AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2 AMENDMENT/MODIFICATION NO: 0001
3 EFFECTIVE DATE: 06/25/2012
6 ISSUED BY: CONSUMER PRODUCT SAFETY COMMISSION
   DIV OF PROCUREMENT SERVICES
   4330 EAST WEST HWY
   ROOM 523
   BETHESDA MD 20814

8 NAME AND ADDRESS OF CONTRACTOR (City, State, Zip Code)
   ATLANTIC CARE REGIONAL MEDICAL CENTER
   ATTN MARGARET BELFIELD COO ARMC
   1925 PACIFIC AVENUE
   ATLANTIC CITY NJ 08401-6712

9A. AMENDMENT OF SOLICITATION NO: [Blank]
9B. DATED (SEE ITEM 11): 03/01/2012
9C. MODIFICATION OF CONTRACT/ORDER NO: CPSC-N-12-0119
9D. DATED (SEE ITEM 13): [Blank]

10. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS
   ☑ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers
   ☑ is extended, ☑ is not extended. Offers must acknowledge receipt of this amendment prior to the hour 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 the amendment on each copy of the offer
   submitted, or (c) By separate letter or telegram 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.
11. ACCOUNTING AND APPROPRIATION DATA (If required)
   Net Increase: $13,038.00
   See Schedule

12. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACT/OFFER. IT MODIFIES THE CONTRACT/OFFER NO. AS DESCRIBED IN ITEM 14.
   ☑ 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 10
   ☑ THE ABOVE NUMBERED CONTRACT/OFFER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in payee,
   reparation date, etc.) SET FORTH IN ITEM 14. PURSUANT TO THE AUTHORITY OF FAR 43.103(c).
   ☑ THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF
   ☑ BILATERAL MODIFICATION, FAR 43.103(b)

13. IMPORTANT: Contractor ☐ is not, ☑ is required to sign this document and return 1 copy to the issuing office

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation contract subject matter where applicable)
   DUNS Number: [Blank]
   HOSPITAL ID#: 6N5S5042
   COO: Dennis B. Wierdak
   PHONE: (301) 504-7430
   EMAIL: dwierdak@cpsc.gov

Modification # 0001 to contract CPSC-N-12-0119 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 ...

Exhibit as provided herein, all terms and conditions of the document referenced in Item 5A or 10A. As herein changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
    Margaret A. Belfield, COO ARMC

15B. SIGNATURE OF CONTRACT OFFICER
    [Signature]

15C. DATE SIGNED
    06/25/2012

20. INCLUDED IN THIS AMENDMENT
   ☑ Standard Form 30 (Rev 10-83)
   Printed by GSA
   FAR (Fed Reg) 53.243

JUL-02-2012 13:23
2 - Line item 0001- quantity is decreased by 4,800 from 20,500 to 15,700.
Based on the above, $7,632.00 will be deobligated from line item 0001
Based on the above the total price of the base period is revised from $32,595.00 by $7,632.00 to a new total of $24,963.00.
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 $20,670.00 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>BASE PERIOD</th>
<th>OCTOBER 1, 2011 THROUGH JUNE 30, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td></td>
</tr>
<tr>
<td>NOT TO EXCEED</td>
<td></td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Accounting Info:</td>
<td></td>
</tr>
<tr>
<td>Continued ...</td>
<td></td>
</tr>
<tr>
<td>ITEM NO. (A)</td>
<td>SUPPLIES/SERVICES (B)</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>0002</td>
<td>0109A12RPS-2012-1117900000-EXFM004310-252E0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>0003</td>
<td>0109A13RPS-2012-1117900000-EXFM004310-252E0</td>
</tr>
</tbody>
</table>

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

FIRST OPTION PERIOD
JULY 1, 2012 THROUGH JUNE 30, 2013

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.
Quantity: 13,000 @ $1.59 = $20,670.00
Fully Funded Obligation Amount $34,224.75

Accounting Info:
0109A12RPS-2012-1117900000-EXFM004310-252E0
Funded: $20,670.00

Change Item 0003 to read as follows (amount shown is the obligated amount):

SECOND OPTION PERIOD
JULY 1, 2013 THROUGH JUNE 30, 2014

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.
Amount: $35,935.59 (Option Line Item)

$35,935.59 (Subject to Availability of Funds)
Accounting Info:
0109A13RPS-2012-1117900000-EXFM004310-252E0
Funded: $0.00

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

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 Strat 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 Eldon 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  

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>
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<tr>
<td>2. Monthly Telephone Charge</td>
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<td></td>
<td></td>
</tr>
<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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<td></td>
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<tr>
<td>5. Total amount of this voucher</td>
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<td></td>
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</tr>
</tbody>
</table>

Obligating Doc#  

Funding FY:  

Date Rec’d EPDS  

Partial [ ] Final [ ]  

Approval [ ] Disapproval * [ ]  

Amount  

Approving Officials  
Signature**  

*Reason for  
Disapproval  

**Approval certifies that funds are available  

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