		1. CONTRACT ID CODE	PAGE C	PAGE OF PAGES				
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1	1	2			
. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT N	O. (If applicable)			
See Block 16C			REQ-4310-17-0117					
3, ISSUED BY CODE	FMPS	7. Al	DMINISTERED BY (If other than Item 6)	CODE				
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	1ISSION							
NAME AND ADDRESS OF CONTRACTOR (A)	of county State and 710 Code)	(x) 9	A, AMENDMENT OF SOLICITATION NO.					
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZiP Code)  HARBORVIEW MEDICAL CENTER  325 9TH AVENUE  SEATTLE WA 98104-2420			OB. DATED (SEE ITEM 11)  IDA. MODIFICATION OF CONTRACT/ORDE  CPSC-N-14-0056	ER NO.				
			IOB. DATED (SEE ITEM 13)					
CODE	FACILITY CODE		05/30/2014					
	11. THIS ITEM ONLY AP	PLIES TO AMEN	DMENTS 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 of reference to the solicitation and this amendment, an	ce to the solicitation and amend FOFFERS PRIOR TO THE HO fer already submitted, such ch d is received prior to the openic	dment numbers. OUR AND DATE S nange may be mad	PECIFIED MAY RESULT IN REJECTION O de by telegram or letter, provided each teleg	TTO BE RECEIVED F YOUR OFFER If t ram or letter makes	AT			
12. ACCOUNTING AND APPROPRIATION DATA (If re			ncrease:	\$6,840.00				
0100A17DSE 2017 1117900000			MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN IT				
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF CONTRAC	CISIORDERS. II	MODIFIES THE CONTRACTIONDER NO. A	S DESCRIBED IN IT	im (4).			
			NGES SET FORTH IN ITEM 14 ARE MADE  ADMINISTRATIVE CHANGES (such as cha TY OF FAR 43.103(b).		<del></del>			
C. THIS SUPPLEMENTAL AGREEME								
D. OTHER (Specify type of modification	on and authority)							
X EXERCISE OPTION - U	NILATERAL MODIF	FICATION,	FAR 52.217-9					
E. IMPORTANT: Contractor 🗵 is not.	ls required to sign this d	document and retu	copies to the	issuing office				
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID#: 6W741034 COR: Zsuzanna Kocsis PHONE: (301) 504-7402 EMAIL: zkocsis@cpsc.gov	থ (Organized by UCF section ।	headings, includir	ng solicitation/contract subject matter where	feasible )				
Modification # 0003 to cont	ract CPSC-N-14-	-0056 is 1	nereby issued to exerc	ise option	period			
1. In accordance with FAR Consumer Product Safety ComContinued  Except as provided herein, all terms and conditions on 15A. NAME AND TITLE OF SIGNER (Type or print)	mission hereby	exercise lem 9 A or 10A, a	s option period three	for the pe	riod			
			Greg A. Grayson					
15B CONTRACTOR/OFFEROR	15C DATE	- AY - 14	6B UNITED STATES OF AMERICA	on	16C. DATE SIGNED			
-		1	and in some	York	110 MAR2			
(Signature of person authorized to sign)			(Signature of Contracting Officer	PTANDADD FO	DM 20/DEV 10.93\			

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC—N-14-0056/0003
 PAGE CPSC—N-14-0056/0003
 OF CPSC—N-14-0056/0003

NAME OF OFFEROR OR CONTRACTOR
HARBORVIEW MEDICAL CENTER

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 I	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	beginning July 1, 2017 through June 30, 2018. Pricing is in accordance with line item 0004.				
			1		
	2. The funded quantity for line item 0004 is increased from 0 to 3,800.				
			11		
	3. As a result, funding is added for line item 0004 in the amount of \$6,840.00.			ļ	
	4. As a result of the above, funding is added in the amount of \$6,840.00 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 0004 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 3 JULY 1, 2017 THROUGH JUNE 30, 2018				
0004	Not To Exceed: 3,800	-1250	EA	1.80	6,840.0
	Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 3,800 @ \$1.80 = \$6,840.00				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
			11		