| ANGUMENT OF AGUIDITATION MODIFICA | | NTD A OT | - | 1. CONTRACT ID CODE | PAC | GE OF PAGES |
|--|--|--|------------------------|---|---------------------------|------------------------|
| AMENDMENT OF SOLICITATION/MODIFICA | ATION OF CO | NIRACI | | | | 1 3 |
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE C | DATE | 4. R | EQUISITION/PURCHASE REQ. NO. | 5, PROJE | CT NO. (If applicable) |
| 0001 | See Bloc | k 16C | RE | Q-4310-17-0049 | <u></u> | |
| 6. ISSUED BY CODE | FMPS | · | 7. / | ADMINISTERED 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 | | | | | |
| B MANE AND ADDRESS OF CONTRACTOR (III | | MO On alas | _ | 9A. AMENDMENT OF SOLICITATION NO. | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street MARY LANNING MEMORIAL HOSPITA ATTN W MICHAEL KEARNEY PRESI | AL DENTCEO | ir coudy | (X) | 9B. DATED (SEE ITEM 11) | | |
| 715 NORTH SAINT JOSEPH AVENUE HASTINGS NE 68901-4451 | | | × | 10A MODIFICATION OF CONTRACT/ORDER CPSC-N-16-0014 | | |
| | | | | 10B, DATED (SEE ITEM 13) | | |
| CODE | FACILITY CODI | <u> </u> | 1 | 07/27/2016 | | |
| | | | L DEF | NOMENTS OF SOLICITATIONS | | |
| The above numbered solicitation is amended as set for | | | | | nadad [7] | is not extended. |
| 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 APPORPHATION DATA (if see | OFFERS PRIOR er already submitte is received prior t | TO THE HOUR AND D ed , such change may t to the opening hour and | ATE be ma d date | SPECIFIED MAY RESULT IN REJECTION OF Y ade by telegram or letter, provided each telegram e specified. | OUR OFFEI or letter ma | R If by ikes |
| 12. ACCOUNTING AND APPROPRIATION DATA (If req 0100A17RSE 2017 1117900000 E | | | t I | ncrease: | \$10,830 | 1.00 |
| 13. THIS ITEM ONLY APPLIES TO N | AODIFICATION OF | CONTRACTS/ORDER | RS. I | T MODIFIES THE CONTRACT/ORDER NO. AS D | ESCRIBED | IN ITEM 14. |
| A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. | PURSUANT TO: (| (Specify authority) THE | E CH | ANGES SET FORTH IN ITEM 14 ARE MADE IN | THE CONT | RACT |
| B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT | CT/ORDER IS MO H IN ITEM 14, PU | ODIFIED TO REFLECT RSUANT TO THE AUT | THE | ADMINISTRATIVE CHANGES (such as change RITY OF FAR 43.103(b) | s in paying (| office, |
| C. THIS SUPPLEMENTAL AGREEMEN | IT IS ENTERED I | NTO PURSUANT TO A | NUTH | ORITY OF: | | |
| D. OTHER (Specify type of modification | n and authority) | | | | | |
| X EXERCISE OPTION - UI | NILATERAL | MODIFICATION | ON, | FAR 52.217-9 | | |
| E. IMPORTANT: Contractor S is not. | ls required to | o sign this document ar | nd re | turn copies to the issu | ing office. | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION | (Organized by U | CF section headings, in | nclud | ing solicitation/contract subject matter where fea | sible) | |
| DUNS Number: | | umuontat uu | _ | | | |
| HOSPITAL ID#: 3K232055-MARY | LANNING | MEMORIAL, NE | ∴ | | | |
| COR: Randolph Mitchell | | | | | | |
| EMAIL: rmitchell@cpsc.gov | | | | | | |
| PHONE: 301-504-6962 | | | | | | |
| Modification 0001 to contrac | | | | | dditic | nal funding |
| for the base contract, and e | exercise | option perio | סמ | two as rollows: | | |
| 1. The quantity for line ite | em 0001 | is increased | d b | by 3,000 to a new quantit | y of 5 | ,000. |
| Continued | | | | | | |
| Except as provided herein, all terms and conditions of | the document refe | erenced in Item 9 A or 1 | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | - 1 | 16A NAME AND TITLE OF CONTRACTING OF Greg A. Grayson | ·FICER (Typ | e or pnnty |
| 15B. CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | - | 16B. UNITED STATES OF AMERICA | | 16C. DATE SIGNED |
| | | | | Drea A. Dray | om | 8 F.h 20 |
| (Signature of person authorized to sign) | | | | Signature of Contracting Officer) | STANDAD | D FORM 30 (REV. 10.83) |

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 CPSC-N-16-0014/0001
 PAGE OF 2
 3

NAME OF OFFEROR OR CONTRACTOR
MARY LANNING MEMORIAL HOSPITAL

| ITEM NO. | SUPPLIÉS/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|----------|--|----------|-------------|------------|--------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | 2. As a result, funding is added for line item 0001 in the amount of \$5,340.00. | | | | |
| | 3. As a result of the above, funding for the base contract period (July 1, 2016 through June 30, 2017) is increased by \$5,340.00 to a new total of \$9,192.80. | | | | |
| | 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 two for the period beginning July 1, 2017 through June 30, 2018. Pricing is in accordance with line item 0003. | | \ \ ! | | |
| | 5. The funded quantity for line item 0003 is increased from 0 to 3,000. | | | | |
| | 6. As a result, funding is added for line item 0003 in the amount of \$5,490.00. | i | | | |
| | 7. As a result of the above, funding is added in the amount of \$5,490.00 for option period one 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 0001 to read as follows(amount shown is the obligated amount): | | | | |
| | BASE CONTRACT JULY 1, 2016 THROUGH JUNE 30, 2017 | | | | |
| 0001 | Not To Exceed 5,000 | 3000 | EA | 1.78 | 5,340. |
| | Access to NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. | | | | |
| | Change Item 0003 to read as follows(amount shown is the obligated amount): | | | | |
| | FIRST OPTION PERIOD JULY 1, 2017 THROUGH JUNE 30, 2018 | | | | |
| 0003 | Not To Exceed 3,000 | -1625 | EA | 1.83 | 5,490 |
| | Access to NEISS Surveillance Reports and Special Continued | | | | |
| | | | | | |
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| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED | PAGE | OF |
|--------------------|---|------|----|
| | CPSC-N-16-0014/0001 | 3 | 3 |

NAME OF OFFEROR OR CONTRACTOR
MARY LANNING MEMORIAL HOSPITAL

| NO. | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|-----|---|----------|-----|------------|--------|
| .) | (B) | (C) | (D) | (E) | (F) |
| | Survey Reports in accordance with the attached | | | | |
| | statement of work. | | | | |
| | Quantity: 3,000 @ \$1.83 = \$5,490.00 | | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | | | | |
| | AND IN FULL FORCE AND EFFECT. | | 1 | | |
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