

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 2
2. AMENDMENT/MODIFICATION NO. 0006	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. REQ-4310-16-0047	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) HEALTH RHODE ISLAND DEPARTMENT OF ATTN COLLEEN FONTANA REGISTRAR VITAL RECORDS OFFICE 3 CAPITOL HILL ROOM 101 PROVIDENCE RI 02908-5034		(x) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)
CODE	FACILITY CODE	x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-13-0034	10B. DATED (SEE ITEM 13) 03/07/2013

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: \$375.00
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.

<input type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input checked="" type="checkbox"/>	D. OTHER (Specify type of modification and authority) 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-13-0034 is hereby issued to provide funding for the third option period as follows:

1) Line item 0007 is funded for a quantity of 15.

As a result, funding is added in the amount of \$300.00.

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) Rudi M. Johnson	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 11-20-2015

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-H-13-0034/0006

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NAME OF OFFEROR OR CONTRACTOR
HEALTH RHODE ISLAND DEPARTMENT OF

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>2) Line item 0008 is funded in the amount of \$75.00.</p> <p>3) Based on the above, the total amount of the order is hereby increased by \$375.00, from \$1,525.00 to \$1,900.00.</p> <p>Change Item 0007 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 3: OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016</p>				
0007	<p>NOT TO EXCEED: 15</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. Quantity: 15 @ \$20.00 = \$300.00</p> <p>Change Item 0008 to read as follows (amount shown is the obligated amount):</p>	-10	EA	20.00	300.00
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	75.00	75.00