AMENDMENT OF SOLICITATION/MODIFIC		1. CONTRACT ID CODE	PAGE OF PAGES														
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. F	REQUISITION/PURCHASE REQ. NO.	5. PRC	JUECT NO	(If applicable)										
0001	08/26/2	011															
6. ISSUED BY CODE	and the second se	<u></u>	7.	ADMINISTERED BY (If other than Item 6)	CODE	FMPS	••••• <u>•</u> ••••••										
CONSUMER PRODUCT SAFETY COMMISSION 4330 EAST WEST HIGHWAY 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., atra	it, county, Stale an	d ZIP Code)	(x)	BA AMENDMENT OF SOLICITATION NO.													
SHELIA KOZEL																	
CLAREMONT NH 03743-5203			9B. DATED (SEE ITEM 11) × 10A MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-11-0009														
														10B. DATED (SEE ITEM 13)			
										CODE CODE	FACILITY CO	DE		02/11/2011			
	11. THIS IT	EM ONLY APPLIES TO	AME	DMENTS OF SOLICITATIONS													
	EX FM0043	10-252E0 OF CONTRACTS/ORDEF	RS . 1	T MODIFIES THE CONTRACT/ORDER NO. AS D		D IN ITEM	14.										
				ANGES SET FORTH IN ITEM 14 ARE MADE IN													
appropriation date, etc.) SET FORT	H IN ITEM 14, P	PURSUANT TO THE AUT	THOP	ADMINISTRATIVE CHANGES (such as change RITY OF FAR 43.103(b).	s in peyin	g omce,											
C. THIS SUPPLEMENTAL AGREEMEN	IT IS ENTERED	INTO PURSUANT TO P	AUTH	ORITY OF:													
D. OTHER (Specify type of modification	n and authority)																
X UNILATERAL MODIFICA	FION, FA	R 43.103(b)															
E. IMPORTANT: Contractor Is is not.		to sign this document an	nd ret	urn 0 copies to the issui	ina office.												
14. DESCRIPTION OF AMENDMENT/MODIFICATION					-												
DUNS Number:		-		•		н											
HOSPITAL ID# 3B012055						÷											
BASIC CONTRACT: 02/11/11 TH	IRU 09/30)/11															
PROJECT OFFICER: Dennis B. W	∕ierdak																
PHONE: (301) 504-7430																	
EMAIL: dwierdak@cpsc.gov																	
						- 1 - 4											
Modification No. 0001 adjust reimbursement for attendance	-	-		-	2011	and p	rovides										
ITEM #1 and #2 are changed a	s follo	us: Isee nade	. 2	١													
Continued		an ince bage		· -													
Except as provided herein, all terms and conditions of t	he document ref	ferenced in Item 9A or 10	IA, as	heretofore changed, remains unchanged and in	fuil force	and effect.											
15A. NAME AND TITLE OF SIGNER (Type or print)			16A NAME AND TITLE OF CONTRACTING OFFICER (Type or print)														
			_	Ooris B. Kessler													
158. CONTRACTOR/OFFEROR		15C. DATE SIGNED	1	SB. UNITED STATES OF AMERICA	» 1 ~ ~	1	C. DATE SIGNED										
(Signature of person authorized to sign)				(Signature of Contracting Officer)			8/26/2011										
NSN 7540-01-152-8070 Previous edition unusable					Prescribed	-	30 (REV. 10-83)										
					- Art (40 C	yang galak	-										

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-11-0009/0001 PAGE OF

NAME OF OFFEROR OR CONTRACTOR SHELIA KOZEL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Add the following new line item: (see page 2).			-:	
	The total amount of this contract is decreased by $$2,783.50$, from $$16,261.50$ to $$13,478.00$.				
	TOTAL QTY FOR ITEM #1: 2,600/EA				
	TOTAL QTY FOR ITEM #2: 600/EA				
	Change Item 0001 to read as follows(amount shown				
	is the obligated amount):				
0001	NOT TO EXCEED	-900	EA	4.19	-3,771.0
	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT				
OF WORK.	OF WORK.				
	Change Item 0002 to read as follows(amount shown				
	is the obligated amount):				
0002	NOT TO EXCEED	-250	EA	1.05	-262.5
	SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.			`	
	WITH THE ATTACHED STATEMENT OF WORK.				
	Add Item 0004 as follows:			N	
0004	REIMBURSEMENT FOR ATTENDANCE AT A NEISS/ALL	1	LT	1,250.00	1,250.0
	TRAUMA CONFERENCE IN BETHESDA, MD ON AUGUST 17-18, 2011, IN ACCORDANCE WITH THE ATTACHED				
STATEMEN	STATEMENT OF WORK.				
				· .	
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.			,	

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FY-2011

Add the following new item:

4. Estimated (not to exceed) reimbursable amount for the NEISS/All Trauma Conference (one attendee):

TOTAL AMOUNT

NTE 1,250.00

Training (includes airfare; trainfare; \$1,250.00 automobile; ground travel and subsistence; and salary)

Section C.3.c., ORIENTATION AND TRAINING, add the following:

(1) TRAINING

The Contractor shall attend a training conference covering case coding procedures and other NEISS/All Trauma reporting activities.

The training conference will be conducted on August 17-18, 2011. Lodging/training will be provided at the following location:

> The Legacy Hotel and Meeting Centre 1775 Rockville Pike Rockville, Maryland 20852 (301) 881-2300 Website: www.TheLegacyRockville.com August 17 - 9:00 p.m. to 5:00 p.m. August 18 - 9:00 a.m. to 5:00 p.m.

(2) TRAVEL COSTS: All travel costs. Airfare or train tickets shall be obtained by the Contractor. All training/travel costs shall be reimbursed in accordance with the following provisions and the Federal Travel Regulations:

- a) Total expenditures for domestic travel and training (salary of one attendee) shall not exceed \$1,250.00 without the prior written approval of the Contracting Officer.
- b) The cost of travel by privately-owned automobile shall be reimbursed at 55 cents per mile, as established by the Federal Travel Regulations. Such reimbursement, however, shall not exceed the otherwise allowable comparative cost of travel by common carrier.
- c) Miscellaneous travel expenses (i.e., parking fees, taxi fare, tolls, etc.) shall be reimbursed by CPSC. Reimbursable receipts MUST be presented for ground transportation to and from airports for any amount over \$75.00, other than privately-owned vehicle (see paragraph b above). However, a receipt for all expenditures is advisable.
- d) Reasonable actual costs of meals and incidentals (M&IE) shall be reimbursed up to a limit of \$64.00 per full day, as established by the Federal Travel Regulations. The first and last day of travel is paid

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at three quarters (3/4) of the rate (\$48.00 per day). The web site that addresses these rates is <u>http://www.GSA.gov</u>. Scroll down to Travel Resources and click on Per Diem Rates.

- e) Domestic travel shall be undertaken by the mode and class of service most advantageous to the Government. This will normally require that the Contractor travel in coach accommodations.
- f) Hotel accommodations at the Hilton Rockville, including additional night(s), will be provided by CPSC at no cost to the Contractor. Incidental expenditures, i.e., hotel telephone calls, room service, laundry, etc., shall be paid by the travellers.
- g) All air or train travel arrangements (if applicable) and airline/train tickets shall be made by the Contractor. The cost of the airline/train ticket will be reimbursed by CPSC to the Contractor.
- h) The CPSC Project Officer will forward hotel details to the Contractor in advance of the training course.

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