			1_ CONTRACT ID CODE	PAGE	OF PAGES
AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT			1	3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ NO	5 PROJECT	NO. (If applicable)
0004	See Block 16C	REQ	REQ-4310-17-0047		
6. ISSUED BY CODE	FMPS	7. AE	OMINISTERED BY (If other than Item 6)	CODE	
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	ISSION				
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.		
KANE COUNTY OF 719 SOUTH BATAVIA AVENUE BUILDING A GENEVA IL 60134-3077			B. DATED (SEE ITEM 11)		
		ΙĹ	0A MODIFICATION OF CONTRACT/ORDE PSC-G-14-0044	R NO	
CODE	TEACH ITY CODE		0B DATED (SEE ITEM 13)		
5502	FACILITY CODE 11. THIS ITEM ONLY APPLIES		12/30/2013		
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A.	or already submitted, such change is received prior to the opening howired) EXHRO04310 252E0 RODIFICATION OF CONTRACTS/O PURSUANT TO: (Specify authority, CT/ORDER IS MODIFIED TO REFH IN ITEM 14, PURSUANT TO THE	may be mad ur and date s Net In RDERS. IT I) THE CHAP LECT THE A E AUTHORIT	te by telegram or letter, provided each telegrapecified Crease; MODIFIES THE CONTRACT/ORDER NO. AS NGES SET FORTH IN ITEM 14 ARE MADE DMINISTRATIVE CHANGES (such as chan by OF FAR 43.103(b).	S 125.00 DESCRIBED IN I	TEM 14.
D OTHER (Specify type of modification	and authonly)				
X Exercise Option - Ur	nilateral Modifica	ation,	FAR 52.217-9		
E. IMPORTANT: Contractor 🗵 is not.	is required to sign this docum	ent and retur	n copies to the is	suing office	
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: COR: Randolph Mitchell Phone: (301) 504-6962 Email: rmitchell@cpsc.gov	(Organized by UCF section headin	ngs, including	g solicitation/contract subject matter where fo	easible.)	
Modification 0004 to Contraction option period three, and			•	additiona	l funding
1. The quantity for line ite	em 0004 is increas	sed by	10 to a new quantity of	of 25.	
2. As a result, funding is a Continued	dded for line ite	em 0004	in the amount of \$50.	.00.	
Except as provided herein, all terms and conditions of t	he document referenced in Item 9	A or 10A, as	heretofore changed, remains unchanged an	nd in full force and	effect
15A. NAME AND TITLE OF SIGNER (Type or print)			A. NAME AND TITLE OF CONTRACTING (OFFICER (Type or	print)
			reg A. Grayson		
15B. CONTRACTOR/OFFEROR	15C, DATE SIGN	NED 16	by NITED STATES OF AMERICAN	MOM	16C DATE SIGNED
(Signature of person authorized to sign)		,	(Signature of Confracting Officer)	V	0 11 1/20
NSN 7540-01-152-8070 Previous edition unusable			V	Prescribed by (FAR (48 CFR)	

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED CPSC-G-14-0044/0004 PAGE OF 2 3

NAME OF OFFEROR OR CONTRACTOR KANE COUNTY OF

TEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	3. As a result of the above, funding for option period three (August 1, 2016 through July 31, 2017) is increased by \$50.00 to a new total of \$125.00.				
	4. In accordance with FAR Clause 52.217-9, Option to Extend the Term of the Contract, the Consumer Product Safety Commission hereby exercises option period four for the period beginning August 1, 2017 through July 31, 2018. Pricing is in accordance with line item 0005.				
	5. The funded quantity for line item 0005 is increased from 0 to 15.				
	6. As a result, funding is added for line item 0005 in the amount of \$75.00.				
	7. As a result of the above, funding is added in the amount of \$75.00 for option period four for the performance period August 1, 2017 through July 31, 2018. Additional funding will be provided via modification at a later date when funding becomes available.	;			
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
	OPTION YEAR 3 AUGUST 1, 2016 THROUGH JULY 31, 2017				
0004	NOT TO EXCEED: 25	10	EΑ	5.00	50.
	Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2016 through July 31, 2017, in accordance with the attached Statement of Work.			0'	
	Change Item 0005 to read as follows(amount shown is the obligated amount):				
	OPTION YEAR 4 AUGUST 1, 2017 THROUGH JULY 31, 2018				
0005	NOT TO EXCEED: 15	-10	EA	5.00	75
	Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period Continued				

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
	CPSC-G-14-0044/0004	3	3

NAME OF OFFEROR OR CONTRACTOR

EM NO	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	August 1, 2017 through July 31, 2018, in	+	*A37	15 24	
	accordance with the attached Statement of Work.				
	Quantity: 15 @ \$5.00 = \$75.00		1 1		
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED		1	1	
	AND IN FULL FORCE AND EFFECT.		1 1		
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