AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

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2. AMENDMENT/MODIFICATION NO. 0002

3. EFFECTIVE DATE 09/27/2011

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. *(If applicable)*

6. ISSUED BY CODE FMPS

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

7. ADMINISTERED BY *(If other than Item 6)* CODE

8. NAME AND ADDRESS OF CONTRACTOR *(No., street, county, State and ZIP Code)*

MICHIGAN DEPT OF COMMUNITY HEALTH
ATTN GLENN COPELAND
320 SOUTH WALNUT STREET
PO BOX 30720
LANSING MI 48913-0001

CODE [redacted] FACILITY CODE

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED *(SEE ITEM 11)*

X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-10-0015

10B. DATED *(SEE ITEM 13)* 05/27/2010

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)* Net Increase: $260.00
See Schedule

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. 0002 adjusts the quantity of death certificates for FY-2010 as follows:

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

The total amount of this contract is increased by $260.00, from $5,270.00 to $5,530.00.

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 Doris B. Kessler *(Signature of Contracting Officer)*

16C. DATE SIGNED 09/27/2011

NAME OF OFFEROR OR CONTRACTOR
MICHIGAN DEPT OF COMMUNITY HEALTH

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	TOTAL QTY FOR ITEM #1: 185/EA Discount Terms: Net 30 Payment: CPSC Accounts Payable Branch AMZ 160 P. O. Box 25710 Oklahoma City OK 73125 FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010 Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	ESTIMATED QUANTITY DEATH CERTIFICATES CONTAINING PRODUCT HAZARD AND INJURY INFORMATION FROM THE STATE OF MICHIGAN IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING/REQUESTED DURING THE PERIOD OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010.	10	EA	26.00	260.00
	Accounting Info: 10-PS-EXHR-4310 Funded: $0.00 Accounting Info: 0100A10DPS-2010-1128200000-EXHR004310-252E0 Funded: $260.00 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				

UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
BETHESDA, MD 20814

Memorandum

Date: Sept. 26, 2011

TO : N.J. Scheers, Director
Division of Planning, Budget and Evaluation

THRU : Kevin Walker, Budget Analyst

FROM : Dodie Kessler, Contract Specialist

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: REQ: 4310-09-0024

CONTRACTOR/SOURCE: SEE LIST BELOW

PRODUCT/SERVICES: PURCHASE OF DEATH CERTIFICATES

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1128200000 EXHR004310 252E0

Prior year funds in the amount of **$260.00** are certified available.

CPSC-H-10-0015	MICHIGAN DEPT OF COMMUNITY HEALTH	$ 260.00

9/27/11
Date

Signature

Remarks:

This increase is necessary inasmuch as the health department listed above reported more cases than originally estimated for this contract.

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037