AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OI	PAGES
2. AMENDMENT/MODIFICATION NO.	3, EFFECTIVE DATE	2.00	UISITION/PURCHASE REQ. NO.	5. PR	OJECT NO). (If applicable)
0004	See Block 16C	REQ-	4310-17-0167			
6. ISSUED BY CODE	FMPS	7, AD	WINISTERED BY (If other than Item 6)	CODE		
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	ISSION					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.		· ·	
BROWN COUNTY ATTN MEDICAL EXAMINER 2077 AIRPORT DR STE 18 GREEN BAY WI 54313-5596		9E	DATED (SEE ITEM 11) A MODIFICATION OF CONTRACT/ORDER PSC=G=14=0036 B. DATED (SEE ITEM 13)	NO		
CODE	FACILITY CODE	1	2/02/2013			
	11. THIS ITEM ONLY APPLIES TO	AMEND	MENTS OF SOLICITATIONS			
Offers must acknowledge receipt of this amendment I Items 8 and 15, and returning conseparate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12 ACCOUNTING AND APPROPRIATION DATA (If req 0100A17DSE 2017 1128200000 B	pies of the amendment, (b) By acknowle to the solicitation and amendment numinoFFERS PRIOR TO THE HOUR AND Dier already submitted, such change may be received prior to the opening hour and puired).	edging re bers F ATE SP be made d date s	ceipt of this amendment on each copy of the AILURE OF YOUR ACKNOWLEDGEMENT ECIFIED MAY RESULT IN REJECTION OF to by telegram or letter, provided each telegram secified.	offer sub TO BE RI YOUR OI	omitted , or ECEIVED / FFER If by r makes	(c) By AT
13. THIS ITEM ONLY APPLIES TO A	ADDIFICATION OF CONTRACTS/ORDER	RS. IT I	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIE	BED IN ITE	M 14.
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TH	E CHAN	GES SET FORTH IN ITEM 14 ARE MADE IN	THE C	ONTRACT	
	CT/ORDER IS MODIFIED TO REFLECT H IN ITEM 14, PURSUANT TO THE AU VT IS ENTERED INTO PURSUANT TO A		OMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b) RITY OF:	es in pay	ing office,	
D OTHER (Specify type of modification X Exercise Option - Un	n and authorly) nilateral Modificati	on.	FAR 52.217-9			
E. IMPORTANT: Contractor Sis not.	is required to sign this document a			uina offic	8.	
14. DESCRIPTION OF AMENDMENT/MODIFICATION	TOTAL .				70)	
DUNS Number: COR: Randolph Mitchell Phone: (301) 504-6962 Email: rmitchell@cpsc.gov		•		·		
Modification 0004 to Contraction as follows:	ct CPSC-G-14-0036 is	her	eby issued to exercise	opti	on pe	riod
1. In accordance with FAR C. Consumer Product Safety Combeginning August 1, 2017 th.	mission hereby exerc	ises	option period four fo	r the	e peri	od
Continued	•					
Except as provided herein, all terms and conditions of	the document referenced in Item 9 A or	10A, as	heretofore changed, remains unchanged and	l in full fo	rce and eff	act
15A. NAME AND TITLE OF SIGNER (Type or print)			A NAME AND TITLE OF CONTRACTING O	FFICER	(Type or pr	int)
15B CONTRACTOR/OFFEROR	15C DATE SIGNED	_	UNITED STATES OF AMERICA	40	m	16C. DATE SIGNED
(Signature of person authorized to sign) NSN 7540-01-152-8070		-	bignature of Contracting Officer)		DARD FOR	IM 30 (REV 10-83)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53 243

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-G-14-0036/0004 PAGE OF 2 2

NAME OF OFFEROR OR CONTRACTOR BROWN COUNTY

ITEM NO.	SUPPLIES/SERVICES			UNIT PRICE	AMOUNT
(A)	\ <u> </u>	(C)	(D)	(E)	(F)
0005	SUPPLES/SERVICES (B) 0005. 2. The funded quantity for line item 0005 is increased from 0 to 10. 3. As a result, funding is added for line item 0005 in the amount of \$50.00. 4. As a result of the above, funding is added in the amount of \$50.00 for option period four for the performance period August 1, 2017 through July 31, 2018. Additional funding will be provided via modification at a later date 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 NOT TO EXCEED: 10 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. Quantity: 10 @ \$5.00 = \$50.00 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	QUANTITY (C)	EA	(E)	AMOUNT (F)