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|---|------------------------------------|---|--------------------------------|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>   |                                    | 1. CONTRACT ID CODE   | PAGE OF PAGES<br>1 2           |
| 2. AMENDMENT/MODIFICATION NO.<br>0006   | 3. EFFECTIVE DATE<br>See Block 16C | 4. REQUISITION/PURCHASE REQ. NO.<br>REQ-4310-16-0043        | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY<br>CONSUMER PRODUCT SAFETY COMMISSION<br>DIV OF PROCUREMENT SERVICES<br>4330 EAST WEST HWY<br>ROOM 523<br>BETHESDA MD 20814  | CODE<br>FMPS                       | 7. ADMINISTERED BY (If other than Item 6)                   | CODE                           |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)<br>PUBLIC HEALTH MASSACHUSETTS DEPT OF<br>MA REGISTRY OF VITAL RECORDS<br>250 WASHINGTON STREET<br>BOSTON MA 02108-4603 |                                    | (x) 9A. AMENDMENT OF SOLICITATION NO.                       |                                |
| CODE [REDACTED] FACILITY CODE   |                                    | X 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>CPSC-H-13-0019 |                                |
|   |                                    | 10B. DATED (SEE ITEM 13)<br>06/05/2013                      |                                |

**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: \$2,880.00  
0100A16DSE 2016 1128200000 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)<br>Funding Action - 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]  
COR: Dennis B. Wierdak  
PHONE: (301) 504-7430  
EMAIL: dwierdak@cpsc.gov

Modification 0006 to contract CPSC-H-13-0019 is hereby issued to provide incremental funding for the third option period. Additional funding will be provided via modification, when funds become available.

1) Unit Cost for Death Certificate was hereby increased from \$28.00 each to \$32.00 each as reflected on Modification 0002, dated 11/14/2013.

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)<br>Rudi M. Johnson   |
| 15B. CONTRACTOR/OFFEROR<br><br>(Signature of person authorized to sign) | 16B. UNITED STATES OF AMERICA<br><br>(Signature of Contracting Officer) |
| 15C. DATE SIGNED  | 16C. DATE SIGNED<br>11-20-15  |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CPSC-H-13-0019/0006

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NAME OF OFFEROR OR CONTRACTOR  
PUBLIC HEALTH MASSACHUSETTS DEPT OF

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0007            | <p>2) Line Item 0007 is funded for a quantity of 90. As a result, funding is added in the amount of \$2,880.00.</p> <p>3) Line Item 0008 remains unchanged.</p> <p>4) Based on the above, the total amount of the order is hereby increased by \$2,880.00, from \$10,320.00 to \$13,200.00.</p> <p>Change Item 0007 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 3:<br/>OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016</p> <p>NOT TO EXCEED: 90</p> <p>DEATH CERTIFICATES/ELECTRONIC DEATH DATA IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016.<br/>Quantity: 90 @ \$32.00 = \$2,880.00</p> <p>Change Item 0008 to read as follows (amount shown is the obligated amount):</p> | -50             | EA          | 32.00             | 2,880.00      |
| 0008            | <p>NOT TO EXCEED: 1</p> <p>COMPUTER PRINTOUT(S) IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>  | 1               | BN          | 0.00              | 0.00          |