AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

BPA NO.	1. CONTRACT ID CODE	PAGE	OF	PAGES
		1		6

2. AMENDMENT/MODIFICATION NUMBER	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NUMBER	5. PROJECT NUMBER (if applicable)
0002	08-10-2026		

6. ISSUED BY	CODE	7. ADMINISTERED BY (If other than Item 6)	CODE
Department of Veterans Affairs Network Contracting Office 8 (NCO 8)	36C248	Department of Veterans Affairs Network Contracting Office 8 (NCO 8)	36C248

8. NAME AND ADDRESS OF CONTRACTOR (Number, street, county, State and ZIP Code)	(X)	9A. AMENDMENT OF SOLICITATION NUMBER
To all Offerors/Bidders		36C24826Q0604
	X	9B. DATED (SEE ITEM 11) 07-21-2026
		10A. MODIFICATION OF CONTRACT/ORDER NUMBER
		10B. DATED (SEE ITEM 13)
CODE / FACILITY CODE		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[X] The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers [ ] is extended, [X] 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 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)

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, [1] is required to sign this document and return X 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 as follows:
1. To address vendor questions of the above referenced RFQ, block 9A. Refer to page two (2) of this amendment for questions and responses.

2. The period for acceptance of questions has been closed; no further questions will be addressed.

Provide quotes to Contracting Officer fernando.defillo@va.gov on or before 14 August, 2026 at 3:00pm.

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)	
		Fernando G. Defillo Contracting Officer	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED

Q1. Is there an incumbent? If so, what is the contract number? When does the contract expire?

A1. No, there is currently no contract in place for these services.

Q2. How many perfusionists currently serving SJVAMC are employed as in-house perfusionists? How many perfusionists are employed via contractor(s)?

A2. Currently, there is no perfusionist serving as SJVAMC employees. These services are being provided through a Fee Basis appointment. One perfusionists under an existing appointment and another one in process.

Q3. How many cases – not just hours – does the outsourced perfusion team cover each year? Do you anticipate this number will increase, stay approximately the same, or decrease?

A3. We expect to perform 100 cases per year, nonetheless, this can increase due to emergencies from patients who are undergoing cardiology procedures but develop complications and require surgery.

Q4. Please clarify the number of open-heart cases vs the number of non-cardiac autotransfusion cases annually at SJVAMC.

A4. In the last 2 years, only 2 autotransfusions were performed.

Q5. How often are perfusionists needed for concurrent cases?

A5. With our current team, we are only performing one case per day. If necessary, we can handle concurrent cases, but so far this has not been required.

Q6. How many CV ORs do you have? Hybrid rooms?

A6. We have 1 Cardio Vascular Operating Room and a Hybrid room under construction. Estimated Completion Date 4th quarter of FY27.

Q.7 Does the hospital perform any TAVR cases? If so, approximately how many per year?

A.7 Currently, we are not performing (Transcatheter Aortic Valve Replacement) TAVRs cases in the institution but are expected to start performing them soon. So far, this year around 40 TAVR cases has been sent for Community Care.

Q.8 Does the hospital perform any ECMO cases? If so, approximately how many per year?

A8. No, we do not perform (Extracorporeal Membrane Oxygenation)
ECMO cases.

Q9. Does the hospital perform any transplants? If so, approximately how many per year?

A9. No, we do not perform transplants.

Q10. Supplies: Please confirm that the VA will provide all the supplies.

A10. The VA administration will provide the equipment and supplies needed to perform the perfusion and autotransfusion procedures.

Q11. Equipment: Section 5.1 lists equipment to be provided by the VA. ECMO equipment is not listed, but services are requested in 3.1.2. Please confirm that the VA will provide ECMO equipment should those services be needed.

A11. The VA administration will provide ECMO equipment should those services be needed.

Q12. SJVAMC also recently posted a separate solicitation process related to Onsite Cardiothoracic Physician Services (Notice ID: 36C24826R0072). What is the current status of the SJVAMC's CV surgery program? Are CV services currently being covered at other hospitals? Will surgeons be involved in selecting the new perfusion vendor?

A12. We have a fully operational Cardiothoracic Surgery Program. When a case cannot be performed in-house, we coordinate transfers to affiliated nearby hospitals where the procedures can be completed. The surgeon will be involved in the selection process.

Q13. The presolicitation notice estimated that services under the new contract would start September 1, 2026. The trend nationally is for perfusion service transitions to take 90 days or longer after award before services can start under a new contract. This is due to the extreme shortage of perfusionists, especially experienced, bilingual ones who are willing to relocate. Would the SJVAMC consider a longer transitional timeframe between award and service commencement?

A13. Yes, we understand the scarcity of this profession, particularly the challenge of recruiting experienced and bilingual perfusionists who are willing to relocate. We are open to considering a reasonable transition period beyond the estimated start date to ensure a successful onboarding process and continuity of care. If additional time is required to secure qualified personnel, SJVAMC is willing to work collaboratively to accommodate a longer transitional timeframe between award and service commencement. The effective date of the contract can solidified and projected at the time of award.

Q14. PWS Section 3.1.3 states, "Any hours worked during an on-call status for an emergency procedure shall be paid the same rate as regular tour hours." Does this require offerors to submit an identical unit price for LIN 0001 and LIN 0004, or may these line items be priced independently?

A14. These line items should be priced independently. Line Item 0001 pertains to the rate for an on-site perfusionist, whether they are performing surgical procedures, serving as backup for cardiology procedures, or returning to the facility during on-call hours to respond to a call-back. Line Item 0002 represents the on-call rate, which covers the perfusionist's availability and obligation to respond to emergencies within one hour, but does not include actual work performed on-site. Line Item 0004 should be priced differently as this refers to services rendered outside regular working hours and any emergency callback services with direct patient contact while on call; it is the prerogative of the contractor to price this the same or at a different rate.

Q15. PWS Section 2.9.1 designates the Health Aid/Technician-Perfusion Assistant as one of "three (3) Full Time Equivalency Employees (FTEEs)," yet the Price Schedule estimates only 204 hours per year for that role (roughly 10% of a 2,080-hour FTE year). Can the Government

reconcile the "FTEE" designation with the estimated quantity - is full-time dedicated staffing required for this position, or is 204 hours the true expected annual workload?

A15. The Health Aid/Technician-Perfusion Assistant is responsible for performing maintenance disinfection of both of our heater-coolers. This disinfection is typically done every two weeks and takes up to three hours per unit. If contamination is identified or another situation arises that requires additional cleaning, disinfection is performed as needed.

Q16. Section B.2 states the Health Aid/Technician is needed "biweekly and when needed." Are ad hoc or additional service calls beyond the biweekly baseline included within the estimated 204-hour LIN 0005 quantity, or would such calls fall outside that estimate and require a separate pricing/billing mechanism?

A16. No, these additional service calls are already included in Line Item 005.

Q17. PWS Section 2.1.2 requires all Perfusionists/Autotransfusionists to have a minimum of ten (10) years of experience. Can the Government confirm this ten-year minimum is intentional and firm?

A17. At a minimum, the Perfusionist/Autotransfusionist should have a minimum of two years (2) of experience and 300 cases. Additional rating weight will be assigned to perfusionists who demonstrate more years of experience and a larger volume of successfully completed cases.

Q18. PWS Sections 2.9.3 and 2.10.3 require replacement provider coverage within two (2) hours if a scheduled provider is unable to complete a shift, while only two Perfusionist FTEs are required to provide all on-site and on-call coverage. Given the specialized labor pool and the geographic constraints of the island location, does the Government expect offerors to maintain backup or surge staffing beyond the two required FTEs to reliably meet the two-hour replacement standard, or is subcontracted/traveling coverage an acceptable contingency mechanism?

A18. The purpose of this contract is to ensure 24/7, year-round Perfusion/Autotransfusion service coverage, as these services are essential for urgent surgical interventions where any delay can significantly impact patient outcomes. It is critical that provider replacement coverage does not exceed two hours, even in situations involving vacations or emergency sick leave, as emergency cases may arise at any time. While we recognize the challenges posed by a limited labor pool and geographic constraints, contractors are expected to maintain a reliable contingency plan, whether through additional backup staff, subcontracted, or traveling coverage, to consistently meet this two-hour requirement. Ultimately, the contractor is responsible for guaranteeing uninterrupted coverage to safeguard the care of our veterans.

Q19. PWS Section 2.1.4 requires contract personnel to "read and write in Spanish fluently" in addition to English fluency. How will Spanish-language fluency be evaluated or verified as part of Factor One (Technical Capability), and is documentation of this fluency required to be submitted with the quote?

A19. The requirement for contract personnel to “read and write in Spanish fluently,” in addition to English fluency, is essential because our institution is located on an island where Spanish is the primary language. In critical situations, including emergencies, patients and/or staff may

communicate in Spanish, and it is crucial that providers are able to understand and respond effectively. The contractor must ensure that candidates meet this requirement and provide clear evidence in their submitted documentation, such as describing Spanish proficiency on their CV or resume.

Q20. Can the Government provide the anticipated annual number of open-heart surgical cases at VACHS, to assist offerors in appropriately scaling their staffing and contingency plans?

A20. We expect to perform 100 cases per year.

Q21. On days without scheduled surgical procedures, is the on-site Perfusionist (Monday/Wednesday, 7:00am-3:30pm) still required to be physically present at the facility? If so, and no procedure occurs during that shift, would the Contractor be subject to any performance deduction or penalty for the absence of billable procedures during that on-site period?

A21. Yes, the Perfusionist is required to be physically present at the facility on the designated days (Monday and Wednesday, 7:00am–3:30pm), even if there are no scheduled surgical procedures. Their on-site presence ensures immediate backup support for the Cardiology service in case a complication arises and a patient requires urgent intervention. Whether or not an open-heart case is performed during that shift, the Perfusionist's 8-hour on-site coverage is included under Line Item 0001. There is no performance deduction or penalty to the Contractor for the absence of surgical procedures; the critical requirement is the availability and readiness of the Perfusionist to respond to emergent clinical needs.

Q22. Can the Government identify the specific make/model of heart-lung (cardiopulmonary bypass) machine and heater-cooler unit(s) currently in use at VACHS, so that offerors can confirm equipment familiarity and any necessary training requirements?

A22. LivaNova Sorin XTRA – Autotransfussion Machine
LivaNova Sorin S5 – Heart and Lung Machine
CardioQuip MCH-10RMS – Heater Cooler Machine

The following changes will be incorporated into the solicitation as follows:

1) Section B.2, Price Schedule, pages 6, On the pricing Instructions, the contractor should provide a Price Break Down of what costs are included in the hourly rate.

2) Section B.2, Price Schedule, pages 8 through 12, the Period of Performance will be from 01 November through 31 October of the Base/Option Years. Should a change be made, this will be reflected in the final award and task order.

3) PWS Section 2.1.2, page 16 will be modified to read:
All Perfusionists/Autotransfusionist shall be certified with at least a minimum of two (2) years of experience and shall have performed a minimum of 300 clinical cases.

4) Evaluation Subfactor A: Qualifications and Experience of Candidates states: The Government will compare the degree to which each candidate's documented experience, professional credentials, licensure, certifications, and demonstrated capability align with and exceed the minimum requirements described in the Performance Work Statement (PWS). Add to this statement that offerors who provide candidates with more years of experience and higher number of clinical cases than the minimum required in accordance with the PWS, Section 2.1.2 will be rated higher.

5) On Page 37 of the PWS, Section 5.1. VA Support Personnel, Serives or Equipment: VA owed equipment list add: to be trained and familiarized with the following equipment below:

    LivaNova Sorin XTRA – Autotransfussion Machine
    LivaNova Sorin S5 – Heart and Lung Machine
    CardioQuip MCH-10RMS – Heater Cooler Machine