AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES			
			TOURS TO NO.	15 500 150	2			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ. NO.	5 PROJEC	T NO. (If applicable)			
0008 6. ISSUED BY COL	See Block 16		DMINISTERED BY (If other than Item	6) CODE				
CONSUMER PRODUCT SAFETY CO DIV OF PROCUREMENT SERVICE 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	MMISSION							
8 NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)) (x) s	PA. AMENDMENT OF SOLICITATION	NO.				
PUBLIC HEALTH CALIFORNIA DEPARTMENT OF ATTN BETTY WONG MS 1601 PO BOX 997376 SACRAMENTO CA 95899-7376			9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-13-0041					
	I management		10B DATED (SEE ITEM 13)					
CODE	FACILITY CODE		04/05/2013					
separate letter or telegram which includes a refere THE PLACE DESIGNATED FOR THE RECEIPT of this amendment you desire to change an reference to the solicitation and this amendment, 12. ACCOUNTING AND APPROPRIATION DATA (If SUBJECT TO THE AVAILABILIT 13. THIS ITEM ONLY APPLIES T	OF OFFERS PRIOR TO THE offer already submitted , suc and is received prior to the o required) 'Y OF FUNDS	E HOUR AND DATE S th change may be ma pening hour and date	PECIFIED MAY RESULT IN REJECTI de by telegram or letter, provided each	ON OF YOUR OFFER telegram or letter mak	If by			
A. THIS CHANGE ORDER IS ISSU ORDER NO. IN ITEM 10A.	ED PURSUANT TO: (Specif)	y authority) THE CHA	NGES SET FORTH IN ITEM 14 ARE	MADE IN THE CONTR	ACT			
B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO	RACT/ORDER IS MODIFIED RTH IN ITEM 14, PURSUAL	D TO REFLECT THE NT TO THE AUTHOR	ADMINISTRATIVE CHANGES (such a ITY OF FAR 43 103(b)	s changes in paying of	fice,			
C. THIS SUPPLEMENTAL AGREEM	IENT IS ENTERED INTO PI	JRSUANT TO AUTHO	DRITY OF					
D OTHER (Specify type of modifical X EXERCISE OPTION -		DIFICATION	FAR 52.217-9					
E. IMPORTANT: Contractor X is no	ot. Dis required to sign t	his document and ret	um copies t	o the issuing office				
14 DESCRIPTION OF AMENDMENT/MODIFICAT DUNS Number: COR: Zsuzsanna Kocsis Phone: (301) 504-74020 Email: zkocsis@cpsc.gov	ON (Organized by UCF sec	tion headings, includii	ng solicitation/contract subject matter v	where feasible.)				
Modification 0008 to contr period beginning October 1 52.217-9, Option to Extend at the rates specified in	, 2016 through	n September the Contrac	30, 2017, in accord	dance with I	FAR Clause			
Continued Except as provided herein, all terms and conditions 15A. NAME AND TITLE OF SIGNER (Type or print)		1	s heretofore changed, remains unchar 6A. NAME AND TITLE OF CONTRAC Greg A. Grayson					
15B. CONTRACTOR/OFFEROR	15C, I	DATE SIGNED 1	6B UNITED STATES OF AMERICA	NAUDIN	16C. DATE SIGNED			
(Signature of person authorized to sign)			(Signature of Contracting		7/16/201			
NSN 7540-01-152-8070 Previous edition unusable			U	STANDARD Prescribed b	FORM 30 (REV. 10-83) by GSA			

Prescribed by GSA FAR (48 CFR) 53 243

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED
CPSC-H-13-0041/0008

NAME OF OFFEROR OR CONTRACTOR

PUBLIC HEALTH CALIFORNIA DEPARTMENT OF

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT
	This option is being issued subject to the Availability of Funds Clause (SAF). The Government is not liable to, and shall not, provide payment to the Contractor until written notification to the Contractor, via modification, that funds are now available. Change Item 0005 to read as follows(amount shown			(E)	(F)
	is the obligated amount): OPTION PERIOD 4: OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017				
005	NOT TO EXCEED: 26/HR	26	HR	97.00	0.
	REIMBURSEMENT FOR STAFF TIME TO GENERATE ELECTRONIC DEATH DATA FILE IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016, THROUGH SEPTEMBER 30, 2017.				
	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$2,522.00 (Subject to Availability of Funds)				
	ALL OTHER TERMS AND CONDITIONS SHALL REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.		:		

PAGE

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