AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		AGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECT	VE DATE	4.1	REQUISITION/PURCHASE REQ. NO.	5. PRO	1 2 JECT NO. (If applicable)	
0003	10/22/	2010					
6. ISSUED BY CODE	FMPS		7.	ADMINISTERED BY (If other than item 6)	CODE	FMPS	
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county, State a	ind ZIP Code)	$\overline{\alpha}$	9A. AMENDMENT OF SOLICITATION NO.			
DOCTORS COMMUNITY HOSPITAL ATTN JENNIFER CARINI-METCALFF 8118 GOOD LUCK ROAD LANHAM MD 20706	DIR E	D	×	9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER CPSC-N-10-0002	NO,		
AND A STATEMENT AND A STATEMENT	1			10B. DATED (SEE ITEM 13)			
CODE	FACILITY ¢	ODE	1	10/29/2009			
- Sama and a second secon	11. THIS 1	TEM ONLY APPLIES TO A	ME	IDMENTS OF SOLICITATIONS			
THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and it 12. ACCOUNTING AND APPROPRIATION DATA (<i>if req</i> See Schedule 13. THIS ITEM ONLY APPLIES TO ME	aiready subr s received pri uired)	nitted, such change may be or to the opening hour and Net	erna date : I	de by telegram or letter, provided each telegram specified.	or letter m 428.6	akes	
CHECK ONE A. THIS CHANGE ORDER IS ISSUED P ORDER NO. IN ITEM 10A.	URSUANT	0: (Specify authority) THE	СН	NGES SET FORTH IN ITEM 14 ARE MADE IN	THE CON	TRACT	
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	T/ORDER IS	MODIFIED TO REFLECT PURSUANT TO THE AUT	THE	ADMINISTRATIVE CHANGES (such as change ITY OF FAR 43.103(b).	s in paying	office,	
C. THIS SUPPLEMENTAL AGREEMEN	TIS ENTERE	D INTO PURSUANT TO A	UTH	ORITY OF:			
D. OTHER (Specify type of modification .	1.						
X Unilateral Modificat	ion, FA	R 43.103 (b)					
E. IMPORTANT: Contractor Is not,	🗌 is require	d to sign this document and	d retu	im0 copies to the issui	ng office.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: Modification 0003 adjusts the	e quant	ity of survei				bllows:	
ITEM #1 is changed as follows							
For FY-2010 the total amount \$24,438.68.	or chi	s contract is	11	creased by \$426.64, from	n \$24,	010.04 10	
Continued	-	for a second					
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	ocument re	rerenced in item 9A or 10A		heretofore changed, remains unchanged and in A. NAME AND TITLE OF CONTRACTING OFF			
In the number of stored (type of plint)	:			oris B. Kessler	iven (ryp	a vi pinilj	
158 CONTRACTOR/OFFEROR		15C. DATE SIGNED		B. UNITED STATES OF AVERICA	les .	16C. DATE SIGNED	
(Signature of person authorized to sign)				(Signature of Contrapting Officer)		10/22/2010	
NSN 7540-01-152-8070 Previous edition unusable				F	TANDARE Prescribed FAR (48 CF		

			11
CONTINUAT	0.01	CUEET	٩Ľ.
CONTINUAT		SHEET	1.

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-10-0002/0003

NAME OF OFFEROR OR CONTRACTOR DOCTORS COMMUNITY HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
101	\#/			(2)	(E)
	TOTAL QTY FOR ITEM #1: 12,075/EA Discount Terms:				
	Net 30				
	Payment:				
	CONSUMER PRODUCT SAFETY COMMISSION				
	DIVISION OF FINANCIAL SERVICES				
	4330 EAST WEST HWY				
	ROOM 522				
	BETHESDA MD 20814 FOB: Destination				
	Period of Performance: 10/01/2009 to 09/30/2010				
	Change Item 0001 to read as follows(amount shown				
	is the obligated amount):				
0001	ESTIMATED QUANTITY	228	EA	1.88	428.0
	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY				
	REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT	}			
	OF WORK.				
	MINIMUM QTY: 2,350				
	MAXIMUM QTY: 12,075				
	Accounting Info:			ł	
	10-PS-EXFM-4310				
	Funded: \$0.00				
	Accounting Info:				
	0100A10DPS-2010-1117900000-EXFM004310-252E0				
	Funded: \$428.64				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.			Í	
	:				
				ĺ	

PAGE

2

OF

2



UNITED STATES CONSUMER PRODUCT SAFETY COMMISSION BETHESDA, MD 20814

Memorandum

Date: October 8, 2010

TO	:	N.J. SCHEERS, DIRECTOR
		DIVISION OF PLANNING, BUDGET AND EVALUATION

THRU : DAVID SHOPE, BUDGET ANALYST $\mathcal{V}_{\mathcal{A}}$

FROM : DODIE KESSLER, CONTRACT SPECIALIST

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: N/10/4310/001 REQ: 4310-09-0018

CONTRACTOR/SOURCE; SEE LIST BELOW

PRODUCT/SERVICES: NEISS SURVEILLANCE REPORTS, FY 2010

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1117900000 EXFM004310 252E0

Prior year funds in the amount of \$1,699.64 are certified available.

CPSC-N-10-0002		Doctors Community Hospital	\$ 4	28.64
CPSC-N-10-0155		CAM Consulting Services	1,2	<u>271.00</u>
	1	-	\$1,6	599.64

These increases are necessary inasmuch as the hospital/3rd party listed above reported more surveillance reports than originally estimated for these contracts.

 $\frac{10-21-10}{\text{Date}}$

C Just Signature

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037

CPSC Holline: 1-800-638-CPSC(2772) ★ CPSC's Web Site: http://www.cpsc.gov