

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. CONTRACT ID CODE \_\_\_\_\_ PAGE OF PAGES 1 2  
 2. AMENDMENT/MODIFICATION NO 0004 3. EFFECTIVE DATE 12/14/2010 4. REQUISITION/PURCHASE REQ. NO. \_\_\_\_\_ 5. PROJECT NO (If applicable) \_\_\_\_\_

6. ISSUED BY CODE FMPS 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)  
 ST BARNABAS HOSPITAL  
 ATTN JOHN DI GIROLOMO SENIOR VP  
 4422 THIRD AVENUE  
 BRONX NY 10457-2594  
 (x) 9A. AMENDMENT OF SOLICITATION NO. \_\_\_\_\_  
 9B. DATED (SEE ITEM 11) \_\_\_\_\_  
 X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0063  
 10B. DATED (SEE ITEM 13) 01/06/2010  
 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)  
 See Schedule Net Increase: \$2,870.15

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 \_\_\_\_\_ 0 \_\_\_\_\_ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)  
 DUNS Number: \_\_\_\_\_  
 Modification 0004 adjusts the quantity of surveillance reports for FY-2010 as follows:  
 ITEM No. 0001 is changed as follows: (see page 2).  
 For FY-2010 the total amount of this contract is increased by \$2,870.15, from \$17,878.50 to \$20,748.65.

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 person authorized to sign) \_\_\_\_\_ (Signature of Contracting Officer) 16C. DATE SIGNED 12/14/2010

NAME OF OFFEROR OR CONTRACTOR  
ST BARNABAS HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	TOTAL QTY FOR ITEM #1: 15,145/EA				
	Change Item 0001 to read as follows (amount shown is the obligated amount):				
0001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 5,000 MAXIMUM QTY: 25,000  Accounting Info: 10-PS-EXFM-4310 Funded: \$0.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$2,870.15  ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	2095	EA	1.37	2,870.15



UNITED STATES  
CONSUMER PRODUCT SAFETY COMMISSION  
BETHESDA, MD 20814

Memorandum

Date: December 14, 2010

TO : N.J. SCHEERS, DIRECTOR  
DIVISION OF PLANNING, BUDGET AND EVALUATION

THRU : DAVID SHOPE, BUDGET ANALYST *DRJ*

FROM : DODIE KESSLER, CONTRACT SPECIALIST

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: N/10/4310/001 REQ: 4310-09-0018

CONTRACTOR/SOURCE: SEE LIST BELOW

PRODUCT/SERVICES: NEISS SURVEILLANCE REPORTS, FY 2010

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1117900000 EXFM004310 252E0

Prior year funds in the amount of \$2,870.15 are certified available.

CPSC-N-10-0063	St. Barnabas Hospital	\$2,870.15
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These increase is necessary inasmuch as the hospital listed above reported more surveillance reports than originally estimated for this contract.

12/14/10  
Date

*DRJ*   
Signature

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037