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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | | PAGE OF PAGES 1 3 | |
| 2. AMENDMENT/MODIFICATION NO. 0006 | | 3. EFFECTIVE DATE See Block 16C | | 4. REQUISITION/PURCHASE REQ NO. REQ-4310-17-0045 | |
| 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 | | 7. ADMINISTERED BY (If other than Item 6) CODE | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) UNIVERSITY OF NEW MEXICO 2500 MARBLE DRIVE NE ALBUQUERQUE NM 87131-0001 | | (x) | | 9A. AMENDMENT OF SOLICITATION NO. | |
| CODE | | FACILITY CODE | | 9B. DATED (SEE ITEM 11) | |
| | | X | | 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-G-14-0053 | |
| | | | | 10B. DATED (SEE ITEM 13) 02/11/2014 | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | |
| <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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) 0100A17DSE 2017 1128200000 EXHR004310 252E0 | | Net Increase: | | \$2,250.00 | |
| 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 | | | | | |
| D. OTHER (Specify type of modification and authority) X Exercise Option - Unilateral Modification, FAR 52.217-9 | | | | | |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office. | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) DUNS Number: _____ COR: Zsuzsanna Kocsis PHONE: (301) 504-7402 EMAIL: zkocsis@cpsc.gov | | | | | |

Modification 0006 to contract CPSC-G-14-0053 is hereby issued to change the COR, provide additional funding for option period three, and exercise option period four as follows:

CHANGE NAME OF COR:
FROM: Thomas Schroeder
TO: Zsuzsanna Kocsis
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

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|---|--|---|--|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Greg A. Grayson | |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | | 16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer) | |
| 15C. DATE SIGNED | | 16C. DATE SIGNED 1/30/2017 | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-G-14-0053/0006

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NAME OF OFFEROR OR CONTRACTOR
UNIVERSITY OF NEW MEXICO

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>1. The quantity for line item 0004 is hereby increased by 50 to a new quantity of 225.</p> <p>2. As a result, funding is added for line item 0004 in the amount of \$500.00.</p> <p>3. As a result of the above, funding for option period three (August 1, 2016 through July 31, 2017) is increased by \$500.00 to a new total of \$2,250.00.</p> <p>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.</p> <p>5. The funded quantity for Line Item 0005 is increased from 0 to 175.</p> <p>6. As a result, funding is added for line item 0005 in the amount of \$1,750.00.</p> <p>7. As a result of the above, funding is added in the amount of \$1,750.00 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.</p> <p>Change Item 0004 to read as follows(amount shown is the obligated amount):</p> <p>OPTION YEAR 3 AUGUST 1, 2016 THROUGH JULY 31, 2017</p> <p>0004 NOT TO EXCEED: 225</p> <p>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.</p> <p>Change Item 0005 to read as follows(amount shown is the obligated amount):</p> <p>OPTION YEAR 4 Continued ...</p> | 50 | EA | 10.00 | 500.00 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-G-14-0053/0006PAGE OF
3 3NAME OF OFFEROR OR CONTRACTOR
UNIVERSITY OF NEW MEXICO

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0005 | AUGUST 1, 2017 THROUGH JULY 31, 2018 NOT TO EXCEED: 175 Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2017 through July 31, 2018, in accordance with the attached Statement of Work. Quantity: 175 @ \$10.00 = \$1,750.00 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. | 155 | EA | 10.00 | 1,750.00 |