

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1   4 <i>ES</i>
2. AMENDMENT/MODIFICATION NO. 0011	3. EFFECTIVE DATE 08/16/2009	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) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) ST BARNABAS HOSPITAL ATTN JOHN DI GIROLOMO SENIOR VP 4422 THIRD AVENUE BRONX NY 10457-2594		(x) 9A. AMENDMENT OF SOLICITATION NO.	
CODE [REDACTED]		FACILITY CODE	9B. DATED (SEE ITEM 11)
		X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-08-0001	
		10B. DATED (SEE ITEM 13) 10/17/2007	

**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)  
09 PS EXFM 4310 11179 252E Net Increase: \$1,368.00

**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  is not,  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: 0 [REDACTED]  
Modification No. 0011 provides reimbursement for attendance at a NEISS/All Trauma conference on August 19-20, 2009, in Bethesda, Maryland.

Add the following new line item: (see pages 2-4).

For FY-2009 the total amount of this contract is increased by \$1,368.00, from \$73,039.40 to \$74,407.40.

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)		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA <i>Doris B. Kessler</i> (Signature of Contracting Officer)	16C. DATE SIGNED 08/16/2009

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CPSC-N-08-0001/0011

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NAME OF OFFEROR OR CONTRACTOR  
ST BARNABAS HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0009	<p>Discount Terms:                     Net 30</p> <p>Payment:     CONSUMER PRODUCT SAFETY COMMISSION     DIVISION OF FINANCIAL SERVICES     4330 EAST WEST HWY     ROOM 522     BETHESDA MD 20814</p> <p>FOB: Destination</p> <p>Add Item 0009 as follows:</p> <p>ESTIMATED (NOT TO EXCEED) REIMBURSEMENT FOR ATTENDANCE AT A NEISS/ALL TRAUMA CONFERENCE ON AUGUST 19-20, 2009 IN BETHESDA, MARYLAND.</p> <p>ONE ATTENDEE</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	1	LT	1,368.00	1,368.00

FY-2009

OPTION PERIOD, Section C.3.a., add the following paragraph:

Add the following item:

9. Estimated (not to exceed) reimbursable amount for the NEISS/All Trauma Conference (one attendee):	TOTAL AMOUNT
	NTE
Training (includes airfare; trainfare; automobile; ground travel and subsistence; and salary)	\$1,368.00

Section C.3.c., ORIENTATION AND TRAINING, add the following:

(2) TRAINING 2009

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

The training conference will be conducted on August 19-20, 2009. Lodging/training will be provided at the following location:

The Legacy Hotel and Meeting Centre  
1775 Rockville Pike  
Rockville, Maryland 20852  
(301) 881-2300  
Website: [www.TheLegacyRockville.com](http://www.TheLegacyRockville.com)

August 19 - 9:00 p.m. to 5:00 p.m.  
August 20 - 9:00 a.m. to 5:00 p.m.

(2) TRAVEL COSTS: All travel costs. Airfare or train tickets shall be obtained by the Contractor. All training/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 \$1,195.20 without the prior written approval of the Contracting Officer.
- b) The cost of travel by privately-owned automobile shall be reimbursed at 55 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. Reimbursable 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 incidentals (M&IE) shall be reimbursed up to a limit of \$64.00 per full day, as established by the Federal Travel Regulations. The first and last day of travel is paid at three quarters (3/4) of the rate (\$48.00 per day). The web site that addresses these rates is <http://www.GSA.gov>. Scroll down to Travel Resources and click on Per Diem Rates.
- 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 at the Hilton Rockville, including additional night(s), will be provided by CPSC at no cost to the Contractor. Incidental expenditures, i.e., hotel telephone calls, room service, laundry, etc., shall be paid by the travellers.
- g) All air or train travel arrangements (if applicable) and airline/train tickets shall be made by the Contractor. The cost of the airline/train ticket will be reimbursed by CPSC to the Contractor.
- h) The CPSC Project Officer will forward hotel details to the Contractor in advance of the training course.

Accounting Data: 09 PS EXFM 4310 11179 252E  
INCREASE: + \$1,368.00

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.

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