AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE	PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.					1	T NO. (if applicable)	
		TIVE DATE	4. 5	REQUISITION/PURCHASE REQ. NO.	S. PROJEC		
0010 B. ISSUED BY	CODE FMPS	5/2011	- 7.	ADMINISTERED BY (If other than Item 6)	CODE		
CONSUMER PRODUCT SAFETY DIV OF PROCUREMENT SERV 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	COMMISSION	N					
8. NAME AND ADDRESS OF CONTRACTOR	(No., street, county, Sta	le and Zi ^p Code)	(x)	94. AMENDMENT OF SOLICITATION NO.	······································		
EMERGENCY PHYSICIANS MEDICAL GROUP ATTN DR ROBERT MCCURREN 2000 GREEN ROAD SUITE 300 ANN ARBOR MI 48105			Ť	98. DATED (SEE ITEM 11) X 104. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0105			
			_	10B. DATED (SEE ITEM 13)			
CODE CODE	FACILITY			02/23/2010			
12. ACCOUNTING AND APPROPRIATION DA 0100A11DPS 2011 1117900 13. THIS ITEM ONLY APPL	000 EXFM00	4310 252E0		ncrease: \$	2,006.0		
	CONTRACT/ORDER	IS MODIFIED TO REFLECT 14, PURSUANT TO THE AUT	T THE	ANGES SET FORTH IN ITEM 14 ARE MADE IN ADMINISTRATIVE CHANGES (such as changes ITY OF FAR 43.103(b). ORITY OF:			
D ATURA (A							
D. OTHER (Specify type of mo X UNILATERAL MODI							
				um O copies to the usuin	<i>a</i>		
		ired to sign this document an I by UCF section headings, in		urnU copies to the issuir	-		
DUNS Number: Herrored P HOSPITAL ID # 6V672034 PROJECT OFFICER: Dennis PHONE: (301) 504-7430 EMAIL: dwierdak@cpsc.gov	1						
Modification No. 0010 ac reimbursement for attend				eillance reports for FY-2	2011 and	d provides	
ITEM #3 is changed as fo	ollows: (se	ee page 2).					
Continued							
Except as provided herein, all terms and condi- 15A, NAME AND TITLE OF SIGNER (Type or		nt referenced in Item 9A or 10		heretofore changed, remains unchanged and in t BA. NAME AND TITLE OF CONTRACTING OFF			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	-	BR. UNITED STATES OF AMERICA	lu	16C. DATE SIGNED	
(Signature of person authorized to sig	n)		·	(Signature of Contracting Officer)			
NSN 7540-01-152-8070 Previous edition unusable				F	TANDARD Fi rescribed by (AR (48 CFR)		

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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-10-0105/0010

NAME OF OFFEROR OR CONTRACTOR

EMERGENCY PHYSICIANS MEDICAL GROUP

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Add the following new line item: (see page 2).				
	For FY-2011 the total amount of this contract is increased by \$2,006.00, from \$163,748.00 to \$165,754.00.				
	TOTAL QTY FOR ITEM #3: 23,900/EA				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	200	EA	6.53	1,306.0
	Add Item 0006 as follows:				
0006	REIMBURSEMENT FOR ATTENDANCE AT A NEISS/ALL TRAUMA CONFERENCE IN BETHESDA, MD ON AUGUST 17-18, 2011, IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	1	LT	700.00	700.0
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
					х.
				-	

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Add the following new item:

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

TOTAL AMOUNT

NTE 700.0

Training (includes airfare; trainfare; \$ 700.00 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 \$700.00 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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