AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
			1 3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
0002	See Block 16C	REQ-4310-15-0077	
6. ISSUED BY CODE  CONSUMER PRODUCT SAFETY COMM  DIV OF PROCUREMENT SERVICES  4330 EAST WEST HWY  ROOM 523  BETHESDA MD 20814	FMPS MISSION	7. ADMINISTERED BY (If other than item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	I. county State and 7IP Code)	(3) 9A. AMENDMENT OF SOLICITATION NO.	- 1/4 martinatus
WAUKESHA COUNTY OF	, vound, didno and En doday	(x) PALAMENDIALENT OF SOCIOTATION NO.	
NAUKESHA COUNTY OF ATTN LINDA BIEDRZYCKI CME 515 WEST MORELAND BOULEVARD SUITE G72		9B. DATED (SEE ITEM 11)	ED NO
NAUKESHA WI 53188-3878		x 10A MODIFICATION OF CONTRACT/ORDE CPSC-G-14-0048	in no.
		10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE	01/06/2014	
	11. THIS ITEM ONLY APPLIES	TO AMENDMENTS OF SOLICITATIONS	
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF	e to the solicitation and amendment of OFFERS PRIOR TO THE HOUR AN er already submitted , such change n	owledging receipt of this amendment on each copy of the numbers. FAILURE OF YOUR ACKNOWLEDGEMEN' ID DATE SPECIFIED MAY RESULT IN REJECTION Of nay be made by telegram or letter, provided each telegrand or rand date specified.	TTO BE RECEIVED AT FYOUR OFFER If by
12. ACCOUNTING AND APPROPRIATION DATA (If req	quired)	Net Increase:	\$550.00
0100A15DSE 2015 1128200000 F		RDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS	P PECODIDED IN LICIA 44
	CT/ORDER IS MODIFIED TO REFL H IN ITEM 14, PURSUANT TO THE	THE CHANGES SET FORTH IN ITEM 14 ARE MADE  ECT THE ADMINISTRATIVE CHANGES (such as chan AUTHORITY OF FAR 43.103(b).  TO AUTHORITY OF:	
D. OTHER (Specify type of modification	••		
X   Exercise Option - Ur			
	is required to sign this docume		-
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number:	(Organized by UCF section heading	ps, including solicitation/contract subject matter where for	easible.)
COR: Randolph Mitchell			
Phone: (301) 504-6962			
Email: rmitchell@cpsc.gov			
Modification 0002 to Contrac	ct CPSC-G-14-0048 :	is hereby issued to revise a	as follows:
1- The quantity for Line ite	em 0002 is increas	ed by 50 to a new total quar	ntity of 100.
As a result of the above, fu	unding is added for	r line item 0002 in the amou	unt of \$250.00.
Continued			
Except as provided herein, all terms and conditions of t	the document referenced in Item 9 A		
15A. NAME AND TITLE OF SIGNER (Type or print)		Greg A. Grayson	OFFICER (Type or print)
		oreg in orayoun	
15B. CONTRACTOR/OFFEROR	15C DATE SIGNI	FD 16B WNITED STATES OF AMEDICA -	16C DATE SIGNED
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN	16B. INITED STATES OF AMERICA	CYON 6 May 1

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-G-14-0048/0002
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NAME OF OFFEROR OR CONTRACTOR WAUKESHA COUNTY OF

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	2- As a result of the above, funding for the first option period (August 1, 2014 through July 31, 2015) is increased by \$250.00 to a new total of \$500.00.				
	3- At this time the second option period is exercised for the period beginning August 1, 2015 through July 31, 2016 in accordance with FAR Clause 52.217-9, Option to Extend the Term of the Contract. Pricing is in accordance with Line item 0003.				
	4- The funded quantity for line item 0003 is increased from 0 to 60.				
	5- As a result of the above, funding in the amount of \$300.00 is provided for the second option period. Additional funding will be provided via modification at a later date when funding becomes available.				
	Change Item 0002 to read as follows(amount shown is the obligated amount):				
	OPTION YEAR 1 AUGUST 1, 2014 THROUGH JULY 31, 2015				
002	NOT TO EXCEED: 100	50	EA	5.00	250
	Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2014 through July 31, 2015, in accordance with the attached Statement of Work. Quantity: 50 @ \$5.00 = \$250.00				
	Change Item 0003 to read as follows(amount shown is the obligated amount);				
	OPTION YEAR 2 AUGUST 1, 2015 THROUGH JULY 31, 2016				
0003	NOT TO EXCEED: 60	60	EA	5.00	300
	Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2015 through July 31, 2016, in accordance with the attached Statement of Work. Quantity: 60 @ \$5.00 = \$300.00 Continued				
	Quantity: 60 @ \$5.00 = \$300.00				

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (	OF.
	CPSC-G-14-0048/0002	3	3

NAME OF OFFEROR OR CONTRACTOR

EM NO.	SUPPLIES/SERVICES	QUANTITY UNIT		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
		1	1		
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.				
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