AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE	OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	14 8	REQUISITION/PURCHASE REQ. NO.	5. PROJECT I	NO (If applicable)
0003	See Block 16C	1	0-4310-17-0026		58
6. ISSUED BY CODE	FMPS	7.7	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					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.		
DARCI MONSON					
BOTTINEAU ND 58318-7027		Ì	9B. DATED (SEE ITEM 11)		
		×	10A MODIFICATION OF CONTRACT/ORDER CPSC-N-14-0014	l NO	
			10B. DATED (SEE ITEM 13)		
CODE	FACILITY CODE		06/02/2014		
	11. THIS ITEM ONLY APP	LIES TO AME	NDMENTS OF SOLICITATIONS	xtended. 🔲 is no	
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN 1TEM 10A.	d is received prior to the opening quired) EXHRO04310 252E0 MODIFICATION OF CONTRACT PURSUANT TO: (Specify author)	Net I S/ORDERS. I	e specified. Increase: IT MODIFIES THE CONTRACT/ORDER NO. AS IANGES SET FORTH IN ITEM 14 ARE MADE II E ADMINISTRATIVE CHANGES (such as changetty OF FAR 43.103(b).	\$2,315.50 DESCRIBED IN IT	TEM 14.
C. THIS SUPPLEMENTAL AGREEME					
D. OTHER (Specify type of modification			END 52 217-0		
X Exercise Option- Un				tuing office	_
E. IMPORTANT: Contractor Sis not. 14 DESCRIPTION OF AMENDMENT/MODIFICATION	is required to sign this do				·
DUNS Number: Hospital ID#: 3M176055 Hospital: St. Andrews, ND COR: Zsuzsanna Kocsis EMAIL: zkocsis@cpsc.gov PHONE: (301)504-6906					
Modification# 0003 to contr funding for option period t follows:					
Continued					
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	the document referenced in Iter	m 9 A or 10A,	as heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING O		
			Greg A. Grayson		
15B. CONTRACTOR/OFFEROR	15C DATE	SIGNED	16B UNITED STATES OF AMERICA (Signature of Contracting Officer)	mogn	16C DATE SIGNED /20/
(Signature of person authorized to sign) NSN 7540-01-152-8070			(2/diseases or contractive Owices)	STANDARD F	ORM 30 (REV. 10-83)
Previous edition unusable			•	Prescribed by FAR (48 CFR)	

		r	
	REPERENCE NO. OF DOCUMENT DENNS CONTINUES	PAGE	OF
CONTINUATION SHEET	CPSC-N-14-0014/0003	2	3

NAME OF OFFEROR OR CONTRACTOR DARCI MONSON

EM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
\ <i>\\</i> -1	1. The quantity for line item 0005 is increased	,57		-	37.0
	by 50 to a new quantity of 700.				
	2. As a result, funding is added for line item 0005 in the amount of \$179.00.				53
	3. New line item 0006A is added in the amount of \$1,000.00.				
	4. As a result of the above, funding for option period two (July 1, 2016 through June 30, 2017) is increased by \$1,179.00 to a new total of \$3,616.00.				
	5. In accordance with Clause 52.217-9, Option to Extend the Term of the Contract, the Consumer Product Safety Commission hereby exercises option period three for the period beginning July 1, 2017 through June 30, 2018. Pricing is in accordance with line items 0007-0008.				
	6. The funded quantity for line item 0007 is increased from 0 to 300.				
	7. As a result, funding is added for line item 0007 in the amount of \$1,092.00.				
	8. The funded quantity for line item 0008 is increased from 0 to 50.		8		
	9. As a result, funding is added for line item 0008 in the amount of \$44.50.				
	10. As a result of the above, funding is added in the amount of \$1,136.50 for option period three for the performance period July 1, 2017 through June 30, 2018. Additional funding will be provided via modification at a later date when funding becomes available.				
	Change Item 0005 to read as follows(amount shown is the obligated amount):				
	SECOND OPTION PERIOD: JULY 1, 2016 THROUGH JUNE 30, 2017				
005	Not To Exceed: 700	5	EA	3.58	179
	NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement Continued	,			

CONTINUATION SHEET		PAGE 0	F
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NAME OF OFFEROR OR CONTRACTOR DARCI MONSON

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)	of work.	(0)	,	(8)	
0006 A	Add Item 0006 A as follows: ADD THE FOLLOWING NEW LINE ITEM: Not to exceed \$1,000.00 Reimbursement for attendance at a NEISS/All-Trauma Coder Meeting at CPSC in Bethesda, MD.	1	EΑ	1,000.00	1,000.0
	Change Item 0007 to read as follows(amount shown is the obligated amount): THIRD OPTION PERIOD: JULY 1, 2017 THROUGH JUNE 30, 2018				
0007	Not To Exceed: 300	-450	EA	3.64	1,092.0
	NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 300 @ \$3.64 = \$1,092.00				
	Change Item 0008 to read as follows(amount shown is the obligated amount):				
0008	Not To Exceed: 50	-175	EA	0.89	44.
	NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 50 @ \$0.89 = \$44.50				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				