AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE: 1
   PAGE NO: 1

2. AMENDMENT/MODIFICATION NO: 1
   EFFECTIVE DATE: 03/01/2012
   6. REQUIRED DUE DATE: 1

3. ISSUER: CONSUMER PRODUCT SAFETY COMMISSION
   DIV OF PROCUREMENT SERVICES
   4320 EAST WEST HWY
   ROOM 222
   BETHESDA MD 20814

4. NAME AND ADDRESS OF CONTRACTOR: HUNTINGTON MEMORIAL HOSPITAL
   110 WEST CALIFORNIA BOULEVARD
   PASADENA CA 91104-7011

5. MODIFICATION OF CONTRACT ORDER NO:
   MODIFIED DATED (SEE ITEM 5):
   03/01/2012

6. CODE: [Facility Code] 1

11. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS:

   MODIFY THE CONTRACT ORDER NO, AS DESCRIBED IN ITEM 14

12. ACCOUNTING AND APPROPRIATION DATA OF REQUISITION:

   DATE: 03/01/2012
   COUNTY: LOS ANGELES
   BAL: 0000
   EXP: 0000
   0000
   RECIPIENT: HUNTINGTON MEMORIAL HOSPITAL
   110 WEST CALIFORNIA BOULEVARD
   PASADENA CA 91104-7011
   AMOUNT: $3,774.00
   NET INCREASE: $3,774.00

13. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS:

   MODIFY THE CONTRACT ORDER NO, AS DESCRIBED IN ITEM 14

14. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS:

   MODIFY THE CONTRACT ORDER NO, AS DESCRIBED IN ITEM 14

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Modification # 001 to contract SPEC-N-12-0118 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.

   Continued...

   Except as described herein, all terms and conditions of the document referenced in item 6, 9A, and 10A, as well as any other changes, remain unaltered and in full force and effect.

   Nancy Farlato, Asst. Dir. PFS
   Edwina Ahmad

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The document includes a table with columns for contract details and contact information, along with a modification note and signatures.
2 - Line item 0001 - quantity is decreased by 4,600 from 16,000 to 11,400. Based on the above, $5,106.00 will be deobligated from line item 0001.

Based on the foregoing, the total price of the base period is revised from $17,760.00 by $5,106.00 to a new total of $12,654.00.

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 $8,980.00 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 (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>NOT TO EXCEED</td>
<td>4600 EA</td>
<td>1.11</td>
<td></td>
<td>-5,106.00</td>
</tr>
</tbody>
</table>

ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

Continued ...
<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>
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</thead>
<tbody>
<tr>
<td>0002</td>
<td>NOT TO EXCEED</td>
<td>16,800 EA</td>
<td>1.11</td>
<td>$8,880.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Quantity: 8,000 @ $1.11 = $8,880.00</td>
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</tr>
<tr>
<td></td>
<td>Fully Funded Obligation Amount: $13,648.00</td>
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<tr>
<td></td>
<td>Change Item 0003 to read as follows (amount shown is the obligated amount):</td>
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<tr>
<td></td>
<td>SECOND OPTION PERIOD</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>JULY 1, 2013 THROUGH JUNE 30, 2014</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0003</td>
<td>NOT TO EXCEED</td>
<td>17,640 EA</td>
<td>1.11</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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>
<td></td>
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</tr>
<tr>
<td></td>
<td>Amount: $19,580.40 (Option Line Item)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Accounting Info:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01D0A13RPS-2013-11179000000-EXFM004310-2520</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>$19,580.40 (Subject to Availability of Funds)</td>
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</tr>
</tbody>
</table>

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 @cspc.gov (example: jdoe@cspc.gov). This is a courtesy copy for CPSC record keeping only.
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.
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

Attention: CPSC Analyst: ___________________________

Hospital Name: ___________________________

Phone number: 1-800-638-8095 Ext. ___________________________

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

CONTACT PERSON: ___________________________

PHONE NUMBER: ___________________________

Fax number: 1-800-809-0924 ___________________________

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>
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<td></td>
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</tr>
<tr>
<td>4. Incentive bonus (if applicable)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Total amount of this voucher</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EPDS INTERNAL USE ONLY**

Obligating Doc# ___________________________________________

Funding FY: ___________________________________________

Date Rec’d EPDS ___________________________________________

Partial ☐ Final ☐

Approval ☐ Disapproval ☐

Amount ___________________________________________

Approving Officials ___________________________

Signature** __________________________________________________________________

FMFS INTERNAL USE ONLY

Payment Due Date ___________________________

*Reason for Disapproval __________________________________________________________________

**Approval certifies that funds are available

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