AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE
2. AMENDMENT/MODIFICATION NO. 0005
3. EFFECTIVE DATE 09/20/2011
4. REQUISITION/PURCHASE REQ. NO.
5. PROJECT NO. (If applicable)

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

6. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
   NEW YORK CITY HEALTH AND HOSPITALS CORP
   ATTN ANNETTE GRIFFITH DIR MED RECORD
   451 CLARKSON AVENUE
   BROOKLYN NY 11203-2097

7. ADMINISTERED BY (If other than item 6)

8. AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

9. REQUISITION/PURCHASE REO. NO. 15.

10. PROJECT NO. (If applicable)

11. EFFECTIVE DATE 09/20/2011

12. ACCOUNTING AND APPROPRIATION DATA (If required)
   Net Increase: $10,271.80
   0100A IDRPS 2011 1117900000 EXFM004310 252EO

13. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACT/ORDER NO. 10A, MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0141

14. DESCRIPTION OF AMENDMENT/MODIFICATION

   Modification No. 0005 provides additional funding for FY-2011, and adjusts the quantity of surveillance reports for FY-2011.

   Additional funds are provided in the amount of $10,271.80 through September 30, 2011.

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

   For FY-2011 the total amount of this contract is increased by $10,271.80, from $24,529.20

   Continued ...

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

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

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED 09/20/2011

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

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED 09/20/2011

STANDARD FORM 30 (REV. 10-83)

NSN 7540-01-152-8070
Previous edition unuseable

VITAL STATISTICS AND RESEARCH

FAR (48 CFR) 53.243

Doris B. Kessler

(Signature of person authorized to sign)
### New York City Health and Hospitals Corp

**Item No.**

<table>
<thead>
<tr>
<th>Item No</th>
<th>Supplies/Services</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Amount</th>
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<td>0002</td>
<td>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
<td>7084 EA</td>
<td>1.45</td>
<td>10,271.80</td>
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**TOTAL QTY FOR ITEM #2:** 24,000 EA

Change Item 0002 to read as follows (amount shown is the obligated amount):

- **NSN:** 7540-01-528-8267
- **OPTIONAL FORM 336 (F-80)**
- **Sponsored by DLA**
- **FAR (48 CFR) 53.110**