

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES	
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2. AMENDMENT/MODIFICATION NO. 0002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO. REQ-4310-13-0213	
5. PROJECT NO. (If applicable)		6. ISSUED BY CODE FMPS		7. ADMINISTERED BY (If other than Item 6) CODE	
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814					
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)		(x) 9A. AMENDMENT OF SOLICITATION NO.		9B. DATED (SEE ITEM 11)	
SOUTHERN REGIONAL HEALTH SYSTEM INC ATTN DICK STOVALL CFO SOUTHERN REGIONAL MEDICAL CENTER 11 UPPER RIVERDALE ROAD SW RIVERDALE GA 30274-2615					
CODE		FACILITY CODE		x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-12-0142	
				10B. DATED (SEE ITEM 13) 03/22/2012	

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE 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 REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$10,710.00
0100A13RSE-2013-1117900000-EXHR004310-252E0

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	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 CONTRACT/ORDER 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:
X	D. OTHER (Specify type of modification and authority) UNILATERAL MODIFICATION, FAR 43.103 (b)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: [REDACTED]
HOSPITAL ID# 6A652034
COR: Randolph Mitchell
PHONE: (301) 504-6962
EMAIL: rmitchell@cpsc.gov

Modification 0002 to contract CPSC-N-12-0142 is hereby issued to provide funding for the first option period and to exercise the second option period as follows:

- The quantity for Line item 0002 is increased by 9000 to a new total qty of 18,400.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)	
		Eddie Ahmad	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	2/14/13

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
SOUTHERN REGIONAL HEALTH SYSTEM INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>As a result, funding is added for line item 0002 in the amount of \$5,670.00.</p> <p>2. As a result of the above, funding for the first option period (July 1, 2012 through June 30, 2013) is increased by \$5,670.00, to a new total of \$11,592.00.</p> <p>3. At this time the second option period is exercised for the period beginning July 1, 2013 through June 30, 2014 in accordance with FAR Clause 52.217-9, Option to extend the term of the contract. Pricing is in accordance with line items 0003.</p> <p>4. The funded quantity for line item 0003 is increased from 0 to 8000.</p> <p>5. As a result of the above, funding in the amount of \$5,040.00 is provided for the second option period. Additional funding will be provided via modification at a later date when funding becomes available.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>FIRST OPTION PERIOD JULY 1, 2012 THROUGH JUNE 30, 2013</p>				
0002	<p>NOT TO EXCEED ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. Quantity: 9,000 @ \$0.63 = \$5,670.00</p>	-80	EA	0.63	5,670.00
	<p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>SECOND OPTION PERIOD JULY 1, 2013 THROUGH JUNE 30, 2014</p>				
0003	<p>NOT TO EXCEED ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL Continued ...</p>	19404	EA	0.63	5,040.00

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
SOUTHERN REGIONAL HEALTH SYSTEM INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. Quantity: 8,000 @ \$0.63 = \$5,040.00</p>				