0005 6. ISSUED BY CONSUMER DIV OF PR	CODE PRODUCT SAFETY COMM	3. EFFECTIVE DATE 09/20/2011 FMPS		TION/PURCHASE REQ. NO.	5. PR	1 2 OJECT NO. (If applicable)
0005 6.ISSUED AV CONSUMER DIV OF PF 4330 EAST	CODE PRODUCT SAFETY COMM	09/20/2011 FMPS				
CONSUMER DIV OF PF 4330 EAST	PRODUCT SAFETY COMM	FMPS	7. ADMINIS	ITERED BY (If other than Item 6)	CODE	
DIV OF PF 4330 EAST						
	ROCUREMENT SERVICES F WEST HWY MD 20814	HISSION				
A NAME AND A	DDRESS OF CONTRACTOR (No., street	L county, State and ZIP Code)	AN SA AME	ENDMENT OF SOLICITATION NO.		
NEW YORK ATTN ANNE 451 CLARK	CITY HEALTH AND HOS TTE GRIFFITH DIR ME SON AVENUE NY 11203-2097	PITALS CORP	x 10A.MC CPSC	TED (SEE ITEM 11)  DDIFICATION OF CONTRACT/ORD  -N-10-0141  ATED (SEE ITEM 13)	DER NO.	
CODE 0.7	The same of the sa	FACILITY CODE	03/2	27/2010		
	A Property of the Control of the Con	11. THIS ITEM ONLY APPLIES TO	O AMENDMENT	S OF SOLICITATIONS		
separate letter THE PLACE D virtue of this a reference to the	r or telegram which includes a reference DESIGNATED FOR THE RECEIPT OF mendment you desire to change an office re solicitation and this amendment, and	OFFERS PRIOR TO THE HOUR AND or already submitted, such change may is received prior to the opening hour a	umbers. FAILUR D DATE SPECIF by be made by tel and date specifie	TE OF YOUR ACKNOWLEDGEMEN IED MAY RESULT IN REJECTION ( legram or letter, provided each telegible).	IT TO BE RE OF YOUR O ram or letter	CEIVED AT FFER. If by makes
	IG AND APPROPRIATION DATA (If re PS 2011 1117900000 I		et Incre	ase:	\$10,2	71.80
	A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.  B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIED TO REFLE H IN ITEM 14, PURSUANT TO THE A	CT THE ADMINI	ISTRATIVE CHANGES (such es che FAR 43.103(b).		
	D. OTHER (Specify type of modification	and authority)		•		·····
X	UNILATERAL MODIFICAT	CION, FAR 43.103(b)				
E. IMPORTANT:	Contractor 🗵 is not.	is required to sign this document	and return	0 copies to the i	issuing office	l.
DUNS Numb	on of amendment/modification der: 074411000		-	·	·	
	tion No. 0005 providence reports for FY-		ing for E	Y-2011, and adjus	ts the	quantity of
Additiona	al funds are provide	d in the amount of	\$10,271.	.80 through Septem	ber 30	, 2011.
ITEM #2 i	is changed as follow	s: (see page 2).				
	011 the total amount	of this contract i	is increa	ased by \$10,271.80	, from	\$24,528.20
Continuec	ded herein, all terms and conditions of t	ne document referenced in Item 9A or		ore changed, remains unchanged an IE AND TITLE OF CONTRACTING		
	TITLE OF SIGNER (Type or print)		IOA. HAV	ic Mis fire of Conficentia	-	
Except es provid 15A. NAME AND 15B. CONTRAC	TITLE OF SIGNER (Type or print)  TOR/OFFEROR	15C. DATE SIGNED	Doris 168. UNIT	B. Kessler  (ED STATES OF AMERICA  (Signature of Contracting Officer)	relle	16C. DATE SIGNED 09/20/2011

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

		,		
CONTINUATION SUCCE	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	CPSC-N-10-0141/0005	2		2

NAME OF OFFEROR OR CONTRACTOR

NEW YORK CITY HEALTH AND HOSPITALS CORP

ITEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B) to \$34,800.00.	(C)	(D)	(E)	(F)
	10 \$34,800.00.				
	TOTAL QTY FOR ITEM #2: 24,000/EA				
	Change Item 0002 to read as follows(amount shown is the obligated amount):			İ	
002	ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.	7084	EA	1.45	10,271
	SIGDI REPORTS.			İ	
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
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