AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF	PAGES
AMENDMENT OF SOCIETIATION MODIFICA					1	3
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO.	5, PP	ROJECT NO	(If applicable)
0003	See Block 16C		REQ-4310-17-0027		ő .	
CODE CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	ISSION	/, AL	MINISTERED BY (If other than Item 6)	COD	<u> </u>	
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.	<u>. </u>		
ST ANDREWS HOSPITAL ATTN JODI ATKINSON PRESIDENT 316 OHMER STREET BOTTINEAU ND 58318-1045	AND CEO	9	B. DATED (SEE ITEM 11) DA. MODIFICATION OF CONTRACT/ORDE PSC-N-14-0034	R NO.		
	Viscourie cond		08. DATED (SEE ITEM 13)			
CODE	FACILITY CODE 11. THIS ITEM ONLY APPLIES		05/27/2014			
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an office reference to the solicitation and this amendment, and 12 ACCOUNTING AND APPROPRIATION DATA (If req 0100A17DSE 2017 1117900000 E	s to the solicitation and amendment OFFERS PRIOR TO THE HOUR At er already submitted, such change is its received prior to the opening hou utired) EXHRO04310 252E0	numbers. ND DATE Si may be mad ur and date: Net In	PECIFIED MAY RESULT IN REJECTION OF the by telegram or letter, provided each telegr	T TO BE R YOUR O ram or lette \$2,6	ECEIVED AT FFER If by or makes 71.00	
13. THIS ITEM ONLY APPLIES TO N	ODDIFICATION OF CONTRACTS/O	KDEKS, II	MODIFIES THE CONTRACTIONDER NO. A	3 DESCRI	DED IN ITEM	14.
	CT/ORDER IS MODIFIED TO REFI H IN ITEM 14, PURSUANT TO THE	LECT THE A	NGES SET FORTH IN ITEM 14 ARE MADE ADMINISTRATIVE CHANGES (such as char TY OF FAR 43:103(b).			
C. THIS SUPPLEMENTAL AGREEMEN	VI IS ENTERED INTO PORSOANT	IOAUINO	RIT Or.			
D. OTHER (Specify type of modification	n and authority)					
X EXERCISE OPTION - U	NILATERAL MODIFICA	TION,	FAR 52.217-9			
E. IMPORTANT: Contractor X is not.	is required to sign this docume				CO.	
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID#: 3M176055 COR: Zsuzsanna Kocsis PHONE: (301) 504-7402 EMAIL: zkocsis@cpsc.gov	(Organized by UCF section headin	igs, includin	g solicitation/contract subject matter where .	(easible.)		
Modification # 0003 to control funding for option period to					ditiona	.1
1. The quantity for line it	em 0003 is increas	ed by	50 to a new quantity	of 70	0.	
Continued						
Except as provided herein, all terms and conditions of	the document referenced in Item 9					
15A. NAME AND TITLE OF SIGNER (Type or print)		ì	A NAME AND TITLE OF CONTRACTING reg A. Grayson	OFFICER	(Type or prin	ŋ
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN	NED 16	B UNITED STATES OF AMERICA	sup)		3 20 20
(Signature of person authorized to sign)			Signature of Contracting Officer)	ETAN	DARD FORM	30 (REV. 10-83)
NSN 7540-01-152-8070 Previous edition unusable			٧		ribed by GSA	

FAR (48 CFR) 53.243

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
	CPSC-N-14-0034/0003	2	3

NAME OF OFFEROR OR CONTRACTOR ST ANDREWS HOSPITAL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	(B) 2. As a result, funding is added for line item 0003 in the amount of \$188.00.	(0)	(0)	(8)	147
	3. As a result of the above, funding for option period two (July 1, 2016 through June 30, 2017) is increased by \$188.00 to a new total of \$2,632.00.				
	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 three for the period beginning July 1, 2017 through June 30, 2018. Pricing is in accordance with line item 0004.				
	5. The funded quantity for line item 0004 is increased from 0 to 650.				
	6. As a result, funding is added for line item 0004 in the amount of \$2,483.00.				
	7. As a result of the above, funding is added in the amount of \$2,483.00 for option period three for the performance period July 1, 2017 through June 30, 2018. Additional funding will be provided via modification at a later date when funding becomes available.				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 2 JULY 1, 2016 THROUGH JUNE 30, 2017				
0003	Not To Exceed: 700	50	EA	3.76	188.0
	Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work.				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 3 JULY 1, 2017 THROUGH JUNE 30, 2018				
0004	Not To Exceed: 650	-100	EA	3.82	2,483.0
	Continued				

CONTINUATION SHEET		PAGE	OF
	CPSC-N-14-0034/0003	3	3

NAME OF OFFEROR OR CONTRACTOR ST ANDREWS HOSPITAL

TEM NO	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Access only to NEISS Surveillance Reports,				
	Special Survey Reports, and Supplemental/Special				
	Study Reports in accordance with the attached		ΙI		
	statement of work.				
	Quantity: 650 @ \$3.82 = \$2,483.00	1	ll		
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	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED	1			
	AND IN FULL FORCE AND EFFECT.		ΙI		
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