</th> <th>MILSTRIP</th> <th>ADDR</th> <th>SIG CD</th> <th>MARK FOR</th> <th>TP CD</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>W58HZ13118A591</td> <td>W22PVJ</td> <td>J</td> <td></td> <td>3</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>DEL REL CD</th> <th>QUANTITY</th> <th>DEL DATE</th> </tr> </thead> <tbody> <tr> <td>001</td> <td>100</td> <td>31-OCT-2003</td> </tr> <tr> <td>002</td> <td>100</td> <td>28-NOV-2003</td> </tr> <tr> <td>003</td> <td>100</td> <td>12-JAN-2004</td> </tr> </tbody> </table> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u>                      (W22PVJ) XU GENERAL SUPPLY STORAGE POINT                      BLUE GRASS ARMY DEPOT                      2091 KINGSTON HWY                      RICHMOND KY 40475-5000</p> </p>	REL CD	MILSTRIP	ADDR	SIG CD	MARK FOR	TP CD	001	W58HZ13118A591	W22PVJ	J		3	DEL REL CD	QUANTITY	DEL DATE	001	100	31-OCT-2003	002	100	28-NOV-2003	003	100	12-JAN-2004	300	EA	\$ 52.19000	\$ 15,657.00
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003	100	12-JAN-2004																											
0002AA	<p><u>PRODUCTION QUANTITY</u></p> <p>NOUN: PICS HOOK ASSEMBLY                      PRON: S63ZK734SB PRON AMD: 01 ACRN: AA                      AMS CD: 070011</p> <p>NSN: 5340-01-506-8832                      P/N: 6475</p> <p>(End of narrative D001)</p>	700	EA	\$ 14.50000	\$ 10,150.00																								

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Reference No. of Document Being Continued  
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Name of Offeror or Contractor: CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED

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	<p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u>                      INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u>                      DOC SUPPL  <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u>                      001 W58HZ13118A594 W22PVJ J 3  <u>DEL REL CD QUANTITY DEL DATE</u>                      001 233 31-OCT-2003                      002 233 28-NOV-2003                      003 234 12-JAN-2004</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u>                      (W22PVJ) XU GENERAL SUPPLY STORAGE POINT                      BLUE GRASS ARMY DEPOT                      2091 KINGSTON HWY                      RICHMOND KY 40475-5000</p>				