| AMENDMENT OF SOLICITATION/MODIFIC | ATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE C | F PAGES |
|--|---|---------------------------------------|---|--|----------------|
| | ATION OF CONTRACT | | · | 1 | 3 |
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | - 1 | 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable) | | |
| 0002 | See Block 16C | | -4310-16-0116 | | |
| 6. ISSUED BY CODE | FMPS | 7. AD | MINISTERED BY (If other than Item 6) | CODE | |
| CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814 | 1ISSION | | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., stree | t, county, State and ZIP Code) | (x) 9A | . AMENDMENT OF SOLICITATION NO. | | |
| MEMORIAL HOSPITAL | | (2) | | | |
| ATTN STEVEN A HAYES ADMINIST | RATOR | 98 | DATED (SEE ITEM 11) | | |
| 1900 STATE STREET | • | | • | | |
| CHESTER IL 62233-1116 | | 10 | A MODIFICATION OF CONTRACT/ORDE | R NO | |
| | | × c | A. MODIFICATION OF CONTRACT/ORDER PSC-N-14-0041 | | |
| | | | | | |
| CODE | FACILITY CODE | | B. DATED (SEE ITEM 13) | | |
| | | | 05/30/2014 | | |
| The above numbered solicitation is amended as set f | 11. THIS ITEM ONLY APPLIES T | | | extended. 🔲 is not | 44 |
| separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offi reference to the solicitation and this amendment, and | OFFERS PRIOR TO THE HOUR AND er already submitted , such change me Lis received prior to the opening hour a | DATE SPI by be made and date sp | ECIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegra secified. | YOUR OFFER If by im or letter makes | AT |
| 12. ACCOUNTING AND APPROPRIATION DATA (If req 0100A16RSE 2016 1117900000) | 171 | et Ind | crease: | \$2,880.00 | |
| | | ERS. IT M | ODIFIES THE CONTRACT/ORDER NO. AS | DESCRIBED IN ITE | M 14. |
| CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A | PURSUANT TO: (Specify authority) T | THE CHANG | GES SET FORTH IN ITEM 14 ARE MADE I | N THE CONTRACT | |
| B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT | CT/ORDER IS MODIFIED TO REFLEC H IN ITEM 14, PURSUANT TO THE A | CT THE AC UTHORITY | OMINISTRATIVE CHANGES (such as chang OF FAR 43.103(b). | ges in paying office, | |
| C. THIS SUPPLEMENTAL AGREEMEN | T IS ENTERED INTO PURSUANT TO | DAUTHOR | ITY OF: | | |
| D. OTHER (Specify type of modification | and authority) | | | | |
| X Exercise Option - Ur | nilateral Modificat: | ion FA | AR 52,217-9 | | |
| E. IMPORTANT: Contractor 🗵 is not. | is required to sign this document | and return | copies to the iss | suing office. | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION | (Organized by UCF section headings, | , including | | - | |
| DUNS Number: | | | | | |
| HOSPITAL ID#: 4C241055 | | | | | |
| COR: Randolph Mitchell | | | | | |
| PHONE: (301) 504-6962 | | | | | |
| EMAIL: rmitchell@cpsc.gov | | | | | |
| Modification #0002 to contra | ct CPSC+N-14-0041 : | is har | who issued to provide | 244:+: | 1 |
| funding for option period or | | | | auurt1011ä. | L |
| , | -, | }- | TITO CHO UD TOTTOWS. | | |
| 1) The quantity for Line Ite | m 0002 is hereby in | ncreas | ed by 300 to a new qu | antity of : | 2,000. |
| Continued | | | | | |
| Except as provided herein, all terms and conditions of t | ne document referenced in Item 9 A or | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. | NAME AND TITLE OF CONTRACTING O | FFICER (Type or pri | 1t) |
| | | | eg A. Grayson | | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 168 | UNITED STATES OF AMERICA | m | 6C DATE SIGNED |
| (Signature of person authorized to sign) NSN 7540-01-152-8070 | <u> </u> | | (Signature of Contracting Officer) | STANDARD FORM | × 10-1 100 |

Previous edition unusable

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-14-0041/0002
 PAGE OF 2
 3

NAME OF OFFEROR OR CONTRACTOR MEMORIAL HOSPITAL

| ITEM NO. | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|---|--|--|-------------|-------------------|---------------|
| Angel | 2) As a result of the above, funding for option period one (July 1, 2015 through June 30, 2016) is increased by \$432.00 to a new total of \$2,880.00 | | | | |
| | 3) In accordance with FAR Clause 52.217-9, Option to Extend the Term of the Contract, the Consumer Product Safety Commission hereby exercises option period two for the period beginning July 1, 2016 through June 30, 2017. Pricing is in accordance with line item 0003. | | | | |
| | 4) The funded quantity for Line Item 0003 is hereby increased from 0 to 1,700. | | | | |
| | 5) As a result of the above, funding is added in the amount of \$2,448.00 for option period two for the period beginning July 1, 2016 through June 30, 2017. Additional funding will be provided via modification at a later date when funding becomes available. | The state of the s | | | |
| | Change Item 0002 to read as follows(amount shown is the obligated amount): | | | | |
| | First Option Period: July 1, 2015 through June 30, 2016 | | | | |
| 0002 | Not To Exceed: 2,000 | 300 | EA | 1.44 | 432.00 |
| | Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. | TI | | | |
| | Change Item 0003 to read as follows(amount shown is the obligated amount): | | | : | |
| | OPTION PERIOD 2 JULY 1, 2016 THROUGH JUNE 30, 2017 | | | | |
| 0003 | Not To Exceed: 1,700 | -600 | EA | 1.44 | 2,448.00 |
| | Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 1,700 @ \$1.44 = \$2,448.00 | | | | |
| | Continued | | | | |
| | | | | | |

| CONTINUATION OUTET | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE (|)F |
|--------------------|---|--------|----|
| CONTINUATION SHEET | CPSC-N-14-0041/0002 | 3 | 3 |

NAME OF OFFEROR OR CONTRACTOR
MEMORIAL HOSPITAL

| NO | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|----|---|----------|-----|------------|--------|
| A) | (B) | (C) | (D) | (E) | (F) |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | | | | |
| | AND IN FULL FORCE AND EFFECT. | | | | |
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