

|  |                                 |   |  |
|--|---------------------------------|---|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT   |                                 | 1. CONTRACT ID CODE   | PAGE OF PAGES<br>1   4                 |
| 2. AMENDMENT/MODIFICATION NO.<br>0002  | 3. EFFECTIVE DATE<br>06/22/2012 | 4. REQUISITION/PURCHASE REQ. NO.                              | 5. PROJECT NO. (If applicable)         |
| 6. ISSUED BY<br>CONSUMER PRODUCT SAFETY COMMISSION<br>DIV OF PROCUREMENT SERVICES<br>4330 EAST WEST HWY<br>ROOM 517<br>BETHESDA MD 20814                   | CODE<br>FMPS                    | 7. ADMINISTERED BY (If other than item 6)                     | CODE                                   |
| 8. NAME AND ADDRESS OF CONTRACTOR (City, street, county, State and ZIP Code)<br>YALE-NEW HAVEN HOSPITAL<br>20 YORK STREET<br>TMP 109<br>NEW HAVEN CT 06504 |                                 | (x) 9A. AMENDMENT OF SOLICITATION NO.                         | 9B. DATED (SEE ITEM 11)                |
| CODE   | FACILITY CODE                   | (x) 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>CPSC-N-12-0110 | 10B. DATED (SEE ITEM 13)<br>02/22/2012 |

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 the amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$93,600.00  
0100A12DPS 2012 1117900000 EXFM004310 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)<br>BILATERAL MODIFICATION, FAR 43.103(b)  |

14. IMPORTANT: Contractor  is not,  is required to sign this document and return 1 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: 6B6B3034  
COR: Tom Schroeder  
PHONE: 301-504-7431  
EMAIL: tschroeder@cpsc.gov

Modification # 0002 to contract CPSC-N-12-0110 is hereby issued to revise as follows:

- 1- The period of performance for the base year is revised from October 1, 2011 through September 30, 2012 to October 1, 2011 through June 30, 2012.

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.

|  |                               |  |                                |
|--|-------------------------------|--|--------------------------------|
| 16A. NAME AND TITLE OF SIGNER (Type or print)<br>Tucker Leary, VP Administration           |                               | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)<br>Doris B. Kessler                 |                                |
| 15B. CONTRACTOR/OFFEROR<br><i>Tucker Leary</i><br>(Signature of person authorized to sign) | 15C. DATE SIGNED<br>7/20/2012 | 15B. UNITED STATES OF AMERICA<br><i>Doris B. Kessler</i><br>(Signature of Contracting Officer) | 15C. DATE SIGNED<br>06/21/2012 |

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NAME OF OFFEROR OR CONTRACTOR  
YALE-NEW HAVEN HOSPITAL

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | <p>2 - Line item 0001- quantity remains unchanged.</p> <p>3- Line item 0002 - quantity remains unchanged.</p> <p>4 - The period of performance for the first option period is revised from October 1, 2012 through September 30, 2013 to July 1, 2012 through June 30, 2013.</p> <p>5- The period of performance for the second option period is revised from October 1, 2013 through September 30, 2014 to July 1, 2013 through June 30, 2014.</p> <p>6- The invoicing instructions as noted in the statement of work are hereby deleted in their entirety and replaced with the attached revised billing instructions dated May 31, 2012.</p> <p>At this time the first option period is exercised for the period beginning July 1, 2012 through June 30, 2013 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. At this time incremental funding is provided in the amount of \$93,600.00 for the performance period of July 1, 2012 through December 31, 2012. Additional funding will be provided via modification at a later date when funding becomes available.</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>BASE PERIOD<br/>OCTOBER 1, 2011 THROUGH JUNE 30, 2012</p> |                 |             |                   |               |
| 0001            | <p>NOT TO EXCEED<br/>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p>   | 32250           | EA          | 4.41              | 0.00          |
|                 | <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p>  |                 |             |                   |               |
| 0002            | <p>NOT TO EXCEED<br/>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.<br/>Continued ...</p>  | 8000            | EA          | 1.08              | 0.00          |

NAME OF OFFEROR OR CONTRACTOR  
YALE-NEW HAVEN HOSPITAL

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)  | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | Change Item 0003 to read as follows (amount shown is the obligated amount):<br><br>FIRST OPTION PERIOD -<br>JULY 1, 2012 THROUGH JUNE 30, 2013  |                 |             |                   |               |
| 0003            | NOT TO EXCEED<br>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.<br>Quantity: 20,000 @ \$4.41 = \$88,200.00<br>Fully Funded Obligation Amount \$236,155.50 | 53550           | EA          | 4.41              | 88,200.00     |
|                 | Change Item 0004 to read as follows (amount shown is the obligated amount):   |                 |             |                   |               |
| 0004            | NOT TO EXCEED<br>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.<br>Quantity: 5,000 @ \$1.08 = \$5,400.00<br><br>Fully Funded Obligation Amount \$14,742.00                   | 13650           | EA          | 1.08              | 5,400.00      |
|                 | Change Item 0005 to read as follows (amount shown is the obligated amount):<br><br>SECOND OPTION PERIOD -<br>JULY 1, 2013 THROUGH JUNE 30, 2014   |                 |             |                   |               |
| 0005            | NOT TO EXCEED<br>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.<br>Amount: \$247,965.48 (Option Line Item)  | 56228           | EA          | 4.41              | 0.00          |
|                 | Change Item 0006 to read as follows (amount shown is the obligated amount):   |                 |             |                   |               |
| 0006            | NOT TO EXCEED<br>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.<br>Amount: \$15,479.64 (Option Line Item)  | 14333           | EA          | 1.08              | 0.00          |
|                 | Continued ...   |                 |             |                   |               |

NAME OF OFFEROR OR CONTRACTOR  
YALE-NEW HAVEN HOSPITAL

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

May 31, 2012

## A. BILLING INSTRUCTIONS

Pursuant to the Prompt Payment Act (P.L. 97-177) and the Prompt Payment Act Amendments of 1988 (P.L. 100-496) all Federal agencies are required to pay their bills on time, pay interest penalties when payments are made late, and to take discounts only when payments are made within the discount period. To assure compliance with the Act, vouchers and/or invoices shall be submitted on any acceptable invoice form which meets the criteria listed below. Examples of government vouchers that may be used are the Public Vouchers for Purchase and Services Other Than Personal, SF 1034, and Continuation Sheet, SF 1035. At a minimum, each invoice shall include:

1. The name and address of the business concern (and separate remittance address, if applicable).
2. **Do NOT** include Taxpayer Identification Number (TIN) on invoices sent via e-mail.
3. Invoice date.
4. Invoice number.
5. The contract or purchase order number (see block 2 of OF347 and block 4 of SF1449 on page 1 of this order), or other authorization for delivery of goods of services.
6. Description, price and quantity of goods or services actually delivered or rendered.
7. Shipping cost terms (if applicable).
8. Payment terms.
9. Other substantiating documentation or information as specified in the contract or purchase order.
10. Name, title, phone number and mailing address of responsible official to be notified in the event of a deficient invoice.
11. Contractors are encouraged to use CPSC Form 271A(02/07) found in Appendix A. A copy of the invoice should be submitted electronically via e-mail to your NEISS representative at CPSC by using the first initial and last name of the NEISS representative @cpsc.gov (example: [jdoe@cpsc.gov](mailto:jdoe@cpsc.gov)). This is a courtesy copy for CPSC record keeping only.

May 31, 2012

ORIGINAL VOUCHERS/INVOICES FOR PAYMENT SHALL BE SENT TO:

**U.S. Mail**

CPSC Accounts Payable Branch, AMZ-160  
PO Box 25710  
Oklahoma City, Ok. 73125

**FEDEX**

CPSC Accounts Payable Branch, AMZ-160  
6500 MacArthur Blvd.  
Oklahoma City, Ok. 73169

OR

Via email to:

[9-AMC-AMZ-CPSC-Accounts-Payable@faa.gov](mailto:9-AMC-AMZ-CPSC-Accounts-Payable@faa.gov)

Invoices not submitted in accordance with the above stated minimum requirements will not be processed for payment. Deficient invoices will be returned to the vendor within seven days or sooner. Standard forms 1034 and 1035 will be furnished by CPSC upon request of the contractor.

Inquiries regarding payment should be directed to the Enterprise Service Center (ESC), Office of Financial Operations, Federal Aviation Administration (FAA) in Oklahoma City, 405-954-7467.

**B. PAYMENT**

Payment will be made as close as possible to, but not later than, the 30<sup>th</sup> day after receipt of a proper invoice as defined in "Billing Instructions," except as follows:

When a time discount is taken, payment will be made as close as possible to, but not later than, the discount date. Discounts will be taken whenever economically justified. Otherwise, late payments will include interest penalty payments. Inquiries regarding payment should be directed to Brandon Strout at 405-954-6602 or at the U.S. Mail and Fedex addresses listed above:

Complaints related to the late payment of an invoice should be directed to Eldona Canterbury at the same address (above) or 405-954-5351.

Customer Service inquiries may be directed to Maggie Wade at [MWade@cpsc.gov](mailto:MWade@cpsc.gov).

Subject: INVOICE FOR CONTRACT NO. \_\_\_\_\_

NARS Invoice NO. \_\_\_\_\_

Invoice Date \_\_\_\_\_

U.S. Consumer Product Safety Commission  
EPDS, Suite 604  
4330 East West Highway  
Bethesda, MD, 20814

Attention: CPSC Analyst: \_\_\_\_\_

Phone number: 1-800-638-8095 Ext. \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Fax number: 1-800-809-0924 \_\_\_\_\_

Contractor Name and/or Point of Contact and  
Mailing Address: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

This invoice is being submitted for Medical NEISS-related work performed during the month(s) of \_\_\_\_\_

| ITEM                               | QUANTITY | UNIT PRICE | AMOUNT |
|------------------------------------|----------|------------|--------|
| 1A. NEISS Surveillance cases       | _____    | _____      | _____  |
|                                    | _____    | _____      | _____  |
| 1B. Study cases                    | _____    | _____      | _____  |
|                                    | _____    | _____      | _____  |
| 2. Monthly Telephone Charge        | _____    | _____      | _____  |
|                                    | _____    | _____      | _____  |
| 3. Other (explain)                 | _____    | _____      | _____  |
|                                    | _____    | _____      | _____  |
| 4. Incentive bonus (if applicable) | _____    | _____      | _____  |
|                                    | _____    | _____      | _____  |
| 5. Total amount of this voucher    | _____    | _____      | _____  |

**EPDS INTERNAL USE ONLY**

Obligating Doc# \_\_\_\_\_

Funding FY: \_\_\_\_\_

Date Rec'd EPDS \_\_\_\_\_

Partial

Final

Approval

Disapproval \*

Amount \_\_\_\_\_

Approving Officials  
Signature\*\* \_\_\_\_\_

**FMFS INTERNAL USE ONLY**

Payment Due Date \_\_\_\_\_

\*Reason for  
Disapproval \_\_\_\_\_

\*\*Approval certifies that funds are available