

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF PAGES 1 2	
2. AMENDMENT/MODIFICATION NO. 0001		3. EFFECTIVE DATE 10/05/2010		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY CODE FMPS		7. ADMINISTERED BY (If other than Item 6) CODE FMPS	
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CALIFORNIA DEPT OF PUBLIC HEALTH ATTN ANTOINETTE CABRAL CENTER FOR HEALTH STATISTICS MS 5103 PO BOX 997377 SACRAMENTO CA 95899-7377			(x) 9A. AMENDMENT OF SOLICITATION NO.		
CODE [REDACTED] FACILITY CODE			9B. DATED (SEE ITEM 11)		
			(x) 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-09-0006		
			10B. DATED (SEE ITEM 13) 04/20/2009		

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended, is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$504.00
0100A09DPS 2009 1128200000 EXHR004310 252E0

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 data, 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:
X	D. OTHER (Specify type of modification and authority) UNILATERAL MODIFICATION, FAR 43.103(b)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 _____ copies to the issuing office.

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

DUNS Number: [REDACTED]
PERIOD OF PERFORMANCE: 10/01/08 THRU 09/30/09

Modification No. 0001 adjusts the quantity of death certificates for FY-2009 as follows:

ITEM #1 is changed as follows: (see page 2).

The total amount of this contract is increased by \$504.00, from \$5,700.00 to \$6,204.00.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) Doris B. Kessler		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 10/05/2010

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-H-09-0006/0001

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NAME OF OFFEROR OR CONTRACTOR
CALIFORNIA DEPT OF PUBLIC HEALTH

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>TOTAL QTY FOR ITEM #1: 517/EA</p> <p>Discount Terms: Net 30</p> <p>Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 09/30/2009</p> <p>Change Item 0001 to read as follows(amount shown is the obligated amount):</p>				
0001	<p>ESTIMATED QUANTITY DEATH CERTIFICATES CONTAINING PRODUCT HAZARD AND INJURY INFORMATION FROM THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING/REQUESTED DURING THE PERIOD OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	42	EA	12.00	504.00



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
BETHESDA, MD 20814

Memorandum

Date: October 5, 2010

TO : N.J. Scheers, Director
Division of Planning, Budget and Evaluation

THRU : David Shope, Budget Analyst *DRJ*

FROM : Dodie Kessler, Contract Specialist

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: REQ: 4310-08-0027

CONTRACTOR/SOURCE: CPSC-H-09-0006
CALIFORNIA DEPT OF HEALTH

PRODUCT/SERVICES: PURCHASE OF DEATH CERTIFICATES

ACCOUNTING AND APPROPRIATION DATA

0100A09DPS 2009 1128200000 EXHR004310 252E0

Prior year funds in the amount of \$504.00 are certified available.

10/06/10

Date

DRJ

N.J. Scheers

Signature

Remarks:

This increase is necessary inasmuch as the health department listed above reported more cases than originally estimated for this contract.

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037