AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES		
					1	4
AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4. REQU	JISITION/PURCHASE REQ NO.	5. PR(UJECT NO	. (If applicable)
0005	08/16/2011				- 1	
ISSOED BY CODE	FMPS	7. ADM	INISTERED BY (If other than Item 6)	CODE		
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES	ISSION					
1330 EAST WEST HWY						
ROOM 517						
BETHESDA MD 20814						•
NAME AND ADDRESS OF CONTRACTOR (No., street	L county, State and ZIP Code)	(x) ^{9A}	AMENDMENT OF SOLICITATION NO.			
LIMSKEY APRIL						
and the second		9B.	DATED (SEE ITEM 11)			
ALLEJO CA 94589-2404						
			MODIFICATION OF CONTRACT/ORDER	NO.		
		CP	SC-N-10-0051			
		105	DATED (SEE ITEM 13)			
CODE	FACILITY CODE		2/10/2009			
	11. THIS ITEM ONLY APPLIES TO					
The above numbered solicitation is amended as set f				ntended.	js not a	xtended.
Offers must acknowledge receipt of this amendment	· · · · ·					
			sipt of this amendment on each copy of the			
separate letter or lelegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF						
virtue of this amendment you desire to change an off	er already submitted, such change may	y be made b	y telegram or letter, provided each telegram			
reference to the solicitation and this amendment, and 2. ACCOUNTING AND APPROPRIATION DATA (If re	aulands			A.F	A 00	www.man.a
100A11DPS 2011 1117900000 1	196	et Inc	rease:	\$5,10	0.00	
		ERS. IT MO	DIFIES THE CONTRACT/ORDER NO. AS	DESCRIM	ED IN ITEM	14.
······································						
CHECK ONE A. THIS CHANGE ORDER IS ISSUED	PURSUANT TO: (Spacify authority) Th	HE CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN	THE CO	NTRACT	
ORDER NO. IN ITEM 10A.						
B. THE ABOVE NUMBERED CONTRA	CT/ORDER IS MODIFIED TO REFLEC	CT THE AD	MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).	es in payl	ng office.	
appropriation date, etc.) SETFOR	HIN ITEM 14, PURSUANT TO THE AL		OF FAR 43.103(0).			
C. THIS SUPPLEMENTAL AGREEME	VT IS ENTERED INTO PURSUANT TO	O AUTHORI	TY OF:			
D. OTHER (Specify type of modification						
X UNILATERAL MODIFICA						
E. IMPORTANT: Contractor X; is not,	is required to sign this document		O copies to the isa	-		
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings,	, including s	plicitation/contract subject matter where fe	ssible.}		
DUNS Number: 1000000						
HOSPITAL ID#: 3S362055						
PROJECT OFFICER: Mark Edward	15					
PHONE: (301) 504-7510						
MAIL: medwards@cpsc.gov						
Modification 0005 adjusts th	e quantity of surve	eillan	ce reports for FY-2011	and	provi	des
reimbursement for attendance	e at a NEISS/All Tra	auma co	onference.			
ITEM #3 is changed as follow	s: (see page 2).					
Add the following new line i	tem: (see page 2).					
Continued						
Except as provided herein, all terms and conditions of t	he document referenced in Item 9A or	10A, as her	etofore changed, remains unchanged and l	n full force	and effect	
15A NAME AND TITLE OF SIGNER (Type or print)		16A. I	NAME AND TITLE OF CONTRACTING OF	FICER (7	ype or prin	<u>)</u>
		Dor	is B. Kessler			
158. CONTRACTOR/OFFEROR	15C DATE SIGNED		UNITED STATES OF AMERICA	<u> </u>	116	C. DATE SIGNED
a an ann an an an an ann ann an ann an Ann a' Bhaile Bhaile Bhaile Bhaile Bhaile Bhaile Bhaile Bhaile Bhaile Bh			1. 15 11	1.		
(Signature of person authorized to sign)		k	(Signature of Contricting Office)	Ler		08/16/2011
(Signature of person authorized to sign) NSN 7540-01-152-8070		l	(Sugnature or Conducting Onitobr)	STANDA	RD FORM	30 (REV. 10-83)
Previous adition unusable				Prescrib	ed by GSA	
				FAR (48	CFR) 53 24	43

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

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PAGE OF 4 2

NAME OF OFFEROR OR CONTRACTOR SLIMSKEY APRIL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	For FY-2011 the total amount of this contract is increased by \$5,100.00, from \$25,155.00 to \$30,255.00.				
	TOTAL QTY FOR ITEM #3: 7,700/EA				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	500	EA	3.40	1,700.0
	Add Item 0005 as follows:				
0005	NOT TO EXCEED REIMBURSEMENT FOR ATTENDANCE AT A NEISS/ALL TRAUMA CONFERENCE IN BETHESDA, MD ON AUGUSTG 17-18, 2011 IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	1	LT	3,400.00	3,400.0
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				

FY-2011

Add the following new item:

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

TOTAL AMOUNT

NTE

Training (includes airfare; trainfare; \$3,400.00 automobile; ground travel and subsistence; and salary)

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 \$3,400.00 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 <u>http://www.GSA.gov</u>. 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.

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