## AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

<table>
<thead>
<tr>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (if applicable)</th>
<th>1. CONTRACT ID CODE</th>
<th>PAGE OF PAGES</th>
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</thead>
<tbody>
<tr>
<td>0001</td>
<td>04/07/2011</td>
<td></td>
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</tbody>
</table>

### AMENDED BY

**CONSUMER PRODUCT SAFETY COMMISSION**

**4330 EAST WEST HIGHWAY**

**BETHESDA MD 20814**

### MODIFIED BY

**CONSUMER PRODUCT SAFETY COMMISSION**

**DIV OF PROCUREMENT SERVICES**

**4330 EAST WEST HWY**

**ROOM 517**

**BETHESDA MD 20814**

### NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)

**MICHIGAN PUBLIC HEALTH INSTITUTE**

**ATTN JOAN MOORE SENIOR RESEARCH ASST**

**2440 WOODLAKE CIRCLE**

**SUITE 100**

**OKemos MI 48864-6002**

### Code: CPSC

### FACILITY CODE 03/29/2011

### AMENDMENT OF SOLICITATION NO. 0001

### DATED (SEE ITEM 11)

### MODIFICATION OF CONTRACT/ORDER NO. CPSC-C-11-0039

### DATED (SEE ITEM 13)

### Modification No. 0001 changes the name of the contact person:

**FROM:** Gerry Polverento

**TO:** Joan Moore

### 12. ACCOUNTING AND APPROPRIATION DATA (if required)

See Schedule

### 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 UNILATERAL MODIFICATION, FAR 43.103(b)

### IMPORTANT:

Contractor ☐ is not. ☐ is required to sign this document and return ______ copies to the issuing office.

### DUNS Number: [Redacted]

### PERIOD OF PERFORMANCE: 10/01/10 THRU 09/30/11

### 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

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

Doris B. Kessler

#### 15B. CONTRACTOR/OFFEROR

#### 15C. DATE SIGNED 04/07/2011

#### 16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)

Doris B. Kessler

#### 16C. DATE SIGNED 04/07/2011

NSN 7540-01-152-8070

Previous edition unusable

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA

FAR (48 CFR) 53.243
**NAME OF OFFEROR OR CONTRACTOR**

**MICHIGAN PUBLIC HEALTH INSTITUTE**

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
</table>

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.