MENDMENT OF SOLICITATION/MODIFI	CATION OF CO	NTRACT	1 CONTRACT	I ID CODE	PAGE O	F PAGES
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE D	ATE I	4 REQUISITION/PURG	CHASE REQ. NO.	5 PROJECT NO	) (If applicable)
008	See Block	·				
ISSUED BY COD			7. ADMINISTERED BY	f (if other than Item 6)	CODE	
ONSUMER PRODUCT SAFETY CON	0110					<u> </u>
IV OF PROCUREMENT SERVICES						
330 EAST WEST HWY	-					
DOM 523						
ETHESDA MD 20814						
NAME AND ADDRESS OF CONTRACTOR (No., str	reet, county, State and Z.	IP Code)	(x) 9A. AMENDMENT	OF SOLICITATION NO.		
JBLIC HEALTH IOWA DEPARTM	ENT OF					
TN JOHN KRAEMER			9B. DATED (SEE I	TEM 11)		
1 EAST 12TH STREET						
H FLOOR		-	100 MODIFICATION	ON OF CONTRACT/ORDER N	10	
CAS STATE OFICE BLDG		Į:	× CPSC-H-13	-0009		
S MOINES IA 50319-0075		İ				
			10B. DATED (SEE	ITEM 13)		
DDE	FACILITY CODE		02/13/201	.3		
	11. THIS ITE	M ONLY APPLIES TO AI	MENDMENTS OF SOL	CITATIONS		
The above numbered solicitation is amended as se	et forth in Item 14 Ti	he hour and date specifi	ed for receipt of Offers	is exte	inded. [] is not	extended.
Offers must acknowledge receipt of this amendme		,				-
Items 8 and 15, and returning				endment on each copy of the o		
separate letter or telegram which includes a refere THE PLACE DESIGNATED FOR THE RECEIPT O						
virtue of this amendment you desire to change an						
reference to the solicitation and this amendment, a		o the opening hour and	date specified			
ACCOUNTING AND APPROPRIATION DATA (IF.  JBJECT TO THE AVAILABILIT						
13. THIS ITEM ONLY APPLIES TO	<del> </del>	CONTRACTS/ORDERS	S. IT MODIFIES THE C	ONTRACT/ORDER NO. AS DI	SCRIBED IN ITE	M 14.
A THIS CHANGE ORDER IS ISSUE ORDER NO IN ITEM 10A	ED PURSUANT TO: (	Specify authority) THE	CHANGES SET FORT	H IN ITEM 14 ARE MADE IN	THE CONTRACT	
ORDER NO IN ITEM TOA						
B THE ABOVE NUMBERED CONTI appropriation date, etc.) SET FO	RACT/ORDER IS MO	DIFIED TO REFLECT	THE ADMINISTRATIVE	CHANGES (such as changes	in paying office,	
appropriation date, etc.) SET FO	KIH IN II EM IN, FO	ROOMIT TO THE ROTE	IORIT OF PAR 43:10	7(0):		
C. THIS SUPPLEMENTAL AGREEM	AENT IS ENTERED II	NTO PURSUANT TO AL	THORITY OF			-
D. OTHER (Specify type of modifical	tion and authority)					
X   Exercise Option -	Unilateral	Modificatio	n, FAR 52.2	17-9		
IMPORTANT: Contractor X is no	t. 🔲 is required to	sign this document and	d return	copies to the issuit	ng office	
4. DESCRIPTION OF AMENDMENT/MODIFICATION	ON (Organized by UC	CF section headings, inc	cluding solicitation/conf	ract subject matter where feas	ible.)	
JNS Number:						
DR: Randolph Mitchell						
HONE: (301)504-6962						
MAIL: rmitchell@cpsc.gov						
odification 0008 to contr	act CPSC-H	-13-0009 is	hereby issue	ed to exercise	the fourt	h option
eriod beginning October 1			-			-
2.217-9, Option to Extend						
t the rates specified in						
- ene reces shectited IU	che schedu.	TO OF SELVIC	co, iiie it	""" AAAA AATA.		
ontinued					A 11.4-	
xcept as provided herein, all terms and conditions	····	renced in Item 9 A or 10				
5A. NAME AND TITLE OF SIGNER (Type or print)	•		16A. NAME AND T	ITLE OF CONTRACTING OFF	·ILEK ( Type or pr	intj
			Greg A. Gr	:ayson		
5B. CONTRACTOR/OFFEROR		15C DATE SIGNED	16B UNITED STAT	ES OF AMERICA!		16C. DATE SIGNED
			MILA	A DIANK		0
/Signature of nacron authorized to signi-			7	onature of Contracting Officer	/ '	5 Supa
(Signature of person authorized to sign)		1	<u>'</u>		STANDARD FOR	M 30 (REV 10-83)

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53:243

CONTINUATION SHEET		PAGE	OF
	CPSC-H-13-0009/0008	2	2

NAME OF OFFEROR OR CONTRACTOR

PUBLIC HEALTH IOWA DEPARTMENT OF

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	This option is being issued subject to the Availability of Funds Clause (SAF). The Government is not liable to, and shall not, provide payment to the Contractor until written notification to the Contractor, via modification, that funds are now available.	(6)		(1)	(1)
	Change Item 0009 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 4: OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017				
009	NOT TO EXCEED: 80	80	EA	0.00	0.
	DEATH CERTIFICATES/ELECTRONIC DEATH DATA IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017.				
	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$0.00 (Subject to Availability of Funds)				
	Change Item 0010 to read as follows(amount shown is the obligated amount):	:			
0010	NOT TO EXCEED: 1	1	BT	0.00	0.
	COMPUTER PRINTOUT(S) IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.				
	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$0.00 (Subject to Availability of Funds) All other terms and conditions shall remain unchanged and in full force and effect.				