CPSC-D-13-0007-mod 0002
Modification 0002 to contract CPSC-D-13-0007 is hereby issued to incorporate the following:

1. In accordance with Clause 52.217-9, page 19, entitled Option to Extend the Term of the Contract the Consumer Product Safety Commission hereby exercises option period two (2) for the period of September 26, 2015 through September 25, 2016. The exercise of this option shall be at the rates specified in CLIN 0007, CLIN 0008 and CLIN 0009 on block 20 Schedule Continued ...

15A. NAME AND TITLE OF SIGNER (Type or print)
Eddie Ahmad

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)
of Supplies/Services, Prices.

(2) All other terms and conditions of the contract remain unchanged and in full effect.

Change Item 0007 to read as follows(amount shown is the obligated amount):

Second Option Year: September 26, 2015 through September 25, 2016

Contractor shall provide all labor, equipment and materials necessary to conduct on-site evaluations and hospital coder training for the National Electronic Injury Surveillance System (NEISS), Consumer Product Safety Commission as indicated below and in accordance with the attached Statement of Work.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0007</td>
<td>Conduct On-Site NEISS Evaluation(s)</td>
<td>60</td>
<td>EA</td>
<td>975.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The minimum guaranteed amount is 5 each per year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change Item 0008 to read as follows(amount shown is the obligated amount):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0008</td>
<td>Conduct NEISS Hospital Coder Training</td>
<td>15</td>
<td>EA</td>
<td>975.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The minimum guaranteed amount is 1 each per year.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Change Item 0009 to read as follows(amount shown is the obligated amount):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0009</td>
<td>Travel - All travel costs shall be reimbursed in accordance with the Federal Travel Regulation. See Statement of Work, paragraph 10, Travel.</td>
<td>1</td>
<td>LT</td>
<td>875.00</td>
<td></td>
</tr>
</tbody>
</table>
CPSC-D-13-0007 - Task Order 0003
SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

2. CONTRACT NO.
CPSC-D-13-0007

3. AWARD

4. ORDER NUMBER
05/19/2013 0003

5. SOLICITATION NUMBER
REQ-4310-15-0198

6. SOLICITATION ISSUE DATE

7. FOR SOLICITATION INFORMATION CALL:
RENATA SMITH
301-504-7045

8. TELEPHONE NUMBER

9. ISSUED BY

10. THIS ACQUISITION IS
☑ SMALL BUSINESS
☑ HUBZONE SMALL BUSINESS
☑ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☑ WOMEN-OWNED SMALL BUSINESS
☑ HUBZONE WOMEN-OWNED BUSINESS
☑ HUBZONE SMALL BUSINESS
☑ SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS
☑ VA HUBZONE PROGRAM
☑ NAICS:
☑ 8(a) SIZE STANDARD:

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED ☑ SEE SCHEDULE

12. DISCOUNT TERMS
Net 30

13a. THIS CONTRACT IS A RATED ORDER UNDER DPA (15 CFR 702)

13b. RATING

14. METHOD OF SOLICITATION
☑ RFQ
☑ IFB
☑ RFP

16. ADMINISTERED BY

18a. PAYMENT WILL BE MADE BY

17a. CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 523
BETHESDA MD 20814

18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED ☑ SEE ADDENDUM

MARGO YODER
178 WHISPERING OAKS DRIVE
GROVELAND IL 61535-9540

TELEPHONE NO. (309) 387-6839

19. ITEM NO.

20. SCHEDULE OF SUPPLIES/SERVICES

DUNS Number: 036577278
COR: Tom Schroeder
tschroeder@cpsc.gov
301-504-7431

Task Order 0003 against delivery contract
CPSC-D-13-0007 is hereby issued for the contractor to provide all labor and materials necessary to conduct on-site evaluations and hospital coder training for the National Electronic Injury Surveillance System (NEISS) for

(Use Reverse and/or Attach Additional Sheets as Necessary)

21. QUANTITY

22. UNIT

23. UNIT PRICE

24. AMOUNT

25. ACCOUNTING AND APPROPRIATION DATA
0100A15SE-2015-11179000000-EXHRO04310-252E0

□ 27a. SOLICITATION INCORPORATES BY REFERENCE FARS 52.212-1, 52.212-4, FARS 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ☑ ARE ☑ ARE NOT ATTACHED.

□ 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FARS 52.212-4, FARS 52.212-5 IS ATTACHED. ADDENDA ☑ ARE ☑ ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.

29. AWARD OF CONTRACT:
OFFER DATED ← YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREBIN IS ACCEPTED AS TO ITEMS

30a. SIGNATURE OF OFFEROR/CONTRACTOR

30b. NAME AND TITLE OF SIGNER (Type or print)

30c. DATE SIGNED

31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)

31b. NAME OF CONTRACTING OFFICER (Type or print)

31c. DATE SIGNED 6/1/16

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 1449 (REV. 2/2012)
Prepared by GSA - FAR (48 CFR) 52.212
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0007</td>
<td>Conduct On-Site NEISS Evaluations (Maximum of 60)</td>
<td>9</td>
<td>EA</td>
<td>975.00</td>
<td>8,775.00</td>
</tr>
<tr>
<td></td>
<td>Partial funding of 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0008</td>
<td>Conduct NEISS Hospital Coder Training (Maximum of 15)</td>
<td>1</td>
<td>EA</td>
<td>975.00</td>
<td>975.00</td>
</tr>
<tr>
<td></td>
<td>Partial funding of 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0009</td>
<td>NEISS On-Site Evaluation/Training Visit Travel Reimbursement</td>
<td>10</td>
<td>EA</td>
<td>875.00</td>
<td>8,750.00</td>
</tr>
<tr>
<td></td>
<td>Partial funding of 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total amount of award: $18,500.00. The obligation for this award is shown in box 26.

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED ☐ INSPECTED ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED:

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

☐ 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

☐ 32i. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

☐ 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

☐ 34. VOUCHER NUMBER

☐ 35. AMOUNT VERIFIED CORRECT FOR

☐ 36. PAYMENT

☐ COMPLETE ☐ PARTIAL ☐ FINAL

☐ 38. S/R ACCOUNT NUMBER

☐ 39. S/R VOUCHER NUMBER

☐ 40. PAID BY

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

☐ 41c. DATE

☐ 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

☐ 42a. RECEIVED BY (Print) (Location)

☐ 42c. DATE REC'D (YY/MM/DD)

☐ 42d. TOTAL CONTAINERS

STANDARD FORM 1449 (REV. 3/2012) BACK