**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>
<th>6. ISSUED BY</th>
<th>7. ADMINISTERED BY (If other than item 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0001</td>
<td>09/21/2010</td>
<td></td>
<td></td>
<td>CONSUMER PRODUCT SAFETY COMMISSION</td>
<td>FMPS</td>
</tr>
</tbody>
</table>

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

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**RICHMOND UNIVERSITY MEDICAL CENTER**
ATTN JEAN GORDON ADMINISTRATIVE DIR
355 BARD AVENUE
ST VINCENTS CAMPUS
STATEN ISLAND NY 10310-1699

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**THE ABOVE NUMBERED SOLICITATION IS AMENDED AS SET FORTH IN ITEM 14.**

The hour and date specified for receipt of Offers is 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.

**ACCOUNTING AND APPROPRIATION DATA**

<table>
<thead>
<tr>
<th>0100-100PS-2010-1117900000-EXFM004310-252EO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Increase: $1,212.00</td>
</tr>
</tbody>
</table>

**13. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS/OFFERS. IT MODIFIES THE CONTRACT/OFFER 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/OFFER 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 copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION**

(Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

**DUNS Number:** 00 00 00 00

**HOSPITAL ID#:** 5N861033

**BASIC CONTRACT:** 10/01/09 THRU 09/30/10

Modification No. 0001 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 $1,212.00, from $44,640.00 to $45,852.00.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as hereofore changed, remains unchanged and in full force and effect.

**15A. NAME AND TITLE OF SIGNER (Type or print)**

Doris B. Kessler

**15C. DATE SIGNED**

09/21/2010

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

Doris B. Kessler

**16B. UNITED STATES OF AMERICA**

(Exhibit of person authorized to sign)

**16C. DATE SIGNED**

09/21/2010

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NSN 7540-01-152-8070

Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243
TOTAL QTY FOR ITEM #1: 14,400/EA
Discount Terms: Net 30
Payment:
CONSUMER PRODUCT SAFETY COMMISSION
DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522
BETHESDA MD 20814
FOB: Destination

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

<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>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>400 EA</td>
<td>3.03</td>
<td>1,212.00</td>
<td></td>
</tr>
</tbody>
</table>

MINIMUM QTY: 3,500
MAXIMUM QTY: 17,500

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

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