			1, CONTRACT ID CODE	PAGE (OF PAGES		
AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONTRACT			1	2		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ NO	5. PROJECT N	IO. (If applicable)		
0004	See Block 16C		2-4310-17-0166				
6. ISSUED BY COD	E FMPS	7, A	DMINISTERED BY (If other than Item 6)	CODE			
CONSUMER PRODUCT SAFETY COM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814							
B NAME AND ADDRESS OF CONTRACTOR (NO. 41)	and county State and 7/8 Codel		BA. AMENDMENT OF SOLICITATION NO.				
8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code) DANE COUNTY CITY HALL 210 MARTIN LUTHER KING JR BOULEVARD ROOM 425 MADISON WI 53703-3345		(x)	9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-G-14-0016				
CODE	FACILITY CODE	i	10B. DATED (SEE ITEM 13)				
CODE 076148766			11/13/2013				
The above numbered solicitation is amended as set Offers must acknowledge receipt of this amendment Items 8 and 15, and returning separate letter or telegram which includes a referent THE PLACE DESIGNATED FOR THE RECEIPT OF THE VICTURE OF this amendment you desire to change an reference to the solicitation and this amendment, at 12. ACCOUNTING AND APPROPRIATION DATA (If A.)	nt prior to the hour and date speci copies of the amendment; (b) By nce to the solicitation and amend DF OFFERS PRIOR TO THE HOU offer already submitted, such cha and is received prior to the opening	ified in the solicity acknowledging ment numbers. UR AND DATE Sange may be mand date.	itation or as amended, by one of the followin receipt of this amendment on each copy of the FAILURE OF YOUR ACKNOWLEDGEMEN SPECIFIED MAY RESULT IN REJECTION Olde by telegram or letter, provided each telegi	he offer submitted), o T TO BE RECEIVED F YOUR OFFER If I	or (c) By) AT		
0100A17DSE 2017 1128200000			ncrease:	7100.00			
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRAC	TS/ORDERS. IT	MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN IT	EM 14.		
	RACT/ORDER IS MODIFIED TO RTH IN ITEM 14, PURSUANT TO	REFLECT THE THE AUTHOR	ANGES SET FORTH IN ITEM 14 ARE MADE ADMINISTRATIVE CHANGES (such as chai ITY OF FAR 43.103(b). ORITY OF				
D OTHER (Specify type of modifica	tion and authority)						
		ication	FAR 52 217-9				
	141 St. 191			inguing office			
	t. is required to sign this do			300			
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 076148766 COR: Randolph Mitchell Phone: (301) 504-6962 Email: rmitchell@cpsc.gov	JN (Organized by UCF section h	eadings, includi	ng soucitation/contract subject matter where	1682101 6 .]			
Modification 0004 to Contr four as follows:	act CPSC-G-14-00	16 is he	reby issued to exercis	e option p	eriod		
1- In accordance with cont Contract, the Consumer Pro period beginning August 1, Continued Except as provided herein, all terms and conditions 15A. NAME AND TITLE OF SIGNER (Type or print)	oduct Safety Comm 2017 through Ju of the document referenced in Re	ission h ly 31, 2	ereby exercises option 018. Pricing is in acc	year four ordance wi	for the th line		
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C DATE		Greg A. Grayson 16B UNITED STATES OF AMERICA. (Signature of Contracting Officer)	apon	16C DATE SIGNED 426 201		
NSN 7540-01-152-8070			V	STANDARD FO	RM 30 (REV, 10-83)		

NSN 7540-01-152-8070 Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53 243

000170011471011011017	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C)F
CONTINUATION SHEET	CPSC-G-14-0016/0004	2	2 _

NAME OF OFFEROR OR CONTRACTOR DANE COUNTY CITY HALL

TEM NO.	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	(B)	(0)	(0)	(E)	(E)
	2- The funded quantity for line item 0005 is increased from 0 to 20. 3- As a result, funding is added for line item				
	0005 in the amount of \$100.00.				
	4- As a result of the above, funding is added in the amount of \$100.00 for option period four for the performance period August 1, 2017 through July 31, 2018. Additional funding will be provided via modification when funding becomes available.				
	Change Item 0005 to read as follows (amount shown is the obligated amount):				
	OPTION YEAR 4 AUGUST 1, 2017 THROUGH JULY 31, 2018				
005	NOT TO EXCEED: 20	20	EA	5.00	100
	Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2017 through July 31, 2018, in accordance with the attached Statement of Work.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
		;			