

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO 0001		3. EFFECTIVE DATE 06/13/2012		4. REQUISITION/PURCHASE REQ. NO.	
5. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814		6. CODE FMPS		7. ADMINISTERED BY (If other than item 4) CODE	
8. NAME AND ADDRESS OF CONTRACTOR (Name, street, county, State and ZIP Code) HOSPITAL PAVIA ATTN KATINA SANTOS DEP EX DTR PO BOX 11137 SANTURCE PR 00910-2237			9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) 9C. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-12-0145 9D. DATED (SEE ITEM 13) 03/23/2012		
CODE			FACILITY CODE		

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 be 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 express 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)
0100A12RPS 2012 1117900000 EXEM004310 252E0 Net Increase: \$2,030.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/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 offer, 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) BILATERAL MODIFICATION, FAR 43.103(b)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Originated by UCF Facility Leadings, including coloration/vertical subject matter where feasible.)
DUNS Number: 0000000000
HOSPITAL ID# 4N391055
COR: Dennis B. Nierdak
PHONE: (301) 504-7430
EMAIL: dnierdak@cpsc.gov

Modification # 0001 to contract CPSC-N-12-0145 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 8A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SENDER (Type or print) ALFREDO RODRIGUEZ RIVERA ASSOCIATE ADMINISTRATOR		15B. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler	
15C. CONTRACTING OFFICER 		15D. UNITED STATES OF AMERICA	
15E. DATE SIGNED 09/27/12		15F. DATE SIGNED 05/13/2012	

NAME OF OFFEROR OR CONTRACTOR
HOSPITAL PAVIA

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>2 - Line item 0001- quantity is decreased by 450 from 2,600 to 2,150. based on the above, \$630.00 will be deobligated from line item 0001</p> <p>Based on the foregoing, the total price of the base period is revised from \$3,640.00 by \$630.00 to a new total of \$3,010.00.</p> <p>3 - 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>4- 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>5- 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 item 0002. At this time incremental funding is provided in the amount of \$2,660.00 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 OCTOBER 1, 2011 THROUGH JUNE 30, 2012</p> <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.</p> <p>Continued ...</p>	-450	EA	1.40	-630.00

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-N-12-0145/0001

PAGE OF
3 3

NAME OF OFFEROR OR CONTRACTOR
HOSPITAL PAVIA

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	<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> <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: 1,900 @ \$1.40 = \$2,660.00 Fully Funded Obligation Amount \$3,822.00</p>	2730	EA	1.40	2,660.00
0003	<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> <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. Amount: \$4,013.80 (Option Line Item)</p> <p>Accounting Info: 0100A13RPS-2013-1117900000-EXFM004310-252E0 \$4,013.80 (Subject to Availability of Funds)</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.,</p>	2867	EA	1.40	0.00

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). 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

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 30th 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.

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