| | | | L4 CONTRA | CT ID CODE | DAGE | OF PAGES | | |
|---|---|---|---|--|---------------------|--------------------|--|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | 1. CONTRA | IC: ID CODE | 1 | PAGE OF PAGES | | |
| AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE D | PATE | 4. REQUISITION/PU | RCHASE REQ. NO. | 5. PROJECT I | NO (If applicable) | | |
| 0003 | See Bloc | k 16C | REQ-4310-17-0136 | | | | | |
| B, ISSUED BY COL | | | 7. ADMINISTERED | BY (If other than Item 6) | CODE | | | |
| CONSUMER PRODUCT SAFETY CO DIV OF PROCUREMENT SERVICE 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814 | | | | | | | | |
| NAME AND ADDRESS OF CONTRACTOR (No | imet county State and 7 | IP Code) | 9A. AMENDME | NT OF SOLICITATION NO. | | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SHANNON HEALTH SYSTEM 120 EAST HARRIS AVENUE SAN ANGELO TX 76903~5904 | | | 98. DATED (SE X TOA. MODIFICA CPSC-N-1 | EITEM 11) TION OF CONTRACT/ORDER 4 - 0111 | R NO. | | | |
| | | | 10B. DATED (S | - | | | | |
| CODE | FACILITY CODI | | 06/23/2 | | | | | |
| | 11, THIS ITE | M ONLY APPLIES TO A | MENDMENTS OF S | | extended, | | | |
| separate letter or telegram which includes a reference to the solicitation and this amendment, you desire to change an reference to the solicitation and this amendment, 12. ACCOUNTING AND APPROPRIATION DATA (III) 0100A17DSE 2017 1117900000 | OF OFFERS PRIOR offer already submitted and is received prior if required) EXHRO0431 | TO THE HOUR AND DA ed, such change may be to the opening hour and Net 0 252E0 | NE SPECIFIED MAY e made by telegram date specified. Increase: | r RESULT IN REJECTION OF or letter, provided each telegre | \$11,900.0 |) O | | |
| CHECK ONE A. THIS CHANGE ORDER IS ISSU ORDER NO. IN ITEM 10A. | | | | | | | | |
| | | <u> </u> | | | _ | | | |
| B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FC | TRACT/ORDER IS MO ORTH IN ITEM 14, PU | ODIFIED TO REFLECT IRSUANT TO THE AUT | THE ADMINISTRATI HORITY OF FAR 43. | VE CHANGES (such as chan 103(b) | ges in paying offic | е, | | |
| C. THIS SUPPLEMENTAL AGREEI | MENT IS ENTERED I | NTO PURSUANT TO A | UTHORITY OF: | | | | | |
| D. OTHER (Specify type of modific | ation and authority) | | | <u> </u> | | | | |
| X EXERCISE OPTION - | | MODIFICATIO | N, FAR 52. | 217-9 | | | | |
| E. IMPORTANT: Contractor 🗵 is no | Contra | o sign this document an | | copies to the is | suing office. | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICAT DUNS Number: HOSPITAL ID#: 8T251018 COR: Zsuzsanna Kocsis PHONE: (301) 504-7402 EMAIL: zkocsis@cpsc.gov | ION (Organized by U | CF section headings, in | cluding solicitation/c | ontract subject matter where f | easible.) | | | |
| Modification # 0003 to cor | ntract CPSC | -N-14-0111 i | s hereby i | ssued to exerci | ise option | n period | | |
| three as follows: | | | | | | | | |
| In accordance with FAR Consumer Product Safety Co Continued Except as provided herein, all terms and condition 15A. NAME AND TITLE OF SIGNER (Type or prin | ommission h | ereby exerci | OA, as heretofore ch | n period three : anged, remains unchanged an | for the pe | eriod | | |
| | | | Greg A. | | | IACC DATE CIONES | | |
| 15B CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | 16B. UNITED S | TATES OF AMERICA | yon | 16C. DATE SIGNED | | |
| (Signature of person authorized to sign) | | | | (Signature of Contracting Officer) | STANDARD E | ODM 20 (DEV 40 02) | | |

NSN 7540-01-152-8070 Previous edition unusable

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE OF 2
 2

NAME OF OFFEROR OR CONTRACTOR SHANNON HEALTH SYSTEM

| TEM NO. | SUPPLIES/SERVICES | | ı l | | |
|-------------|--|-------|-----|----------------|--------|
| (A) | · · · | (0) | (D) | (E) | (1) |
| TEM NO. (A) | beginning July 1, 2017 through June 30, 2018. Pricing is in accordance with line item 0004. 2. The funded quantity for line item 0004 is increased from 0 to 8,500. 3. As a result, funding is added for line item 0004 in the amount of \$11,900.00. 4. As a result of the above, funding is added in the amount of \$11,900.00 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 0004 to read as follows(amount shown is the obligated amount): OPTION PERIOD 3 JULY 1, 2017 THROUGH JUNE 30, 2018 Not To Exceed: 8,500 Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 8,500 @ \$1.40 = \$11,900.00 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. | -3600 | (D) | UNIT PRICE (E) | 11,900 |
| | | | | | |