

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 3
2. AMENDMENT/MODIFICATION NO. 0002	3. EFFECTIVE DATE 01/11/2013	4. REQUISITION/PURCHASE REQ. NO. REQ-4310-13-0103	5. PROJECT NO. (If applicable)
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) ATLANTIC CARE REGIONAL MEDICAL CENTER ATTN MARGARET BELFIELD COO ARMC 1925 PACIFIC AVENUE ATLANTIC CITY NJ 08401-6712	(X) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)	
	X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-12-0119	10B. DATED (SEE ITEM 13) 03/01/2012	
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 as amended, by one of the following methods: (a) By completing Items 6 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: \$34,980.00
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) UNLATERAL 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: _____
HOSPITAL ID#: 6N553042
COO: Dennis B. Wierdak
PHONE: (301) 504-7430
EMAIL: dwierdak@cpsc.gov

Modification # 0002 to contract CPSC-N-12-0119 is hereby issued to provide funding for the period of 7/1/2012 through 6/30/2013 as follows:

1- The quantity for Line item 0002 is increased by 10,000 to a new total qty of 23,000.

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) Doris B. Kessler
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED
16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 01/11/2013

NAME OF OFFEROR OR CONTRACTOR
ATLANTIC CARE REGIONAL MEDICAL CENTER

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>As a result of the above, funding is added for line item 0002 in the amount of \$15,900.00.</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 \$15,900.00 to a new total of \$36,570.00.</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 item 0003.</p> <p>4- The funded quantity for line item 0003 is 12,000.</p> <p>5- As a result of the above, funding in the amount of \$19,080.00 is provided for the second option for the performance period of July 1, 2013 through December 31, 2013. Additional funding will be provided via modification at a later date when funding becomes available.</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> <p>0002 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: 10,000 @ \$1.59 = \$15,900.00 Fully Funded Obligation Amount \$36,570.00</p> <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>0003 NOT TO EXCEED ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL Continued ...</p>				
		1475	EA	1.59	15,900.00
		22601	EA	1.59	19,080.00

NAME OF OFFEROR OR CONTRACTOR
ATLANTIC CARE REGIONAL MEDICAL CENTER

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: 12,000 @1.59 = \$19,080.00 Fully Funded Obligation Amount\$35,935.59</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>				