AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

2. AMENDMENT/MODIFICATION NO. 0002

3. EFFECTIVE DATE 09/16/2010

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION

7. ADMINISTERED BY (If other than item 6) CONSUMER PRODUCT SAFETY COMMISSION

8. NAME AND ADDRESS OF CONTRACTOR

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

9. AMENDMENT OF SOLICITATION NO.

DOCTORS COMMUNITY HOSPITAL
ATTN JENNIFER CARINI-METCALFE DIR ED
8118 GOOD LUCK ROAD
LANHAM MD 20706

10. MODIFICATION OF CONTRACT/ORDER NO.

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

11. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

Net Increase: $4,600.36

12. ACCOUNTING AND APPROPRIATION DATA (If required)

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: 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)

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

DUNS Number:

Modification 0002 adjusts the quantity of surveillance reports for FY-2010 as follows:

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

For FY-2010 the total amount of this contract is increased by $4,600.36, from $19,409.68 to $24,010.04.

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

16B. UNITED STATES OF AMERICA

(Signature of person authorized to sign)

(Signature of Contracting Officer)

09/16/2010

NSN 7540-01-152-6070

STANDARD FORM 30 (REV. 10-63) Prescribed by GSA

FAR (48 CFR) 53.243

Previous edition unusable
**NAME OF OFFEROR OR CONTRACTOR**
DOCTORS COMMUNITY HOSPITAL

**ITEM NO.** | **SUPPLIES/SERVICES** | **QUANTITY (C)** | **UNIT (D)** | **UNIT PRICE (E)** | **AMOUNT (F)**  
---|---|---|---|---|---
0001 | NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. | 2447 | EA | 1.88 | 4,600.36  

**TOTAL QTY FOR ITEM #1:** 11,847/EA

Discount Terms:
Net 30

Payment:
CONSUMER PRODUCT SAFETY COMMISSION
DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522
BETHESDA MD 20814

FOB: Destination

Period of Performance: 10/01/2009 to 09/30/2010

Change Item 0001 to read as follows (amount shown is the obligated amount):

**MINIMUM QTY:** 2,350
**MAXIMUM QTY:** 11,847

Accounting Info:
10-PS-EXFM-4310
Funded: $0.00
Accounting Info:
0100A10DPS-2010-1117900000-EXFM004310-252EO
Funded: $4,600.36

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