

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. 0002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. REQ-2600-16-0072	5. PROJECT NO. (If applicable)
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FACILITIES SERVICES 4330 EAST WEST HIGHTWAY BETHESDA MD 20814	CODE EXFS	7. ADMINISTERED BY (If other than Item 6) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	CODE FMPS
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DEPT OF HEALTH AND HUMAN SERVICES ATTN DAMION JONES FEDERAL OCCUPATIONAL HEALTH 7475 WISCONSIN AVENUE 7TH FLOOR BETHESDA MD 20814-6909		(x) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)
CODE 024199981	FACILITY CODE	x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-I-16-0009	10B. DATED (SEE ITEM 13) 10/26/2015

**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: \$3,300.00  
0100A16DSE 2016 9993800000 EXFS002600 253V0

**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) FUNDING ONLY - UNILATERAL MODIFICATION 43.103(b)

**E. IMPORTANT:** Contractor  is not.  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

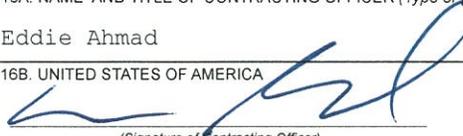
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: 024199981  
COR: Ronald Welch  
PHONE: (301) 504-7091  
EMAIL: rwelch@cpsc.gov

Modification 0002 to agreement CPSC-I-16-0009 is being issued to provide additional funding in the amount of \$3,300.00 for physical examinations for CPSC's employees for the period of 6/9/16 through 9/30/16.

Change Item 0001 to read as follows (amount shown is the obligated amount):  
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)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Eddie Ahmad
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED
16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 6/9/16

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
 CPSC-I-16-0009/0002

PAGE OF  
 2 2

NAME OF OFFEROR OR CONTRACTOR  
 DEPT OF HEALTH AND HUMAN SERVICES

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	To provide additional funding for annual physicals provided by the Department of Health and Human Services.  ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	1	LO	7,600.00	3,300.00