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>
<tbody>
<tr>
<td></td>
<td>0002</td>
<td>08/16/2011</td>
<td></td>
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</tr>
</tbody>
</table>

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

**AMENDMENT OF SOLICITATION NO**

**0002**

**MODIFICATION OF CONTRACT NO**

**0002**

**REGIONAL WEST MEDICAL CENTER**

**ATTN MARTHA STRICKER**

**4021 AVENUE B**

**SCOTTSBLUFF NE 69361-4602**

**CODE**

**FMPS**

**FACILITY CODE**

**06/06/2011**

**NAME AND ADDRESS OF CONTRACTOR (inc. street, city, state and zip code)**

**CODE**

**FMPS**

**FACILITY CODE**

**06/06/2011**

**NAME AND ADDRESS OF CONTRACTOR (inc. street, city, state and zip code)**

**REGIONAL WEST MEDICAL CENTER**

**ATTN MARTHA STRICKER**

**4021 AVENUE B**

**SCOTTSBLUFF NE 69361-4602**

**CODE**

**FMPS**

**FACILITY CODE**

**06/06/2011**

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

**0100A11DPS 2011 1117900000 EXFM004310 252ED**

**Net Increase:** $2,600.00

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

**0100A11DPS 2011 1117900000 EXFM004310 252ED**

**Net Increase:** $2,600.00

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/ORDER 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 NUMERED 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:**

X **UNILATERAL MODIFICATION, FAR 43.103(b).**

**E. IMPORTANT: Contractor must acknowledge receipt of this amendment prior to the opening time 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 telegram or letter 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.**

**F. OTHER (Specify type of modification and authority)**

X **UNILATERAL MODIFICATION, FAR 43.103(b).**

**DUNS Number:**

**HOSPITAL ID# 6581042**

**PERIOD OF PERFORMANCE:** 06/01/11 THRU 09/30/11

**PROJECT OFFICER:** Joel Friedman

**PHONE:** (301) 504-7500

**EMAIL:** jfriedman@cpsc.gov

Modification No. 0002 provides reimbursement for attendance at a NEISS/All Trauma conference.

Add the following new line item: (see page 2).

**Continued...**

Except as provided herein, all terms and conditions of the document referenced in item 6A or 10A, as hereafter changed, remain 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**

**06/16/2011**

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

**16B. UNITED STATES OF AMERICA**

**16C. DATE SIGNED**

**06/16/2011**

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

Prescribed by GSA

FAR (48 CFR) 53.243
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0003 A</td>
<td>NOT TO EXCEED</td>
<td>1</td>
<td>LT</td>
<td>2,800.00</td>
<td>2,800.00</td>
</tr>
</tbody>
</table>

The total amount of this contract is increased by $2,800.00, from $10,501.42 to $13,301.42.

Add Item 0003 A as follows:

- NOT TO EXCEED
- 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.
- ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.
FY-2011

Add the following new item:

3A. Estimated (not to exceed) reimbursable amount for the NEISS/All Trauma Conference (one attendee):

<table>
<thead>
<tr>
<th>TOTAL AMOUNT</th>
<th>NTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training (includes airfare; trainfare; automobile; ground travel and subsistence; and salary)</td>
<td>$2,800.00</td>
</tr>
</tbody>
</table>

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 $2,800.00 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 http://www.GSA.gov. 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.