

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES 1 5
2. AMENDMENT/MODIFICATION NO. 00001	3. EFFECTIVE DATE See block 16 C	4. REQUISITION/PURCHASE REQ. NO REQ-263-24-000088	5. PROJECT NO. (If applicable)	
6. ISSUED BY USAID/Egypt 1/A Nady El Etisalat St. Off El Laselki St. New Maadi, 11435, Egypt	CODE	7. ADMINISTERED BY (IF OTHER THAN ITEM 6)	CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State, and Zip Code) To all Offerors		<input type="checkbox"/>	9A. AMENDMENT OF SOLICITATION NO. 72026324Q00003	
			9B. DATED (SEE ITEM 11) 04/09/2024	
		<input type="checkbox"/>	10A. MODIFICATION OF CONTRACT/ORDER NO.	
CODE:		FACILITY CODE:	10B. DATED (SEE ITEM 11)	

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 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 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).
<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.)

The purpose of this amendment is to:

- 1- extend the RFQ closing date to be May 14, 2024 in lieu of April 30, 2024;
- 2- notify offerors that USAID/Egypt will issue another Amendment #00002 to provide answers to questions received and slightly update the Scope of Work and Deliverables in Section II;
- 3- replace the Phoenix Vendor Form in Attachment 1 with an updated form.

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		16A. NAME AND TITLE OF CONTRACTING OFFICER Alula Abera, Contracting Officer	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	4/24/24

RFQ # 72026324Q00003 Amendment # 00001
Democracy and Governance Consulting Services

The RFQ no. 72026324Q00003 is hereby amended as follows:

1. Cover letter, extend the "Request for Quotation Closing Date" to **May 14, 2024, at 4:00p.m. (Cairo Local Time)**.
2. Cover letter, add the following:
"Amendment # 00002 will be issued by USAID/Egypt to provide answers to questions and slightly update the Scope of Work and Deliverables in Section II."
3. VI. Instructions, add the below to item (e):
"Areas to be filled out by offerors are highlighted in orange color."
4. Attachment # 1, delete the form in its entirety and substitute in lieu thereof the form in Attachment # 1 to this amendment.

End of Amendment

Attachment # 1

SENSITIVE BUT UNCLASSIFIED (when completed)
USAID PHOENIX VENDOR REQUEST / UPDATE FORM

PHOENIX PRIVACY ACT STATEMENT

Authority: 22 U.S.C. 2651; 5 U.S.C. 301; 5 U.S.C. 5379; and E.O. 9397, as amended, for the Social Security Number (SSN).

Purpose: To collect, use, and maintain vendor contact information within the Phoenix system.

Routine Uses: USAID collects personal and proprietary business information from implementing partners and vendors for the purpose of determining eligibility, conducting required security screenings, processing payments and reporting. The information collected on this form will be entered in USAID's systems by workforce members. The information may be combined with information from other US Government and Agency systems, such as Phoenix, NFC, and E2 to record payroll, travel and vendor payments. To ensure updates to vendors made directly in Phoenix are processed for the correct individual or entity, PII collected on this form is used to confirm the appropriate vendor record is identified and updated in Phoenix.

The information may be made shared with the Internal Revenue Service for tax and withholding purposes and to other federal agencies pursuant to the Routine Uses defined in USAID-33: Phoenix Financial Management System, published at 77 FR 73973 (December 12, 2012, modified May 5, 2022).

Disclosure: Disclosure of the requested information is voluntary. However, failure to provide this information may result in USAID's inability to make favorable eligibility determinations and/or make payments to the vendor.

SENSITIVE BUT UNCLASSIFIED (when completed)

This form is to be used for USAID Phoenix Vendor requests.

Mission Staff: Please work with your AMS or supervisor to submit this form to your Vendor Processing Mission Staff

Washington Staff: Please submit this form to pvtr@usaid.gov

All Acquisitions and Assistance (GLAAS) vendor requests must use the USAID ACQUISITIONS & ASSISTANCE VENDOR REQUEST/UPDATE FORM (available [here](#)) and be sent to vrequest@usaid.gov

Per ADS 545, personally identifiable information (PII) must be encrypted in order to send the file via email. When submitting this form, you must zip and encrypt it with a password and then send the password in a separate email.

Request Type **Add New Vendor** Update Existing Vendor

(Note: If you are updating an existing vendor code, you only need to fill in the Vendor Code, Address Code, and any information that is being added or changed)

Vendor Code _____ **Vendor Address Code** _____

UEI _____ **EFT Indicator** _____ **CAGE/NCAGE** _____

Is vendor active in SAM? Yes No In Progress

(Select option from drop-down list)

SSN/EIN _____ **TIN Type** SSN EIN **1099 Vendor**

Vendor Type

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Employee USDH (Civil or Foreign Service) | <input type="checkbox"/> Invitational Traveler |
| <input type="checkbox"/> US Federal Agency | <input type="checkbox"/> State & Local Government |
| <input type="checkbox"/> US Business | <input type="checkbox"/> Foreign Government |
| <input type="checkbox"/> Foreign Business | <input type="checkbox"/> Private Voluntary Organization (PVO) |
| <input type="checkbox"/> Personal Service Contractor (FSN/TCN/CCN) | <input type="checkbox"/> Public International Organization (PIO) |
| <input type="checkbox"/> Grant Recipient | |

Vendor Contact Information

Vendor Name _____ **Phone Number** _____
Email Address _____ **Date** _____

Address Information			
Mailing Address _____			

City _____	Country _____	State _____	Postal Code _____
Physical Address _____			

City _____	Country _____	State _____	Postal Code _____
Remittance Address _____			

City _____	Country _____	State _____	Postal Code _____

SENSITIVE BUT UNCLASSIFIED (when completed)

Banking Information

Bank Account Number _____ **Account Type** Checking Savings

For US Dollar payments (EFT/Direct Deposit)

Bank Name _____ **ABA Number** (Bank 9 digit Routing #) _____

For International payments:

Number _____ **IBAN** _____ **Currency Code** 001

International Bank Account Number (IBAN) is a number attached to accounts in all countries

Sub-Routing Number _____ **Sub-Bank Name** _____

Sub-Bank Account Number _____

The Regional Vendor Processing Missions are:

Cairo: Cairo_Phoenix_Support@usaid.gov

Lima: lvendors@usaid.gov

Nairobi: [dnjuguna@usaid.gov](mailto:djuguna@usaid.gov)

Bangkok: bkkaidvendorsupport@usaid.gov

The full Vendor Processing Mission list can be found [here](#) on the Phoenix Guides and Procedures page under the Vendor subsection in the right column.

Version: 3.2, Updated: March 30, 2023