AMENDMENT OF SOLICITATION	N OF CONTRACT	1. CONTRACT ID CODE	P/	PAGE OF PAGES					
2. AMENDMENT/MODIFICATION NO.	3. EFI		4.	REQUISITION/PURCHASE REQ. NO.	5. PROJ	I 2 JECT NO. (If applicable)			
0001	103/	04/2010							
6. ISSUED BY	CODE FMP		7.	ADMINISTERED BY (If other than Item 6)	CODE	FMPS			
CONSUMER PRODUCT SAFETY COMMISSION			CONSUMER PRODUCT SAFETY COMMISSION						
DIV OF PROCUREMENT SERVICES			DIV OF PROCUREMENT SERVICES						
4330 EAST WEST HWY			4330 EAST WEST HWY						
ROOM 517			ROOM 517						
BETHESDA MD 20814			B	ETHESDA MD 20814					
8. NAME AND ADDRESS OF CONTRACTO	R (No., street, county,	State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.					
CARLE FOUNDATION HOSPI	יאז		<u> </u>						
ATTN MS LYNNE BARNES VI		NS		9B. DATED (SEE ITEM 11)					
HEALTH INFORMATION MANAGEMENT									
511 WEST PARK STREET									
JRBANA IL 61801			x	10A. MODIFICATION OF CONTRACT/ORDER CPSC-N-10-0082	NO.				
			-						
				10B. DATED (SEE ITEM 13)					
CODE	FACIL	ITY CODE	7	01/20/2010					
A CONTRACTOR OF A CONTRACTOR O	11.	THIS ITEM ONLY APPLIES TO	AME	IDMENTS OF SOLICITATIONS		<u> </u>			
The above numbered solicitation is amend	led as set forth in Ite	em 14. The hour and date spec	ified f	or receipt of Offers	anded,	is not extended.			
reference to the solicitation and this amen 2. ACCOUNTING AND APPROPRIATION 0100A10DPS 2010 111790 13. THIS ITEM ONLY APP	DATA (If required) 0000 EXFMC	Ne 004310 252E0	t I	<u> </u>	12,054				
						<u> </u>			
CHECK ONE A. THIS CHANGE ORDER I ORDER NO. IN ITEM 104	S ISSUED PURSUA	NT TO: (Specify authority) TH	E CH/	NGES SET FORTH IN ITEM 14 ARE MADE IN T	THE CONTI	RACT			
B. THE ABOVE NUMBERED appropriation date, etc.)	CONTRACT/ORD	ER IS MODIFIED TO REFLECT M 14, PURSUANT TO THE AU	T THE	ADMINISTRATIVE CHANGES (such as changes ITY OF FAR 43.103(b).	s in paying (office,			
C THIS SUPPLEMENTAL A	GREEMENT IS EN	TERED INTO PURSUANT TO	AUTH						
		· · · · · · · · · · · · · · · · · · ·							
D. OTHER (Specify type of r									
X UNILATERAL MOD	IFCATION,	FAR 43.103 (b)							
E. IMPORTANT: Contractor	🗵 is not. 🗌 is re	equired to sign this document ar	nd retu	Irn Copies to the issuir	ig office				
	FICATION (Organiz	ed by UCF section headings, in	ncludii	ng solicitation/contract subject matter where feasi	ble.)				
OUNS Number: 07									
HOSPITAL ID#: 8C203018									
BASIC CONTRACT: 10/01/0)9 THRU 09	/30/10							
				reby issued to provide fu	ill fur	nding for			
the period of March 1,	2010 thro	ugh September 30), 2	2010.					
As a result, the contra	act is her	eby increased by	/\$1	2,054.34 from \$8,611.66	to a †	total of			
20,666.00									
		·							
Continued									
		nent referenced in Item 9A or 10	A, as	heretofore changed, remains unchanged and in f	uli force and	d effect.			
15A. NAME AND TITLE OF SIGNER (Type of	or print)		16	A. NAME AND TITLE OF CONTRACTING OFFI	CER (Type	or print)			
			D	onna Hutton					
15B CONTRACTOR/OFFEROR		15C DATE SIGNED		B UNITED STATES OF AMERICA		16C. DATE SIGNED			
(Signature of person authorized to :	sion		-	(Signature of Contracting Officer)		3/2/20			
NSN 7540-01-152-8070	~s·//					FORM 20 (REX 10-83)			
Previous edition unusable				F	Prescribed b	by GSA			
				F	FAR (48 CFF	Y 33.243			

Todd Sturnson

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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-10-0082/0001

NAME OF OFFEROR OR CONTRACTOR CARLE FOUNDATION HOSPITAL

ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Discount Terms:				
	Net 30	1] [
	Payment:				
	CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES				
	4330 EAST WEST HWY				
	ROOM 522			1	
	BETHESDA MD 20814				
	FOB: Destination				
	Change Item 0001 to read as follows(amount shown				
	is the obligated amount):				
001	ESTIMATED QUANTITY	5833	ΕA	1.95	11,374.3
	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY				
	REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.				
	MINIMUM QTY: 2,500				
	MAXIMUM QTY: 12,500				
	Period of Performance: 10/01/2009 to 09/30/2010				
	Change Item 0002 to read as follows(amount shown				
	is the obligated amount):]			
002	ESTIMATED QUANTITY	1283	ΕA	0.53	679.9
	SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE				
	WITH THE ATTACHED STATEMENT OF WORK.				
	MINIMUM QTY: 220				
	MAXIMUM QTY: 2,200				
	Period of Performance: 10/01/2009 to 09/30/2010				
	,				

PAGE

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OF

2