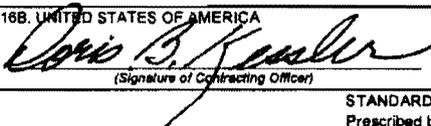


AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
			1	2
2. AMENDMENT/MODIFICATION NO. 0003	3. EFFECTIVE DATE 03/03/2011	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 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) JOHNSON CITY MEDICAL CENTER HOSPITAL ATTN REGINA BARKLEY ER MANAGER 400 N STATE OF FRANKLIN ROAD JOHNSON CITY TN 37604-4603		(x) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)	
CODE		10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0142		x 10B. DATED (SEE ITEM 13) 03/29/2010
FACILITY CODE		11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS		
<input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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) 0100A10DPS 2010 1117900000 EXFM004310 252E0		Net Increase:		\$2,409.25
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) UNILATERAL MODIFICATION, FAR 43.103(b)			
E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return _____ 0 copies to the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) DUNS Number: 061110000 HOSPITAL ID# 9A532042				
The purpose of this modification is to adjust the quantity of surveillance reports for FY-2010.				
ITEM No. 1 is changed as follows: (see page 2).				
For FY-2010 the total amount of this contract is increased by \$2,409.25, from \$11,730.00 to \$14,139.25.				
Continued ...				
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)		15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)		
		Doris B. Kessler		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	15B. UNITED STATES OF AMERICA	16C. DATE SIGNED	
(Signature of person authorized to sign)			03/03/2011	
		(Signature of Contracting Officer)		
NSN 7540-01-152-8070 Previous edition unusable		STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243		

NAME OF OFFEROR OR CONTRACTOR
JOHNSON CITY MEDICAL CENTER HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>TOTAL QTY FOR ITEM #1: 12,295/EA</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 3,000 MAXIMUM QTY: 15,000</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	2095	EA	1.15	2,409.25



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
BETHESDA, MD 20814

Memorandum

Date: March 3, 2011

TO : N.J. SCHEERS, DIRECTOR
DIVISION OF PLANNING, BUDGET AND EVALUATION

THRU : DAVID SHOPE, BUDGET ANALYST *DRJ*

FROM : DODIE KESSLER, CONTRACT SPECIALIST

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: N/10/4310/001 REQ: 4310-09-0018

CONTRACTOR/SOURCE: SEE LIST BELOW

PRODUCT/SERVICES: NEISS SURVEILLANCE REPORTS, FY 2010

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1117900000 EXFM004310 252E0

Prior year funds in the amount of \$2,409.25 are certified available.

CPSC-N-10-0142	Johnson City Medical Center Hospital	\$2,409.25
----------------	--------------------------------------	------------

This increase is necessary inasmuch as the hospital listed above reported more surveillance reports than originally estimated for this contract.

3/4/11
Date

DRJ

Signature

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037