| 1330 EAST WEST HWY COOK 523 SETHESDA MD 20814  INAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZP Comp)  WILLIAMSON  BE DATED (SEE ITEM 17)  106. DATED (SEE ITEM 17)  107. DATED (SEE IT | AMENDMENT OF SOLICITATION/MODIFIC   | CATION OF CO   | NTRACT   |                       | 1. CONTRACT ID CODE   |           | PAGE OF               | PAGES              |
|--|---|--|--|-----------------------|---|-----------|-----------------------|--------------------|
| Social Block 16C REC-4310-15-0124   REC-4310-15-012 | AMENDMENT/MODIFICATION NO   | 13 EFFECTIVE   | DATE   | 4 R                   | FOLISITION/PURCHASE REG. NO.  | 5 PF      | 1<br>ROJECT NO        | (If applicable)    |
| SINGLORY PRODUCT SAFETY COMMISSION  7 ARMINISTERED BY (if other files in file in the same files in grant in the same files in the |   |  | 1  |                       |   |           |                       | · (iii appiilatio) |
| CONSUMER PRODUCT SAFETY COMMISSION 117 OF PROCUEDIEST SERVICES 137 OR DAST WAS HOW 20914  INMEDIA AND 20914  |   |  | K 16C  | 7. A                  | DMINISTERED BY (If other than Item 6)   | COD       | E                     |                    |
| WILLIAMSON    PROPERTY   PROPERTY | CONSUMER PRODUCT SAFETY COM<br>DIV OF PROCUREMENT SERVICES<br>4330 EAST WEST HWY<br>ROOM 523<br>BETHESDA MD 20814                                     |  |  |                       |   |           |                       |                    |
| WILLIAMSON  B. DATED (SEE TIEM 17)  On A MODIFICATION OF CONTRACTORDER NO.  PAGE  FACILITY CODE  | B. NAME AND ADDRESS OF CONTRACTOR (No., stre  | aet, county, Stale and i   | ZIP Code)  | (x)                   | 9A. AMENDMENT OF SOLICITATION NO.   |           |                       | 1.1.00             |
| DR. DATED (SEE ITEM 11)  IDA. MODERICATION OF CONTRACTIONDER NO.  OFSC.—N. 1.4 - 0.112  The above numbered scicitation is amended as set city in liten 14. The four and date specified for receipt of Officer  Offers must advinced processed of the amended as set city in liten 14. The four and date specified for receipt of Officer  agent 15, and reforming models and accordance prior to the roun and date specified for secondary of the amended on the contract of the specified for receipt of Officer  Separated billar or advancing control to the secondary of the amendment put of the including receipt of the secondary o | WILLIAMSON  |  |  | (.,                   |   |           |                       |                    |
| The above numbered solicitation is amended as set forth in literal 14. The bow and date specified in the solicitation is amended as set forth in literal 14. The bow and date specified for receipt of Offers and admoniferation is amended as set forth in literal 14. The bow and date specified for receipt of Offers and admoniferation of the amendment prior to the how and date specified in the solicitation or as amended. The offers in the proof and date specified in the solicitation or as amended and set only of the completing of the amendment prior to the how and date specified for receipt of Offers and 15. Acro returning the proof of the specified proof of the set of the specified proof of the specified proof of the set of the specified proof of the   |   |  |  | ļ                     | 9B. DATED (SEE ITEM 11)   | - •••     |                       |                    |
| The above numbered solicitation is amended as set forth in literal 14. The bow and date specified in the solicitation is amended as set forth in literal 14. The bow and date specified for receipt of Offers and admoniferation is amended as set forth in literal 14. The bow and date specified for receipt of Offers and admoniferation of the amendment prior to the how and date specified in the solicitation or as amended. The offers in the proof and date specified in the solicitation or as amended and set only of the completing of the amendment prior to the how and date specified for receipt of Offers and 15. Acro returning the proof of the specified proof of the set of the specified proof of the specified proof of the set of the specified proof of the   |   |  |  | v                     | 10A. MODIFICATION OF CONTRACT/ORDER   | NO.       |                       |                    |
| 1. THIS CHEMOLITY CODE  1. THIS TERM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS  The acover numbered solicitation is amended as set forth in the rist. The hour and date specified in the solicitation or as amended. (Is not extended.)  Office must echocologie cecipic of this amendment pror to the hour and date specified in the solicitation or as amended, by one of the fellowing methods. (a) by completing thems 8 and 15, and returning  copies of the amendment put of the hour and date specified in the solicitation or as amended. (by one of the refull without the control of the support of the samendment on each copy of the office resolution or (a) by supported better or telegram which recordes a reference to the solicitation and amendment numbers. FALURGE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATION FOR THE RECEIVED OF SERVICE AT THE PLACE DESIGNATION FOR THE RECEIVED OF SERVICE BY VAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATION FOR THE RECEIVED OF SERVICE BY VAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATION FOR THE PLACE DESIGNATION | LKRIDGE MD 21075-6904   |  |  |                       |   |           |                       |                    |
| The above numbered solicitation is amended as set forth in Item 14. The hour and date appollind for needly of Offers  The above numbered solicitation is amended as set forth in Item 14. The hour and date appollind for needly of Offers  Offers must acknowledge receipt of this amended price to the hour and date specified for needly of Offers  Offers must acknowledge receipt of this amended price to the hour and date specified for needly of this amended, by one of the following methods (a) By completing thems 8 and 15, and returning  copies of the amendment, 00. By acknowledging receipt of this amendment out on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and membered numbers. Facilities of this amendment you desire to change an offer amendment numbers.  FALICE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR PEFER IT by virtue of this amendment you desire to change an offer indeally submitted, out change may be made by telegram or letter, provided each fedgers on releter makes reference to the solicitation and this amendment, and is received prior to the opening box and date specified.  2. ACCOLUNINA MAN DATE PROPRIETION DATA (If required to this opening box and date specified.  2. A THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 16.  A THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES (such as changes in paying office, appropriation acts, excl. SET FORTH IN ITEM 14, PURSUANT TO AUTHORITY OF PARA 31.03 (b)  E.MERGRANT: Contractor Bis on Item 15, required to sign this document and relum   | CODE  | FACILITY COD   | ı <del>c</del>   |                       | , , , , ,   |           |                       |                    |
| □The above numbered solicitation is amended as set forth in Nem 14. The hour and date specified for receipt of Offers  ○Res numbered solicitation is amended as set forth in Nem 14. The hour and date specified for receipt of the following mainted. (a) By composing thems 8 and 15, and returning copies of the amendment of the following mainted. (a) By composing separate letter or telegram within includes a reference to the solicitation and amendment numbers. FAILURE (OF YOUR ACKNOWLEDGEMENT TO SE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PROHIOT TOTAL HOUR AND ATE SECURITIES ANY SECURITY OF SECURITY ANY SECURITY OF SECU  | 0002  |  | 1  |                       | , =   |           |                       |                    |
| Offers must acknowledge nosipi of this amondment prior to the hour and date specified in the solicitation or as amended. Jun on of the following methods (a) By completing thems B and 15, and returning colors of the amendment (B) By acknowledge precipi of this amendment on each copy of the defer submitted: or (c) By appared bitter or telegram which includes a reference to the solicitation and amendment numbers. FALURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN RELIGION OF YOUR OFFERS IN the Virtue of this amendment and amendment and the social data of the s |   | ·····  |  |                       |   |           | <b>—</b> •            |                    |
| 13. THIS CHANGE ORDER IS ISSUED PURSUANT TO. (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, apuropoidion date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF PAR 43.103(b).  C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OP.  D. OTHER (Specify type of modification and authority)  X. UNILATERAL MODIFICATION, FAR 43.103(b).  E. IMPORTANT: Contractor Sis not. Sign this document and return copies to the issuing office.  14 DESCRIPTION OF AMENDMENTMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  DUNS Number: Sp591085 — Doctor's Comm. Hosp, MD  COR: Randolph Mitchell  EMAIL: rmitchell@cpsc.gov  PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as harefolore changed, temains unchanged and in full force and effect. 15A NAME AND TITLE OF SIGNER (Type or print)  Greg A. GraySon  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. WINTED STATES OF AMERICA.  | THE PLACE DESIGNATED FOR THE RECEIPT O<br>virtue of this amendment you desire to change an o<br>reference to the solicitation and this amendment, are | F OFFERS PRIOR<br>offer already submitted<br>and is received prior | TO THE HOUR AND DA<br>led , such change may b<br>to the opening hour and | ATE S<br>e ma<br>date | SPECIFIED MAY RESULT IN REJECTION OF Y<br>ide by telegram or letter, provided each telegran<br>specified. | OUR O     | FFER If by<br>ermakes |                    |
| A THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.  B. THE ABOVE NUMBERED CONTRACTORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).  C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF  D. OTHER (Specify type of modification and authority)  X. UNILATERAL MODIFICATION, FAR 43.103(b)  E. IMPORTANT: Contractor  |   |  |  | . ц                   | ncrease:  | 740,      | 393.00                |                    |
| B. THE ABOVE NUMBERED CONTRACTIONDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43,103(b).  C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF  D. OTHER (Specify type of modification and authority)  X UNILATERAL MODIFICATION, FAR 43.103(b)  E. IMPORTANT: Contractor ② is not. □ is required to sign this document and return □ copies to the issuing office.  14 DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  DUNS Number: □ Hospital ID#: 5P591085 - Doctor's Comm. Hosp, MD  COR: Randolph Mitchell  EMAIL: rmitchell@cpsc.gov  PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16C. DATE SIGNED   | 13. THIS ITEM ONLY APPLIES TO   | MODIFICATION O   | F CONTRACTS/ORDER  | S. 11                 | MODIFIES THE CONTRACT/ORDER NO. AS I  | DESCRI    | BED IN ITE!           | A 14.              |
| C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF  D. OTHER (Specify type of modification and authority)  X. UNILATERAL MODIFICATION, FAR 43.103(b)  E. IMPORTANT: Confractor ②is not. □is required to sign this document and return copies to the issuing office.  14. DESCRIPTION OF AMENDMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject mailter where feasible.)  DUNS Number:  Hospital ID#: 5P591085 - Doctor's Comm. Hosp, MD  COR: Randolph Mitchell  EMAIL: rmitchell@cpsc.gov  PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as herefolder changed, femalins unchanged and in full force and effect.  15A NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B CONTRACTOR/OFFEROR  15C DATE SIGNED  16B. INNITED STATES OF AMERICA  H. 23 A. 34  H. 23 A. 3              |   |  |  |                       |   |           |                       |                    |
| D. OTHER (Specify type of modification and authority)  X UNILATERAL MODIFICATION, FAR 43.103(b)  E. IMPORTANT: Contractor  | appropriation date, etc.) SET FOF   | RTH IN ITEM 14, PL   | JRSUANT TO THE AUTI  | HOR                   | ITY OF FAR 43.103(b).   | is in pa  | yang Olaice,          |                    |
| EIMPORTANT: Contractor ②is not. □Is required to sign this document and return copies to the issuing office.  14 DESCRIPTION OF AMENDMENTIMODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feesible.)  DUNS Number: □Hospital ID#: 5P591085 - Doctor's Comm. Hosp, MD  COR: Randolph Mitchell  EMAIL: rmitchell@cpsc.gov  PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A. NAME AND TITLE OF SIGNER (Type or print)  16C. DATE SIGNED  15B. CONTRACTOR/OFFEROR  16C. DATE SIGNED  16C. DATE SIGNED  16D. DATE SIGNED  16C. DATE SIGNED  16C. DATE SIGNED   | C. THIS SUPPLEMENTAL AGREEM   | ENT IS ENTERED I   | INTO PURSUANT TO A   | ÚTĤ                   | ORITY OF:   |           |                       |                    |
| E.IMPORTANT: Contractor  | D. OTHER (Specify type of modificat   | ion and authority)   |  |                       |   |           |                       |                    |
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| DUNS Number: Hospital ID#: 5P591085 - Doctor's Comm. Hosp, MD  COR: Randolph Mitchell  EMAIL: rmitchell@cpsc.gov  PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A. NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. INITED STATES OF AMERICA  HAND THE STATES OF AMERICA   | E. IMPORTANT: Contractor Sis not  | , 🔲 is required t  | to sign this document an   | d ret                 | um copies to the issu   | uing offi | ce.                   |                    |
| Hospital ID#: 5P591085 - Doctor's Comm. Hosp, MD  COR: Randolph Mitchell  EMAIL: rmitchell@cpsc.gov  PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A. NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16C. DATE SIGNED  44232  |   | N (Organized by U  | ICF section headings, in   | cludi                 | ng solicitation/contract subject matter where fea   | sible.)   |                       |                    |
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| EMAIL: rmitchell@cpsc.gov PHONE: (301)504-6962  Modification 0002 to contract CPSC-N-14-0112 is revised as follows:  1- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A. NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. UNITED STATES OF AMERICAL HERED  16C. DATE SIGNED  | -   | 30002 0 00   |  |                       |   |           |                       |                    |
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| meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A. NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. UNITED STATES OF AMERICA  41232   | Modification 0002 to contra   | act CPSC-N   | I-14-0112 is   | re                    | vised as follows:   |           |                       |                    |
| meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.  Continued  Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.  15A. NAME AND TITLE OF SIGNER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. UNITED STATES OF AMERICA  41232   |   |  |  |                       |   |           |                       |                    |
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| 15A. NAME AND TITLE OF SIGNER (Type or print)  16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)  Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. UNITED STATES OF AMERICA  4 232  | Continued   |  | <del> </del>   | ٠, ر                  |   |           |                       |                    |
| Greg A. Grayson  15B. CONTRACTOR/OFFEROR  15C. DATE SIGNED  16B. UNITED STATES OF AMERICA  41232   | Except as provided herein, all terms and conditions   | of the document ref  | erenced in Item 9 A or 1   |                       |   |           |                       |                    |
| 15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED 15D. TARREST 15D. DATE SIGNED 15D. DA | 15A. NAME AND TITLE OF SIGNER (Type or print)   |  |  | 1                     |   | FFICER    | . (Type or pn         | nt)                |
| Sig A. Mayon 422   |   |  |  |                       |   |           |                       | 100 DATE OIR SE    |
| (Signature of person authorized to sign) (Signature of Contracting Officer)  | 15B. CONTRACTOR/OFFEROR   |  | 15C. DATE SIGNED   |                       | WELL A MERICA   | On        | <u>,</u>              | H 22 2 2           |
| NEW 7540 01 153 9070   | (Signature of person authorized to sign)  |  |  |                       | (Signature of Contracting Officer)  |           |                       | 1/20/01            |

NSN 7540-01-152-8070 Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

|                    | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE C | )F |
|--------------------|---|--------|----|
| CONTINUATION SHEET | CPSC-N-14-0112/0002                       | 2      | 3  |

NAME OF OFFEROR OR CONTRACTOR KRISTINA WILLIAMSON

| ITEM NO. | SUPPLIES/SERVICES   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|----------|---|-----------------|-------------|-------------------|---------------|
| (A)      | (B)   | (0)             | (D)         | (E)               | (F)           |
|          | As a result of the above, funding for the base period (July 1, 2014 - June 30, 2015) is increased by \$750.00 to a new total of \$42,430.00.  |                 |             |                   |               |
|          | 2- At this time the first option period is exercised for the period beginning July 1, 2015 through June 30, 2016 in accordance with FAR Clause 52.217-9, Option to Extend the Term of the Contract. Pricing is in accordance with Line items 0003 - 0004. |                 |             |                   |               |
|          | 3- The funded quantity for line item 0003 is increased from 0 to 13,500.  |                 |             |                   |               |
|          | 4- The funded quantity for line item 0004 is increased from 0 to 3,500.   |                 |             |                   |               |
|          | 5- As a result of the above, funding in the amount of \$39,645.00 is provided for the first option period. Additional funding will be provided via modification at a later date when funding becomes available.   |                 |             |                   |               |
|          | Add Item 0002 A as follows:   |                 |             |                   |               |
| 0002 A   | Not To Exceed   | 1               | LS          | 750.00            | 750.00        |
|          | Reimbursement for attendance at a NEISS/All-Trauma Coder Meeting at CPSC in Bethesda, MD in accordance with the attached modification to the statement of work.   |                 |             |                   |               |
|          | Change Item 0003 to read as follows(amount shown is the obligated amount):  |                 |             |                   |               |
|          | FIRST OPTION PERIOD: JULY 1, 2015 THROUGH JUNE 30, 2016   |                 |             |                   |               |
| 0003     | Not To Exceed: 13,500   | -3000           | EA          | 2.54              | 34,290.0      |
|          | NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work.  Quantity: 13,500 @ \$2.54 = \$34,290.00   |                 |             |                   |               |
|          | Change Item 0004 to read as follows(amount shown is the obligated amount): Continued  |                 |             |                   |               |
|          |   |                 |             |                   |               |
|          |   |                 |             |                   |               |

|                    |                     |        | $\overline{}$ |
|--------------------|---------------------|--------|---------------|
| CONTINUES IN CHEST |                     | PAGE ( | 0F            |
| CONTINUATION SHEET | CPSC-N-14-0112/0002 | 3      | 3             |

NAME OF OFFEROR OR CONTRACTOR KRISTINA WILLIAMSON

| ITEM NO.<br>(A) | SUPPLIES/SERVICES (B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0004            | Not To Exceed: 3,500   | -1800           | EA          | 1.53              | 5,355.00      |
|                 | NEISS Supplemental / Special Study Reports in accordance with the attached statement of work.  Quantity: 3,500 @ \$1.53 = \$5,355.00 |                 |             |                   |               |
|                 | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.  |                 |             |                   |               |
|                 |  |                 |             |                   |               |
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## Addition to NEISS Statement of Work

## Section 6.C Orientation and Training

## (1) NEISS Coder Meeting

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

The NEISS Coder Meeting will be held at or near CPSC in Montgomery County, Maryland at a location and dates to be determined. The meeting will be for 2 consecutive days sometime between April-August, 2015. Lodging will be provided at a hotel to be determined.

- (2) Travel Costs. Airfare or train tickets shall be obtained by the Contractor. All training and 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 the dollar values specified in the contract modification without the prior written approval of the Contracting Officer.
  - b. The cost of travel by privately-owned automobile shall be reimbursed at 57.5 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. Reimbursement 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 incidental expenditures (M&IE) shall be reimbursed at a limit of \$71.00 per full day, as established by the Federal Travel Regulations. The first and last day of travel is paid at three quarters (3/4ths) of the rate (\$53.25 per day). The website that addresses these rates is http://www.gsa.gov/portal/category/104711.
  - 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 will be provided by CPSC at no cost to the Contractor at a hotel to be determined. Incidental expenditures, i.e., hotel telephone calls, room service, laundry, etc. shall be paid by the travelers.
  - g. All air or train travel arrangements (if applicable) and airline or train tickets shall be made and purchased by the Contractor. The cost of the airline or train tickets will be reimbursed by CPSC to the Contractor.
  - h. The CPSC Contract Officer Representative will forward hotel arrangements, meeting location, and meeting dates to the Contractor as soon as they are available.