**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>
</table>

**AMENDMENT/MODIFICATION NO**

| 0001 |

**EFFECTIVE DATE**

| 03/04/2010 |

**ISSUED BY**

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

**CODE**

| FMPS |

**ADMINISTERED BY**

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

**CODE**

| FMPS |

**NAME AND ADDRESS OF CONTRACTOR**

| CHILDRENS MEDICAL CENTER OAKLAND ATTN EMERGENCY ROOM 147 52ND STREET OAKLAND CA 94609-1709 |

**CODE**

| FACILITY CODE |

**AMENDMENT OF SOLICITATION NO**

| X |

**DATED (SEE ITEM 11)**

| 03/04/2010 |

**MODIFICATION OF CONTRACT/ORDER NO**

| CPSC-N-10-0094 |

**DATED (SEE ITEM 13)**

| 01/25/2010 |

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**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. The hour and date specified for receipt of Offers is not extended.

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

- **Net Increase:** $3,850.00

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

| 0100A:00PS 2010 1117900000 EXPM004310 252E0 |

**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: [contractor name] [signature]
  - D. OTHER (Specify type of modification and authority) [signature]
  - E. IMPORTANT: Contractor is not required to sign this document and return copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION**

- Modification 0001 to contract CPSC-N-10-0094 is hereby issued to provide full funding for the period of April 1, 2010 to September 30, 2010.

As a result, the contract is hereby increased by $3,850.00 from $2,750.00 to $6,600.00.

**Contract Quantity Total**

| Line item 0001 - 6000 ea. |

**Change Item 0001 to read as follows (amount shown 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)**

- **Kim Miles**

**15B CONTRACTOR/OFFEROR**

| (Signature of person authorized to sign) |

**15C DATE SIGNED**

| 3-5-10 |

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

- **Kim Miles**

**16B UNITED STATES OF AMERICA**

| (Signature of Contracting officer) |

**16C DATE SIGNED**

| 3-5-10 |

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**NSN 7540-01-152-8070**

Previous edition unusable

**STANDARD FORM 30 (REV 10-83)**

Presented by GSA

FAR (48 CFR) 53.243

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**DUNS Number:** [redacted]

**IMPORTANT:**

- Contractor is not required to sign this document and return copies to the issuing office.
**NAME OF OFFEROR OR CONTRACTOR**
CHILDRENS MEDICAL CENTER OAKLAND

<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>ESTIMATED QUANTITY</td>
<td>3500 EA</td>
<td>1.10</td>
<td>3,850.00</td>
<td></td>
</tr>
</tbody>
</table>

ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 1,500
MAXIMUM QTY: 7,500

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