AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			CONTRACT ID CODE	PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DAT		REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)				
		DE	0-4310-16-0045	3. PROJECT No. (II applicable)				
1006 ISSUED BY CODE	See Block FMPS	100	ADMINISTERED BY (If other than Item 6) CODE				
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814								
. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP	Code) (x)	9A. AMENDMENT OF SOLICITATION N	0.				
HEALTH NEW JERSEY DEPARTMENT OF ATTN VINCENT ARRISI STATE REG 369 SOUTH WARREN STREET CRENTON NJ 08608-2308			9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-13-0028					
	-		10B. DATED (SEE ITEM 13)					
CODE	FACILITY CODE		02/27/2013					
	11. THIS ITEM	ONLY APPLIES TO AME	NDMENTS OF SOLICITATIONS					
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and	pies of the amendme e to the solicitation ar OFFERS PRIOR TO er already submitted is received prior to ti	ent; (b) By acknowledgin nd amendment numbers THE HOUR AND DATE , such change may be m	ng receipt of this amendment on each copy FAILURE OF YOUR ACKNOWLEDGEN SPECIFIED MAY RESULT IN REJECTIO nade by telegram or letter, provided each t	y of the offer submitted; or (c) By MENT TO BE RECEIVED AT IN OF YOUR OFFER If by elegram or letter makes				
2. ACCOUNTING AND APPROPRIATION DATA (If req)100A16DSE 2016 1128200000 I			Increase:	\$2,250.00				
			IT MODIFIES THE CONTRACT/ORDER N	O. AS DESCRIBED IN ITEM 14.				
CHECK ONE A THIS CHANGE ORDER IS ISSUED.	DUDSHANT TO: /So	ecify authority). THE Ch	HANGES SET FORTH IN ITEM 14 ARE M	ADE IN THE CONTRACT				
ORDER NO. IN ITEM 10A.	FUNSUAINT TO: (Sp	ecny authority) THE OF	HANGES SET FORTH IN ITEM 14 ARE M	ABE IN THE GOVERNOOP				
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODI H IN ITEM 14, PURS	FIED TO REFLECT TH SUANT TO THE AUTHO	E ADMINISTRATIVE CHANGES (such as RITY OF FAR 43.103(b).	changes in paying office,				
C. THIS SUPPLEMENTAL AGREEMEN		O PURSUANT TO AUT	HORITY OF:					
D. OTHER (Specify type of modification	- 0.00 to 0.00	Ni Si ti	EAD 42 102/b)					
X Funding Action - Un								
		ign this document and re		the issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 1004/1104/1104/1105/1105/1105/1105/1105/	i (Organized by OCF	secuon neaumys, mauc	ung soncialion/contract subject matter wi	rere reasible.)				
Modification 0006 to contraction third option period as follows:		3-0028 is he	ereby issued to provi	de funding for the				
1) Line item 0007 is funded	d for a qua	antity of 90						
As a result, funding is adde	ed in the a	amount of \$2	,250.00.					
Except as provided herein, all terms and conditions of	the document referen	nced in Item 9 A or 10A.	as heretofore changed, remains unchang	ed and in full force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACT Rudy M. Johnson					
15B. CONTRACTOR/OFFEROR	18	5C. DATE SIGNED	16B UNITED STATES OF AMERICA	16C. DATE SIGNED				
(Signature of person authorized to sign)			(Signature of Contracting Of					
NSN 7540-01-152-8070	Ų.			STANDARD FORM 30 (REV. 10-83)				

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
CONTINUATION SHEET	CPSC-H-13-0028/0006	2	2

NAME OF OFFEROR OR CONTRACTOR
HEALTH NEW JERSEY DEPARTMENT OF

ITEM NO	SUPPLIES/SERVICES	QUANTITY	i !	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	2) Line item 0008 remains unchanged.				
	3) Based on the above, the total amount of the order is hereby increased by \$2,250.00, from \$8,500.00 to \$10,750.00.				
	Change Item 0007 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 3: OCTOBER 1, 2015 THROUGH SEPTEMBER 30, 2016				
0007	NOT TO EXCEED: 90	-5	EA	25.00	2,250.00
	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: 90 @ \$25.00 = \$2,250.00				
	Change Item 0008 to read as follows(amount shown is the obligated amount):				
8000	NOT TO EXCEED	1	EA	0.00	0.0
	SHIPPING AND HANDLING FOR THE PERIOD OCTOBER 1, 2015 THROUGH SPTEMBER 30, 2016.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				