| AMENDM                                  | ENT OF SOLICITA                        | TION/MODIFIC          | ATION OF CONTRACT  |          | 1. CONTRACT ID CODE  | F                        | PAGE OF PAGES                           |  |  |  |
|---|--|-----------------------|--|----------|--|--------------------------|---|--|--|--|
| 2. AMENOME                              | ENT/MODIFICATION N                     | 10.                   | 3. EFFECTIVE DATE  | 4.       | REQUISITION/PURCHASE REQ. NO.  | 5. PRC                   | 1 2<br>DJECT NO. (# applicable)         |  |  |  |
| 0005                                    |  |                       | 10/18/2010   |          |  |                          | , |  |  |  |
| 6. ISSUED B                             | Υ                                      | CODE                  | FMPS   | 7.       | ADMINISTERED BY (If other than Item 6)   | CODE                     | FMPS                                    |  |  |  |
| CONSUME                                 | ER PRODUCT S.                          | AFETY COMM            | ISSION   | $\neg$ c | ONSUMER PRODUCT SAFETY   | COMMISS                  |   |  |  |  |
|   | PROCUREMENT                            |                       |  | i        | IV OF PROCUREMENT SERV   |                          | 31011                                   |  |  |  |
| 4330 EA                                 | AST WEST HWY                           |                       |  | 4        | 330 EAST WEST HWY  |                          |   |  |  |  |
| ROOM 51                                 |  |                       |  | R        | OOM 517  |                          |   |  |  |  |
| BETHESE                                 | DA MD 20814                            |                       |  | В        | ETHESDA MD 20814   |                          |   |  |  |  |
| 8. NAME AND                             | D ADDRESS OF CONT                      | RACTOR (No., street,  | county, State and ZIP Code)                                  | (x)      | 9A. AMENDMENT OF SOLICITATION NO.  |                          |   |  |  |  |
| HENLEY I                                | MICHELE                                |                       |  | -        |  |                          |   |  |  |  |
|   |  |                       |  |          | 9B. DATED (SEE ITEM 11)  |                          |   |  |  |  |
| JONESBOR                                | ROUGH TN 376                           | 559-6118              |  |          |  |                          |   |  |  |  |
|   |  |                       |  | x        | 10A. MODIFICATION OF CONTRACT/ORD  | ER NO.                   |   |  |  |  |
|   |  |                       |  | ı,x      | CPSC-N-10-0043   |                          |   |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
|   |  |                       |  | _        | 108. DATED (SEE ITEM 13)   |                          |   |  |  |  |
| CODE                                    |  |                       | FACILITY CODE  |          | 12/01/2009   |                          |   |  |  |  |
|   |  |                       | 11. THIS ITEM ONLY APPLIES T                                 | O AME    | NDMENTS OF SOLICITATIONS   |                          |   |  |  |  |
| _                                       |  |                       | th in Item 14. The hour and date spe                         |          | -  |                          | is not extended.                        |  |  |  |
|   |  |                       |  |          | itation or as amended, by one of the following   |                          |   |  |  |  |
|   | d 15, and returning                    |                       |  |          | receipt of this emendment on each copy of t  |                          |   |  |  |  |
|   |  |                       |  |          | FAILURE OF YOUR ACKNOWLEDGEMEN   |                          |   |  |  |  |
|   |  |                       |  |          | SPECIFIED MAY RESULT IN REJECTION (<br>ide by telegram or letter, provided each telegr |                          |   |  |  |  |
|   |  |                       | received prior to the opening hour a                         |          |  |                          |   |  |  |  |
|   | TING AND APPROPRIA                     | ATION DATA (If requ   | rired) Ne  | et I     | ncrease:   | \$1,751                  | .42                                     |  |  |  |
| See Sch                                 |  |                       |  |          |  |                          |   |  |  |  |
|   | 13. THIS ITEM ON                       | ILY APPLIES TO MO     | DIFICATION OF CONTRACTS/ORD                                  | ERS. I   | T MODIFIES THE CONTRACT/ORDER NO. A  | S DESCRIBED              | ) IN ITEM 14.                           |  |  |  |
| CHECK ONE                               | A. THIS CHANGE OF                      | RDER IS ISSUED PL     | JRSUANT TO: (Specify authority) T                            | HE CH    | ANGES SET FORTH IN ITEM 14 ARE MADE  | IN THE CON               | TRACT                                   |  |  |  |
|   | ORDER NO. IN IT                        | EW TOA.               |  |          |  |                          |   |  |  |  |
|   | 8. THE ABOVE NUM<br>appropriation date | BERED CONTRACT        | F/ORDER IS MODIFIED TO REFLECTION ITEM 14, PURSUANT TO THE A | OT THE   | . ADMINISTRATIVE CHANGES (such as cha<br>IITY OF FAR 43.103(b).                        | nges in paying           | office,                                 |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
|   | C. THIS SUPPLEME                       | NTAL AGREEMENT        | IS ENTERED INTO PURSUANT TO                                  | AUTH     | ORITY OF:  |                          |   |  |  |  |
|   | O OTHER (Specificity                   | una of modification a | and authority)   |          |  |                          |   |  |  |  |
| .,                                      | O. OTHER (Specify ty                   | •                     |  |          |  |                          |   |  |  |  |
| X                                       |  | ··········            | ION, FAR 43.103 (b)  |          |  |                          |   |  |  |  |
| E. IMPORTAN                             |  |                       | is required to sign this document                            |          |  |                          |   |  |  |  |
|   |  | T/MODIFICATION (      | Organized by UCF section headings,                           | includi  | ng solicitation/contract subject matter where  | feasible.)               |   |  |  |  |
| DUNS Nur                                |  |                       |  |          |  |                          |   |  |  |  |
| HOSPITAI                                | L ID#: 9A53                            | 32042                 |  |          |  |                          |   |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
| Modifica                                | ation 0005 a                           | djusts the            | quantity of surve  | i11a     | ance reports for FY-201  | .0 as fo                 | llows:                                  |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
| ITEM #1                                 | is changed                             | as follows            | : (see page 2).  |          |  |                          |   |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
| For FY-2                                | 2010 the tot                           | al amount             | of this contract i   | s in     | ncreased by \$1,751.42,  | from \$5                 | 2,143.75 to                             |  |  |  |
| \$53,895.                               | .17.                                   |                       |  |          |  |                          |   |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
|   |  |                       |  |          |  |                          |   |  |  |  |
| Continue                                | ed                                     |                       |  |          |  |                          |   |  |  |  |
|   |  | and conditions of the | document referenced in Item 9A or                            | 10A, as  | heretofore changed, remains unchanged and  | d in full force er       | nd effect.                              |  |  |  |
|   | ND TITLE OF SIGNER                     |                       |  |          | A NAME AND TITLE OF CONTRACTING  |                          |   |  |  |  |
|   |  |                       |  |          | oris B. Masslar  |                          |   |  |  |  |
| *************************************** |  |                       |  |          | oris B. Kessler  |                          | 1.22 2.22 2.2.                          |  |  |  |
| 15B. CONTRA                             | ACTOR/OFFEROR                          |                       | 15C. DATE SIGNED   | 16       | B. UNITED STATES OF AMERICA  | 1                        | 16C. DATE SIGNED                        |  |  |  |
|   |  |                       |  |          | rore 10 Km   | eller                    | 10/18/2010                              |  |  |  |
|   | (Signature of person autho             | vized to sign)        |  |          | (Signature of Contracting Officer)   |                          |   |  |  |  |
| NSN 7540-01                             |  |                       |  |          |  | STANDARD<br>Prescribed I | D FORM 30 (REV. 10-83)<br>by GSA        |  |  |  |
| Previous edition                        | UI LUSADIO                             |                       |  |          |  | FAR (48 CF               |   |  |  |  |

| CONTINUATION OUTET | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE | OF |
|--------------------|---|------|----|
| CONTINUATION SHEET | CPSC-N-10-0043/0005                       | 2    | 2  |

NAME OF OFFEROR OR CONTRACTOR

HENLEY MICHELE

| ITEM NO | SUPPLIES/SERVICES  | QUANTITY | UNIT | UNIT PRICE | TAUOMA |
|---------|--|----------|------|------------|--------|
| (A)     | (B)  | (C)      | (D)  | (E)        | (F)    |
|         | TOTAL QTY FOR ITEM #1: 12,143/EA  Change Item 0001 to read as follows(amount shown is the obligated amount):   |          |      |            |        |
| 0001    | ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  | 418      | EA   | 4.19       | 1,751. |
|         | MINIMUM QTY: 1,350 MAXIMUM QTY: 12,143   |          |      |            |        |
|         | Accounting Info: 10-PS-EXFM-4310 Funded: \$0.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$1,751.42  ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. |          |      |            |        |
|         |  |          |      |            |        |



## Memorandum

Date: October 18, 2010

TO

: N.J. SCHEERS, DIRECTOR

DIVISION OF PLANNING, BUDGET AND EVALUATION

THRU

: DAVID SHOPE, BUDGET ANALYST

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 \$2,520.38 are certified available.

| CPSC-N-10-0023 | Debbie Huffman (Miami Valley) | \$ 126.00  |
|----------------|-------------------------------|------------|
| CPSC-N-10-0026 | Margo Yoder (Hopedale)        | 117.60     |
| CPSC-N-10-0028 | Susan Perez (Mercy Hosp.)     | 216.92     |
| CPSC-N-10-0043 | Michele Henley (Johnson City) | 1,751.42   |
| CPSC-N-10-0091 | Sutter Solano Med. Ctr.       | 107.80     |
| CPSC-N-10-0132 | Winona Community Mem. Hos.    | 200.64     |
|                | •                             | \$2,520.38 |

These increases are necessary inasmuch as the hospitals/3<sup>rd</sup> parties listed above reported more surveillance reports than originally estimated for these contracts.

10 - 19 - 20 Date

Signature CC June P

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