

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE _____ PAGE OF PAGES
 1 3

2. AMENDMENT/MODIFICATION NO. 0004
 3. EFFECTIVE DATE 05/11/2011
 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)
 DAVIESS COUNTY HOSPITAL
 ATTN ROBERT J HECKERT CEO
 1314 EAST WALNUT STREET
 PO BOX 760
 WASHINGTON IN 47501-2120
 9A. AMENDMENT OF SOLICITATION NO. _____
 9B. DATED (SEE ITEM 11) _____
 X 10A. MODIFICATION OF CONTRACT/ORDER NO.
 CPSC-N-10-0071
 10B. DATED (SEE ITEM 13)
 01/11/2010
 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 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: \$1,000.00
 0100A11DPS 2011 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:
 D. OTHER (Specify type of modification and authority)
 X 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: _____
 HOSPITAL ID#: 3C134055

The purpose of this modification is to provide reimbursement for participation in a NIOSH special study for CDC as follows:

Add the following new line item (see page 2):

For FY-2011 the total lamount of this contract is increased by \$1,000.00, from \$17,813.00 to \$18,813.00.

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
 15C. DATE SIGNED
 16B. UNITED STATES OF AMERICA
 16C. DATE SIGNED
 05/11/2011
 (Signature of person authorized to sign) (Signature of Contracting Officer)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 CPSC-N-10-0071/0004

PAGE OF
 2 3

NAME OF OFFEROR OR CONTRACTOR
 DAVIESS COUNTY HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0005	Add Item 0005 as follows: REIMBURSEMENT FOR PARTICIPATION IN A NIOSH SPECIAL STUDY FOR CDC IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	1	LT	1,000.00	1,000.00

OPTION PERIOD - FY-2011

Add the following new item:

ITEM SUPPLIES/SERVICES #	QUANTITY (Estimated)	UNIT PRICE	AMOUNT
6. Reimbursement for participation In a NIOSH special study for CDC in accordance with the following Statement of Work:	1 lt.	\$1,000.00	\$1,000.00

Section C.3.a., STATEMENT OF WORK, add the following:

(7) SPECIAL STUDY ON NIOSH WORK-RELATED INJURIES

- a. The Contractor shall collaborate with hospital staff and arrange and provide on-site for access to approximately 1,000 emergency department records at Doctor's Community Hospital, Lanham, Maryland.
- b. Representatives of the National Institute of Occupational Safety and Health (NIOSH), Centers for Disease Control (CDC) shall review the records for information relevant to the work-related special study being conducted by CPSC and CDC through the NEISS.
- c. The Contractor shall assist the CDC representative(s) during this records survey.
- d. The Contractor shall conduct this one-time survey at Daviess County Hospital for a two or three day period.
- e. The Contractor shall be reimbursed \$1,000.00 for this one-time effort and accommodation for CDC/CPSC.
- f. Performance of this survey shall be completed by September 15th, 2011.