AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

2. AMENDMENT/MODIFICATION NO. 0002

3. EFFECTIVE DATE 08/31/2010

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

6. Issued by CONSUMER PRODUCT SAFETY COMMISSION

7. ADMINISTERED BY CONSUMER PRODUCT SAFETY COMMISSION

DIV OF PROCUREMENT SERVICES

DIV OF PROCUREMENT SERVICES

4330 EAST WEST HWY

4330 EAST WEST HWY

ROOM 517

ROOM 517

BETHESDA MD 20814

BETHESDA MD 20814

8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code)

NORTH MISSISSIPPI MEDICAL CENTER INC

ATTN SARAH BECKHAM DIR HEALTH INFO SV

830 SOUTH GLOSTER STREET

TUPELO MS 38801-4996

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.

10B. DATED (SEE ITEM 13)

01/25/2010

CODE

FACILITY CODE

11. THE 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)

Net Increase: $1,001.04

See Schedule

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 0002 adjusts the quantity of surveillance reports for FY-2010 as follows:

ITEM #1 is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is increased by $1,001.04, from $15,480.00 to $16,481.04.

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)

Doris B. Kessler

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED 08/21/2010

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

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

STANDARD FORM 30 (REV. 10-83)

Prepared by GSA

FAR (48 CFR) 53.243

NSN 7540-01-152-6070

Previous edition unsuitable

08/21/2010

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

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

(No. street, county, State and ZIP Code)
NAME OF OFFEROR OR CONTRACTOR
NORTH MISSISSIPPI MEDICAL CENTER INC

ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT
---|---|---|---|---|---
0001 | ESTIMATED QUANTITY | 776 EA | 1.29 | 1,001.04

TOTAL QTY FOR ITEM #1: 12,776/EA

Change Item 0001 to read as follows (amount shown is the obligated amount):

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

MINIMUM QTY: 3,000
MAXIMUM QTY: 15,000

Accounting Info:
10-PS-EXFM-4310
Funded: $0.00

Accounting Info:
0100A10DPS-2010-1117900000-EXFM004310-252E0
Funded: $1,001.04
Period of Performance: 10/01/2009 to 09/30/2010

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