

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE _____ PAGE OF PAGES
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2. AMENDMENT/MODIFICATION NO. 0002
 3. EFFECTIVE DATE 08/01/2012
 4. REQUISITION/PURCHASE REQ. NO. _____
 5. PROJECT NO. (If applicable) _____

6. ISSUED BY CODE FMP5
 CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 523
 BETHESDA MD 20814
 7. ADMINISTERED BY (If other than Item 6) CODE _____

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 ATTN BETTY WONG
 1615 CAPITOL AVENUE
 MS 1601
 PO BOX 997376
 SACRAMENTO CA 95899-7376
 9A. AMENDMENT OF SOLICITATION NO. _____
 9B. DATED (SEE ITEM 11) _____
 X 10A. MODIFICATION OF CONTRACT/ORDER NO.
 CPSC-H-12-0001
 10B. DATED (SEE ITEM 13)
 02/07/2012
 CODE _____ FACILITY CODE _____

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: \$1,372.00
 0100A12DPS-2012-1128200000-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 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)

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ 1 _____ copies to the issuing office.

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

DUNS Number: _____
 PROJECT OFFICER: Mark Edwards
 PHONE: (301) 504-7510
 EMAIL: medwards@cpsc.gov

Modification No. 0002 adjusts the quantity of death certificates for FY-2012.

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

The total amount of this contract is increased by \$1,372.00, from \$6,480.00 to \$7,852.00.

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) _____
 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
 Doris B. Kessler
 15B. CONTRACTOR/OFFEROR _____
 15C. DATE SIGNED _____
 16B. UNITED STATES OF AMERICA
 (Signature of Contracting Officer)
 16C. DATE SIGNED
 08/01/2012
 (Signature of person authorized to sign)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 CPSC-H-12-0001/0002

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NAME OF OFFEROR OR CONTRACTOR
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	<p>TOTAL QTY FOR ITEM #1: 488/EA</p> <p>Discount Terms: Net 30</p> <p>Payment: CPSC Accounts Payable Branch AMZ 160 P. O. Box 25710 Oklahoma City OK 73125</p> <p>FOB: Destination Period of Performance: 10/01/2011 to 09/30/2012</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>NOT TO EXCEED DEATH CERTIFICATES IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD JANUARY 1, 2012 THROUGH SEPTEMBER 30, 2012.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	98	EA	14.00	1,372.00