**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0004</td>
<td>08/15/2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. ISSUED BY          CODE

7. ADMINISTERED BY (if other than Item 6) CODE

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)

TERESA HARRINGTON  
ATTN: TERESA HARRINGTON  
WORLAND WY 82401

**ADDRESS OF CONTRACTOR**

(No., street, county, State and ZIP Code)

9. AMENDMENT OF SOLICITATION NO.

10. MODIFICATION OF CONTRACT/ORDER NO.

**HOSPITAL ID# 30343055**  
PROJECT OFFICERS: Mark Edwards

12. ACCOUNTING AND APPROPRIATION DATA (if required)

<table>
<thead>
<tr>
<th>ACCOUNTING AND APPROPRIATION DATA</th>
<th>Net Increase:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0100A111PS 2011 1117900000 EXFM004310 252E0</td>
<td>$1,350.00</td>
</tr>
</tbody>
</table>

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

**14. DESCRIPTION OF MODIFICATION/CHANGE**

- A. THIS CHANGE ORDER IS ISSUED PURSUANT TO:  
  Specify authority)

- 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)

15. NAME AND TITLE OF SIGNER  
(Typing or print)

Doris B. Kessler

**Modification No. 0004 provides reimbursement for attendance at a NEISS/All Trauma conference.**

Add the following new line item: (see page 2).

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

uoris B. Kessler

08/15/2011

**STANDARD FORM 30 (REV. 10-63)**

Prepared by GSA  
FAR (48 CFR) 53.424
The total amount of the contract is hereby increased by $1,350.00 from $8,507.41 to $9,857.41.

Add Item 0007 as follows:

<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>NOT TO EXCEED REIMBURSEMENT FOR ATTENDANCE AT A NEISS/ALL TRAUMA CONFERENCE IN BETHESDA, MD ON AUGUST 17-18, 2011 IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>1</td>
<td>LT</td>
<td>1,350.00</td>
<td>1,350.00</td>
</tr>
</tbody>
</table>

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.
FY-2011

Add the following new item:

7. Estimated (not to exceed) reimbursable amount for the NEISS/All Trauma Conference (one attendee):

<table>
<thead>
<tr>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTE</td>
</tr>
<tr>
<td>Training (includes airfare; trainfare; automobile; ground travel and subsistence; and salary)</td>
</tr>
<tr>
<td>$1,350.00</td>
</tr>
</tbody>
</table>

Section C.3.c., ORIENTATION AND TRAINING, add the following:

(1) TRAINING

The Contractor shall attend a training conference covering case coding procedures and other NEISS/All Trauma reporting activities.

The training conference will be conducted on August 17-18, 2011. Lodging/training will be provided at the following location:

The Legacy Hotel and Meeting Centre
1775 Rockville Pike
Rockville, Maryland 20852
(301) 881-2300
Website: www.TheLegacyRockville.com

August 17 - 9:00 p.m. to 5:00 p.m.
August 18 - 9:00 a.m. to 5:00 p.m.

(2) TRAVEL COSTS: All travel costs. Airfare or train tickets shall be obtained by the Contractor. All training/travel costs shall be reimbursed in accordance with the following provisions and the Federal Travel Regulations:

a) Total expenditures for domestic travel and training (salary of one attendee) shall not exceed $1,350.00 without the prior written approval of the Contracting Officer.

b) The cost of travel by privately-owned automobile shall be reimbursed at 55 cents per mile, as established by the Federal Travel Regulations. Such reimbursement, however, shall not exceed the otherwise allowable comparative cost of travel by common carrier.

c) Miscellaneous travel expenses (i.e., parking fees, taxi fare, tolls, etc.) shall be reimbursed by CPSC. Reimbursable receipts MUST be presented for ground transportation to and from airports for any amount over $75.00, other than privately-owned vehicle (see paragraph b above). However, a receipt for all expenditures is advisable.

d) Reasonable actual costs of meals and incidentals (M&IE) shall be reimbursed up to a limit of $64.00 per full day, as established by the Federal Travel Regulations. The first and last day of travel is paid
at three quarters (3/4) of the rate ($48.00 per day). The web site that addresses these rates is http://www.GSA.gov. Scroll down to Travel Resources and click on Per Diem Rates.

e) Domestic travel shall be undertaken by the mode and class of service most advantageous to the Government. This will normally require that the Contractor travel in coach accommodations.

f) Hotel accommodations at the Hilton Rockville, including additional night(s), will be provided by CPSC at no cost to the Contractor. Incidental expenditures, i.e., hotel telephone calls, room service, laundry, etc., shall be paid by the travellers.

g) All air or train travel arrangements (if applicable) and airline/train tickets shall be made by the Contractor. The cost of the airline/train ticket will be reimbursed by CPSC to the Contractor.

h) The CPSC Project Officer will forward hotel details to the Contractor in advance of the training course.