

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 3	
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. REQ-4310-15-0162	5. PROJECT NO. (If applicable)	
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6)		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SANFORD HEALTH NETWORK 1305 WEST 18TH STREET SIOUX FALLS SD 57105-0401		9A. AMENDMENT OF SOLICITATION NO. (x)		
CODE		9B. DATED (SEE ITEM 11)		
FACILITY CODE		X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-14-0100		
		10B. DATED (SEE ITEM 13) 06/10/2014		

11. 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 this 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.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$10,428.00
 0100A15DSE 2015 1117900000 EXHR004310 252E0

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. 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 NUMBERED 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	D. OTHER (Specify type of modification and authority) EXERCISE OPTION - UNILATERAL MODIFICATION, FAR 43.103(b)

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: [REDACTED]
 HOSPITAL ID#: 3K202055
 COR: Randolph Mitchell
 PHONE: (301) 504-6962
 EMAIL: rmitchell@cpsc.gov

Modification # 0001 to contract CPSC-N-14-0100 is hereby issued to revise as follows:

1- The quantity for Line item 0001 is increased by 30 to a new total quantity of 430.

As a result of the above, funding is added for line item 0001 in the amount of \$478.50.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Greg A. Grayson	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 4/22/2015

NAME OF OFFEROR OR CONTRACTOR
SANFORD HEALTH NETWORK

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>2- The quantity for Line item 0002 is increased by 25 to a new total quantity of 125.</p> <p>As a result of the above funding is added for line item 0002 in the amount of \$99.50.</p> <p>3- Add Line item no. 0002A for reimbursement for attendance at the NEISS/All Trauma coder meeting in accordance with the attached modification to the statement of work to add language to Section 6.C. Orientation and Training.</p> <p>4- As a result of the above, funding for the base period (July 1, 2014 through June 30, 2015) is increased by \$3,378.00 to a new total of \$10,156.00.</p> <p>5- At this time the first option period is exercised for the period beginning July 1, 2015 through June 30, 2016 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.</p> <p>6- The funded quantity for line item 0003 is increased from 0 to 400.</p> <p>7- The funded quantity for line item 0004 is increased from 0 to 100.</p> <p>8- As a result of the above, funding in the amount of \$7,050.00 is provided for the first option period. Additional funding will be provided via modification at a later date when funding becomes available.</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>BASE CONTRACT JULY 1, 2014 THROUGH JUNE 30, 2015</p> <p>Not To Exceed: 430</p> <p>NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 30 @ \$15.95 = \$478.50</p> <p>Continued ...</p>	30	EA	15.95	478.50

NAME OF OFFEROR OR CONTRACTOR
SANFORD HEALTH NETWORK

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0002	<p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>Not To Exceed: 125</p> <p>NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 25 @ \$3.98 = \$99.50</p>	25	EA	3.98	99.50
0002 A	<p>Add Item 0002 A as follows:</p> <p>Not To Exceed: \$1,400.00</p> <p>Reimbursement for attendance at a NEISS/All-Trauma Coder Meeting at CPSC in Bethesda, MD in accordance with the attached modification to the statement of work. Attendees: 2 @ \$1,400.00 = \$2,800.00</p>	2	LS	1,400.00	2,800.00
0003	<p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 1 JULY 1, 2015 THROUGH JUNE 30, 2016</p> <p>Not To Exceed: 400</p> <p>NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 400 @ \$16.59 = \$6,636.00</p>	-100	EA	16.59	6,636.00
0004	<p>Change Item 0004 to read as follows (amount shown is the obligated amount):</p> <p>Not To Exceed: 100</p> <p>NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 100 @ \$4.14 = \$414.00</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	-50	EA	4.14	414.00

Addition to NEISS Statement of Work

Section 6.C Orientation and Training

(1) NEISS Coder Meeting

The Contractor/NEISS coder shall attend a training meeting covering case coding procedures and other NEISS/All Trauma reporting activities.

The NEISS Coder Meeting will be held at or near CPSC in Montgomery County, Maryland at a location and dates to be determined. The meeting will be for 2 consecutive days sometime between April-August, 2015. Lodging will be provided at a hotel to be determined.

(2) Travel Costs. Airfare or train tickets shall be obtained by the Contractor. All training and 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 the dollar values specified in the contract modification without the prior written approval of the Contracting Officer.
- b. The cost of travel by privately-owned automobile shall be reimbursed at 57.5 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. Reimbursement 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 incidental expenditures (M&IE) shall be reimbursed at a limit of \$71.00 per full day, as established by the Federal Travel Regulations. The first and last day of travel is paid at three quarters (3/4ths) of the rate (\$53.25 per day). The website that addresses these rates is <http://www.gsa.gov/portal/category/104711>.
- 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 will be provided by CPSC at no cost to the Contractor at a hotel to be determined. Incidental expenditures, i.e., hotel telephone calls, room service, laundry, etc. shall be paid by the travelers.
- g. All air or train travel arrangements (if applicable) and airline or train tickets shall be made and purchased by the Contractor. The cost of the airline or train tickets will be reimbursed by CPSC to the Contractor.
- h. The CPSC Contract Officer Representative will forward hotel arrangements, meeting location, and meeting dates to the Contractor as soon as they are available.