

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 08/09/2010	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) GEORGIA DEPARTMENT OF COMMUNITY HEALTH ATTN KENNETH BRAMLETT DIRECTOR 2600 SKYLAND DRIVE NE 2ND FLOOR ATLANTA GA 30319-3640		(x)	9A. AMENDMENT OF SOLICITATION NO.	
CODE			9B. DATED (SEE ITEM 11)	
FACILITY CODE		x	10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-10-0033	
			10B. DATED (SEE ITEM 13) 06/02/2010	

**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)  
 See Schedule Net Increase: \$4,500.00

**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]  
 PERIOD OF PERFORMANCE: 10/01/09 THRU 09/30/10

Modification No. 0001 adjusts the unit pricing and quantity of death certificates for FY-2010 as follows:

ITEM #1 is changed as follows: (see page 2).  
 ITEM #2 is changed as follows: (see page 3).

Add ITEM #2A (see page 2).

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 08/09/2010



NAME OF OFFEROR OR CONTRACTOR  
 GEORGIA DEPARTMENT OF COMMUNITY HEALTH

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	<p>ALL DEATH CERTIFICATES IN SPECIFIED CATGEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING/REQUESTED DURING THE PERIOD JULY 1, 2010 THROUGH SEPTEMBER 30, 2010.</p> <p>Accounting Info:            0100A10DPS-2010-1128200000-EXHR004310-252E0 Fund:            0100A10DPS FISCAL YEAR: 2010 BPAC: 1128200000            Organization: EXHR004310 Object Class: 252E0            Funded: \$4,375.00            Period of Performance: 07/01/2010 to 09/30/2010</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>ESTIMATED QUANTITY            DEATH CERTIFICATES CONTAINING PRODUCT HAZARD AND INJURY INFORMATION FROM THE STATE OF GEORGIA IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK FROM 01/01/10 THROUGH 06/30/10.</p> <p>ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING/REQUESTED DURING THE PERIOD JANUARY 1, 2010 HROUGH JUNE 30, 2010.</p> <p>Accounting Info:            0100A10DPS-2010-1128200000-EXHR004310-252E0 Fund:            0100A10DPS FISCAL YEAR: 2010 BPAC: 1128200000            Organization: EXHR004310 Object Class: 252E0            Funded: -\$375.00            Period of Performance: 01/01/2010 to 06/30/2010            ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	-25	EA	15.00	-375.00