

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. CONTRACT ID CODE \_\_\_\_\_ PAGE OF PAGES  
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2. AMENDMENT/MODIFICATION NO. 0003  
 3. EFFECTIVE DATE 01/19/2011  
 4. REQUISITION/PURCHASE REQ. NO. \_\_\_\_\_  
 5. PROJECT NO. (if applicable) \_\_\_\_\_

6. ISSUED BY CODE FMPS  
 CONSUMER PRODUCT SAFETY COMMISSION  
 DIV OF PROCUREMENT SERVICES  
 4330 EAST WEST HWY  
 ROOM 517  
 BETHESDA MD 20814  
 7. ADMINISTERED BY (if other than Item 6) CODE \_\_\_\_\_

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  
 EPHRATA COMMUNITY HOSPITAL  
 ATTN SANDY BAUMAN UNIT MANAGER  
 169 MARTIN AVE  
 PO BOX 1002  
 EPHRATA PA 17522-1724  
 9A. AMENDMENT OF SOLICITATION NO. \_\_\_\_\_  
 9B. DATED (SEE ITEM 11) \_\_\_\_\_  
 10A. MODIFICATION OF CONTRACT/ORDER NO.  
 CPSC-N-10-0117  
 10B. DATED (SEE ITEM 13)  
 02/25/2010  
 CODE \_\_\_\_\_ FACILITY CODE \_\_\_\_\_

**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)  
 0100A11DPS 2011 1117900000 EXFM004310 252E0 Net Increase: \$42,741.00

**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:  
 D. OTHER (Specify type of modification and authority)  
 X SECTION I.6., OPTION TO EXTEND THE TERM OF THE CONTRACT

E. IMPORTANT: Contractor  is not. I 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: \_\_\_\_\_  
 HOSPITAL ID#: 3P035055

The purpose of this modification is to exercise the option year for the period October 1, 2010 through September 30, 2011, and adjust the quantities of surveillance and supplemental reports.

ITEMS 3 and 4 are changed as follows: (see page 2).

Funds in the amount of \$42,741.00 are provided for FY-2011. THIS CONTRACT IS FULLY FUNDED FOR FY-2011.

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  
 16C. DATE SIGNED  
 01/19/2011  
 (Signature of person authorized to sign) (Signature of Contracting Officer)

