

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. CONTRACT ID CODE \_\_\_\_\_ PAGE OF PAGES  
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2. AMENDMENT/MODIFICATION NO. 0002  
 3. EFFECTIVE DATE 08/16/2010  
 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 FMPS  
 CONSUMER PRODUCT SAFETY COMMISSION  
 DIV OF PROCUREMENT SERVICES  
 4330 EAST WEST HWY  
 ROOM 517  
 BETHESDA MD 20814

8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code)  
 DAVIESS COUNTY HOSPITAL  
 ATTN ROBERT J HECKERT CEO  
 1314 EAST WALNUT STREET  
 PO BOX 760  
 WASHINGTON IN 47501-2120

CODE \_\_\_\_\_ FACILITY CODE \_\_\_\_\_

(x) 9A. AMENDMENT OF SOLICITATION NO. \_\_\_\_\_  
 9B. DATED (SEE ITEM 11) \_\_\_\_\_  
 X 10A. MODIFICATION OF CONTRACT/ORDER NO.  
 CPSC-N-10-0071  
 10B. DATED (SEE ITEM 13)  
 01/11/2010

**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)  
 See Schedule Net Decrease: -\$4,224.00

**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 Unilateral Modification, FAR 43.103 (b)

E. IMPORTANT: Contractor  is not.  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#: 3C134055

Modification 0002 adjusts the quantity of surveillance reports for FY-2010 as follows:

ITEM #1 is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is decreased by \$4,224.00, from \$23,093.00 to \$18,869.00.

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  
 08/16/2010

(Signature of person authorized to sign) \_\_\_\_\_ (Signature of Contracting Officer)

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CPSC-N-10-0071/0002

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NAME OF OFFEROR OR CONTRACTOR  
DAVIESS COUNTY HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>TOTAL QTY FOR ITEM #1: 3,400/EA</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,050 MAXIMUM QTY: 5,250</p> <p>Accounting Info: 10-PS-EXFM-4310 Fund: 10 BPAC: PS Organization: EXFM Object Class: 4310 Funded: \$0.00</p> <p>Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Fund: 0100A10DPS FISCAL YEAR: 2010 BPAC: 1117900000 Organization: EXFM004310 Object Class: 252E0 Funded: -\$4,224.00</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	-800	EA	5.28	-4,224.00