AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

**AMENDMENT/MODIFICATION NO.**
0002

**EFFECTIVE DATE**
02/22/2010

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

**NAME AND ADDRESS OF CONTRACTOR**
RAYMOND COLUCCI
FORT MYERS FL 33965-5717

**CODE**
FMP3

**AMENDMENT OF SOLICITATION NO.**

**DATED (SEE ITEM 11)**
11/06/2009

**MODIFICATION OF CONTRACT/ORDER NO.**
CPSC-N-10-0005

**DATED (SEE ITEM 13)**
11/06/2009

**ACCOUNTING AND APPROPRIATION DATA (If required)**

<table>
<thead>
<tr>
<th>Net Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25,890.00</td>
</tr>
</tbody>
</table>

**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 ___ copies to the issuing office.

**DESCRIPTION OF AMENDMENT/MODIFICATION**

(organized by ucf section headings, including solicitation/contract subject matter where feasible)

DUNS Number: __________

HOSPITAL ID#: 8A134065

BASIC CONTRACT: 10/01/09 THRU 09/30/10

Modification No. 0002 provides additional funding in the amount of $25,890.00 through September 30, 2010. THIS CONTRACT IS NOW FULLY FUNDED FOR FY-2010.

**TOTAL QTY FOR ITEM #1:** 19,500/EA

**TOTAL QTY FOR ITEM #2:** 6,000/EA

Continued...

-15A NAME AND TITLE OF SIGNER (Type or print)
Doris B. Kessler

-15B CONTRACTOR/OFFEROR

-15C DATE SIGNED
02/22/2010

-16A NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

-16B UNITED STATES OF AMERICA

-16C DATE SIGNED

(Edited by person authorized to sign)

(Edited by person authorized to sign)
TOTAL AMOUNT FUNDED FOR FY-2010: $38,835.00
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):

<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>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>13000 EA</td>
<td>1.85</td>
<td>24,050.00</td>
<td></td>
</tr>
</tbody>
</table>

MINIMUM QTY: 4,875
MAXIMUM QTY: 24,375

Change Item 0002 to read as follows (amount shown is the obligated amount):

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td></td>
<td>4000 EA</td>
<td>0.46</td>
<td>1,840.00</td>
<td></td>
</tr>
</tbody>
</table>

MINIMUM QTY: 600
MAXIMUM QTY: 6,000

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