AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

CONTRACT ID CODE: 10002  
PAGE OF PAGES: 1  

AMENDMENT/MODIFICATION NO. 0002  
EFFECTIVE DATE: 06/18/2012  
REQUISITION/PURCHASE REQ. NO.:  
PROJECT NO. (If applicable):  

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

NAME AND ADDRESS OF CONTRACTOR ( elk., street, city, state and zip code): GRAHAM HOSPITAL ASSOCIATION INC  
ATTN: SARA KIMBLE VP PATIENT SERVICES  
210 W WALNUT STREET  
FULTON COUNTY  
CANTON IL 61520-2444  

AMENDMENT OF SOLICITATION NO.: X  
DATED (SEE ITEM 11): 12/12/2011  
MODIFICATION OF CONTRACT/ORDER NO.: CPSC-N-12-0070  
DATED (SEE ITEM 13):  

ACCOUNTING AND APPROPRIATION DATA (if required): Net Decrease: -81,320.00  

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 payment 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 BILATERAL MODIFICATION, FAR 43.103(b)  

IMPORTANT: Contractor  
DUNS Number:  
HOSPITAL ID#: 8V061955  
COR: Randolph Mitchell  
PHONE: (301) 504-6962  
EMAIL: rmitchell@cpasc.gov

Modification # 0002 to contract CPSC-N-12-0070 is hereby issued to revise as follows:

The period of performance for the base year is revised from October 1, 2011 through September 30, 2012.  

Nadia Quan, Director of Business Services  
Doris B. Kessler  

(Signature of person authorized to sign)  
(Signature of Contracting Officer)  

NSN 7540-01-152-0070  
Previous edition unavailable  
STANDARD FORM 30 (REV. 10-05)  
Prepared by OSA  
FAR (48 CFR) 52.243
to October 1, 2011 through June 30, 2012.

2 - Line item 0001- quantity is decreased by 1,550 from 2,100 to 550.

Based on the above, $1,705.00 will be deobligated from line item 0001

Based on the foregoing, the total price of the base period is revised from $2,310.00 by $1,705.00 to a new total of $605.00.

3 - The period of performance for the first option period is revised from October 1, 2012 through September 30, 2013 to July 1, 2012 through June 30, 2013.

4- The period of performance for the second option period is revised from October 1, 2013 through September 30, 2014 to July 1, 2013 through June 30, 2014.

5- The invoicing instructions as noted in the statement of work are hereby deleted in their entirety and replaced with the attached revised billing instructions dated May 31, 2012.

At this time the first option period is exercised for the period beginning July 1, 2012 through June 30, 2013 in accordance with FAR Clause 52.217-9, Option to extend the term of the contract. Pricing is in accordance with Line item 0002. At this time incremental funding is provided in the amount of $385.00 for the performance period of July 1, 2012 through December 31, 2012. Additional funding will be provided via modification at a later date when funding becomes available.

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

BASE PERIOD
OCTOBER 1, 2011 THROUGH JUNE 30, 2012

<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>NOT TO EXCEED ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td></td>
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</tr>
</tbody>
</table>

-1550 EA 1.10 -1,705.00
<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>0002</td>
<td>NOT TO EXCEED</td>
<td>2205</td>
<td>EA</td>
<td>1.10</td>
<td>385.00</td>
</tr>
<tr>
<td></td>
<td>FIRST OPTION PERIOD</td>
<td></td>
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<tr>
<td></td>
<td>JULY 1, 2012 THROUGH JUNE 30, 2013</td>
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<td></td>
<td>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
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<tr>
<td></td>
<td>Quantity: 350 @ $1.10 = $385.00</td>
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<tr>
<td></td>
<td>Fully Funded Obligation Amount $2,425.50</td>
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<td></td>
<td>Change Item 0003 to read as follows (amount shown is the obligated amount):</td>
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<td>0003</td>
<td>NOT TO EXCEED</td>
<td>2315</td>
<td>EA</td>
<td>1.10</td>
<td>0.00</td>
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<td></td>
<td>SECOND OPTION PERIOD</td>
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<td></td>
<td>JULY 1, 2013 THROUGH JUNE 30, 2014</td>
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<tr>
<td></td>
<td>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
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<tr>
<td></td>
<td>Amount: $2,546.50 (Option Line Item)</td>
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<td>Accounting Info:</td>
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<tr>
<td></td>
<td>0100A14DFS-2014-1117900000-EXFM004310-252E0</td>
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<tr>
<td></td>
<td>$0.00 (Subject to Availability of Funds)</td>
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<tr>
<td></td>
<td>Accounting Info:</td>
<td></td>
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<tr>
<td></td>
<td>0100A13RPS-2013-1117900000-EXFM004310-252E0</td>
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<tr>
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<td>$2,546.50 (Subject to Availability of Funds)</td>
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</table>

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.
May 31, 2012

ORIGINAL VOUCHERS/INVOICES FOR PAYMENT SHALL BE SENT TO:

U.S. Mail
CPSC Accounts Payable Branch, AMZ-160
PO Box 25710
Oklahoma City, Ok. 73125

FEDEX
CPSC Accounts Payable Branch, AMZ-160
6500 MacArthur Blvd.
Oklahoma City, Ok. 73169

OR

Via email to:

9-AMC-AMZ-CPSC-Accounts-Payable@faa.gov

Invoices not submitted in accordance with the above stated minimum requirements will not be processed for payment. Deficient invoices will be returned to the vendor within seven days or sooner. Standard forms 1034 and 1035 will be furnished by CPSC upon request of the contractor.

Inquiries regarding payment should be directed to the Enterprise Service Center (ESC), Office of Financial Operations, Federal Aviation Administration (FAA) in Oklahoma City, 405-954-7467.

B. PAYMENT

Payment will be made as close as possible to, but not later than, the 30th day after receipt of a proper invoice as defined in "Billing Instructions," except as follows:

When a time discount is taken, payment will be made as close as possible to, but not later than, the discount date. Discounts will be taken whenever economically justified. Otherwise, late payments will include interest penalty payments. Inquiries regarding payment should be directed to Brandon Strout at 405-954-6602 or at the U.S. Mail and Fedex addresses listed above:

Complaints related to the late payment of an invoice should be directed to Eldona Canterbury at the same address (above) or 405-954-5351.

Customer Service inquiries may be directed to Maggie Wade at MWade@cpsc.gov.
A. BILLING INSTRUCTIONS

Pursuant to the Prompt Payment Act (P.L. 97-177) and the Prompt Payment Act Amendments of 1988 (P.L. 100-496) all Federal agencies are required to pay their bills on time, pay interest penalties when payments are made late, and to take discounts only when payments are made within the discount period. To assure compliance with the Act, vouchers and/or invoices shall be submitted on any acceptable invoice form which meets the criteria listed below. Examples of government vouchers that may be used are the Public Vouchers for Purchase and Services Other Than Personal, SF 1034, and Continuation Sheet, SF 1035. At a minimum, each invoice shall include:

1. The name and address of the business concern (and separate remittance address, if applicable).

2. Do NOT include Taxpayer Identification Number (TIN) on invoices sent via e-mail.

3. Invoice date.

4. Invoice number.

5. The contract or purchase order number (see block 2 of OF347 and block 4 of SF1449 on page 1 of this order), or other authorization for delivery of goods or services.

6. Description, price and quantity of goods or services actually delivered or rendered.

7. Shipping cost terms (if applicable).

8. Payment terms.

9. Other substantiating documentation or information as specified in the contract or purchase order.

10. Name, title, phone number and mailing address of responsible official to be notified in the event of a deficient invoice.

11. Contractors are encouraged to use CPSC Form 271A(02/07) found in Appendix A. A copy of the invoice should be submitted electronically via e-mail to your NEISS representative at CPSC by using the first initial and last name of the NEISS representative @cspc.gov (example: jdoe@cspc.gov). This is a courtesy copy for CPSC record keeping only.
Subject: INVOICE FOR CONTRACT NO.  
NARS Invoice NO.  
Invoice Date  

U.S. Consumer Product Safety Commission  
EPDS, Suite 604  
4330 East West Highway  
Bethesda, MD, 20814  

Hospital Name:  

Contractor Name and/or Point of Contact and Mailing Address:  

CONTACT PERSON:  

PHONE NUMBER:  

This invoice is being submitted for Medical NEISS-related work performed during the month(s) of  

<table>
<thead>
<tr>
<th>ITEM</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. NEISS Surveillance cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B. Study cases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Monthly Telephone Charge</td>
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<td></td>
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<tr>
<td>3. Other (explain)</td>
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<td></td>
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<tr>
<td>4. Incentive bonus (if applicable)</td>
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<tr>
<td>5. Total amount of this voucher</td>
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</tr>
</tbody>
</table>

**EPDS INTERNAL USE ONLY**

Obligating Doc#  
Funding FY:  
Date Rec'd EPDS  
Partial ☐  Final ☐  
Approval ☐  Disapproval * ☐  
Amount  

**FMFS INTERNAL USE ONLY**

Approving Officials  
Signature**  
*Reason for  
Disapproval  

CPSC Form 271A (2/07)  
Voucher For National Electronic Injury Surveillance System Contracts  

**Approval certifies that funds are available