2. AMENDMENT/MODIFICATION NO.	AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.		EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PR	<u> </u>		
0001	o	1/04/2010						
LISSUED BY	CODE	MPS	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					
NAME AND ADDRESS OF CONTRACT	TOR (No., street, co	unty, State and ZIP Code)	(x) 9/	A. AMENDMENT OF SOLICITATION NO.				
ROTSKY JANET								
EW MILFORD NJ 07646-3118			9B. DATED (SEE ITEM 11)					
				DA. MODIFICATION OF CONTRACT/ORDE	R NO.			
				DB. DATED (SEE ITEM 13)	·			
ODE	F		-	12/02/2009				
		11. THIS ITEM ONLY APPLIES TO						
virtue of this amendment you desire to c reference to the solicitation and this ame 2. ACCOUNTING AND APPROPRIATION	change an offer a endment, and is r N DATA (<i>If requir</i>	ready submitted, such change may be eceived prior to the opening hour and	be made d date s	PECIFIED MAY RESULT IN REJECTION OI by telegram or letter, provided each telegra pecified.		nakes		
0-PS-EXFM-4310-11179								
13. THIS ITEM ONLY A	PPLIES TO MOD	IFICATION OF CONTRACTS/ORDEI	RS. IT M	AODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBE	D IN ITEM 14.		
				GES SET FORTH IN ITEM 14 ARE MADE I				
B. THE ABOVE NUMBER appropriation date, etc.	ED CONTRACT/) SET FORTH IN	ORDER IS MODIFIED TO REFLECT I ITEM 14, PURSUANT TO THE AUT	THE A	DMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b).	ges in payir	g office,		
C. THIS SUPPLEMENTAL	AGREEMENT	SENTERED INTO PURSUANT TO A	AUTHO					
D. OTHER (Specify type o	of modification an	d authority)						
X UNILATERAL MO	DIFICATI	DN, FAR 43.103(b)						
. IMPORTANT: Contractor	X is not,	is required to sign this document an	nd return	copies to the iss	uing office.			
4 DESCRIPTION OF AMENDMENT/MC	DIEICATION	ganized by UCF section headings, in	ncluding	solicitation/contract subject matter where fe	asible.)			
OUNS Number: COSPITAL ID# 6N69203		09/30/10			,			
UNS Number: OSPITAL ID# 6N69203 ASIC CONTRACT: 10/0 Nodification No. 0001 December 1, 2009 throw	1/09 THRU provides ugh Janua	additional fundin ry 31, 2010. Addi	-	n the amount of \$1,106 hal funding will be pro	.76 fo			
UNS Number: OSPITAL ID# 6N69203 ASIC CONTRACT: 10/02 odification No. 0001 ecember 1, 2009 throm odification, when fun	1/09 THRU provides ugh Janua nds becom	additional fundin ry 31, 2010. Addi e available.	tior.		.76 fo			
UNS Number: OSPITAL ID# 6N69203 ASIC CONTRACT: 10/0 Codification No. 0001 December 1, 2009 throu codification, when fur TEMS 1 and 2 are char	1/09 THRU provides ugh Janua nds becom	additional fundin ry 31, 2010. Addi e available.	tior.		.76 fo			
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DUNS Number: DOSPITAL ID# 6N69203 DASIC CONTRACT: 10/01 Nodification No. 0001 December 1, 2009 through nodification, when fur TEMS 1 and 2 are chan Continued Except as provided herein, all terms and c ISA. NAME AND TITLE OF SIGNER (Type	1/09 THRU provides ugh Janua nds becom nged as f	additional fundin ry 31, 2010. Addi e available. follows: (see page ocument referenced in Kem 9A or 10	2). 2). 0A, as he 16A DO	nal funding will be pro aretofore changed, remains unchanged and NAME AND TITLE OF CONTRACTING O ris B. Kessler	.76 fo ovided	, by and effect. pe or print)		
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UNS Number: OSPITAL ID# 6N69203 ASIC CONTRACT: 10/0 Codification No. 0001 December 1, 2009 throu codification, when fun TEMS 1 and 2 are chan ontinued Except as provided herein, all terms and c 5A. NAME AND TITLE OF SIGNER (Type	1/09 THRU provides ugh Janua nds becom nged as f conditions of the d e or print)	additional fundin ry 31, 2010. Addi e available. follows: (see page ocument referenced in Kem 9A or 10	2). 2). 0A, as he 16A DO	aretofore changed, remains unchanged and NAME AND TITLE OF CONTRACTING O ris B. Kessler	.76 fo ovided	, by and effect. pe or print)		

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. CONTINUATION SHEET

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N SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

PAGE OF

2

NAME OF OFFEROR OR CONTRACTOR GROTSKY JANET

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL AMOUNT FUNDED FOR FY-2010: \$2,217.26	1			
		}			
	Discount Terms: Net 30	}			
	Payment:	}			
	CONSUMER PRODUCT SAFETY COMMISSION	}			
	DIVISION OF FINANCIAL SERVICES	1			
	4330 EAST WEST HWY	Ì			
	ROOM 522	1			
	BETHESDA MD 20814	1			
	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 NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY	366	EA	3.02	1,105.3
	REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT	{			
	OF WORK.				
	MINIMUM QTY: 550	1			
	MAXIMUM QTY: 2,750	{			
		}			
	Change Item 0002 to read as follows(amount shown	}			
	is the obligated amount):	l			
0002	ESTIMATED QUANTITY	2	EA	0.72	1.4
0002	SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE			0.72	1.1
	WITH THE ATTACHED STATEMENT OF WORK.	}			
		}			
		}		1	
		{			
	MINIMUM QTY: 2	{			
	MAXIMUM QTY: 15	{			
		ſ			
	1	{			
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED	1			
	AND IN FULL FORCE AND EFFECT.	1			
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SN 7540-01-15	<u> </u>	<u></u>			NAL FORM 336 (4-86)