CONTRACT 10 CODE
IPAGE
Of PAGe SAMENDMENT OF SOLICITATION
MODIFICATION OF CONTRACT

AMENDMENT OF SOLICITATION/ MODIFICATION OF CONTRACT

DATE: 06/18/2012

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4310 EAST WEST HWY
ROOM 523
RETHESIA, MD 20014

NAME AND ADDRESS OF CONTRACTOR (City, State, and Zip Code)
REGIONAL WEST MEDICAL CENTER
ATTN MARTHA STRICKER
100 AVENUE B
SCOTTSB'LUFF NE 69361-4602

CONTRACTOR#: 0001

AMENDMENT OF SOLICITATION NO: 00

MODIFICATION OF CONTRACT ORDER NO:
CPSC-N-12-0095

AMENDMENT OF SOLICITATION NO: 00/A

MODIFICATION OF CONTRACT ORDER NO:
CPSC-N-12-0095

THE IMPLEMENTATION OF THIS SUPPLEMENTAL AMENDMENT IS ENTERED INTO PURSUANT TO:

11. DESCRIPTION OF AMENDMENT/MODIFICATION (Electronics by DUNS number)

DUNS Number: 54422112

HOSPITAL ID: 54422112

COR: Tom Schroeder

PHONE: 301-504-1731

EMAIL: tschroeder@cpsc.gov

Modification # 0001 to contract CPSC-N-12-0095 is hereby issued to revise as follows:

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

2. Continued...

3. Except as provided herein, all terms and conditions of the document referenced in item 10A, 10B, and 11A, as Hermes changes, remain unchanged and in full force and effect.

Todd Schrocken CEO

Doris B. Kessler

18B NAME AND TITLE OF CONTRACTING OFFICER (Type or Print)

186 UNITED STATES OF AMERICA

186 DATE SIGNED: 06/18/2012

Signature of Contracting Officer

STANDARD FORM 30 (REV. 10-93)
Prepared by GSA
FAX: (410) 533-2435

Previous edition unavailable
2 - Line item 0001- quantity remains unchanged.

3 - Line item 0002- quantity remains unchanged.

4 - 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.

5 - 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.

6 - 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 items 0003 - 0004. At this time incremental funding is provided in the amount of $8,708.00 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):

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>REVISIONS TO NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>2700 EA</td>
<td>4.64</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Change Item 0002 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 PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. Continued...</td>
<td>750 PA</td>
<td>1.64</td>
<td>0.00</td>
</tr>
<tr>
<td>ITEM NO.</td>
<td>SUPPLIES/SERVICES</td>
<td>QUANTITY</td>
<td>UNIT PRICE</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------</td>
<td>----------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>0003</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>5670 EA</td>
<td>$4.64</td>
<td>$7,888.00</td>
</tr>
<tr>
<td>0004</td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>1575 EA</td>
<td>$1.64</td>
<td>$260.00</td>
</tr>
<tr>
<td>0005</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>5954 EA</td>
<td>$4.64</td>
<td>$0.00</td>
</tr>
<tr>
<td>0006</td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>1654 EA</td>
<td>$1.64</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Continued...
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED
AND IN FULL FORCE AND EFFECT.
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 @cpsc.gov (example: joew@cpsc.gov). This is a courtesy copy for CPSC record keeping only.
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.
Subject: INVOICE FOR CONTRACT NO.

U.S. Consumer Product Safety Commission
EPOS, 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other (explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Incentive bonus (if applicable)

5. Total amount of this voucher

EPDS INTERNAL USE ONLY

Obligating Doc# 

Funding FY: 

Date Rec'd EPDS 

Partial □ Final □ Approval □ Disapproval * □

Amount 

Approving Officials 

Signature** 

*Reason for Disapproval

FMFS INTERNAL USE ONLY

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

**Approval certifies that funds are available