

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES 1 3
2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. REQ-4310-15-0084	5. PROJECT NO. (If applicable)
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) SMYTH COUNTY COMMUNITY HOSPITAL ATTN TIM ANDERSON CHIEF NURSING OFFICER 245 MEDICAL PARK DRIVE MARION VA 24354-1100		(x) 9A. AMENDMENT OF SOLICITATION NO.	
CODE		9B. DATED (SEE ITEM 11)	
FACILITY CODE		x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-14-0087	
		10B. DATED (SEE ITEM 13) 06/10/2014	

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) Net Increase: \$5,188.50
0100A15DSE 2015 1117900000 EXHR004310 252E0

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	EXERCISE OPTION - UNILATERAL MODIFICATION FAR 43.103 (b)

E. IMPORTANT: Contractor is not. is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: [REDACTED]
HOSPITAL ID#: 3P064055
COR: Thomas Schroeder
PHONE: (301) 504-7431
EMAIL: tschroeder@cpsc.gov

Modification # 0001 to contract CPSC-N-14-0087 is hereby issued to revise as follows:

The name of the COR is changed:

FROM: Mark Edwards
TO: Thomas Schroeder

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A 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) Greg A. Grayson	
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 11 May 2015

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-N-14-0087/0001

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NAME OF OFFEROR OR CONTRACTOR
SMYTH COUNTY COMMUNITY HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>1- The quantity for Line item 0001 is increased by 650 to a new total quantity of 4,550.</p> <p>As a result of the above, funding is added for line item 0001 in the amount of \$656.50.</p> <p>2- As a result of the above, funding for the base period (July 1, 2014 through June 30, 2015) is increased by \$656.50 to a new total of \$4,595.50.</p> <p>3- At this time the first option period is exercised for the period beginning July 1, 2015 through June 30, 2016 in accordance with FAR Clause 52.217-9, Option to Extend the Term of the Contract. Pricing is in accordance with Line item 0002.</p> <p>4- The funded quantity for line item 0002 is increased from 0 to 4,400.</p> <p>5- As a result of the above, funding in the amount of \$4,532.00 is provided for the first option period. Additional funding will be provided via modification at a later date when funding becomes available.</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p> <p>BASE CONTRACT JULY 1, 2014 THROUGH JUNE 30, 2015</p> <p>0001 Not To Exceed: 4,550</p> <p>Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 650 @ \$1.01 = \$656.50</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 1 JULY 1, 2015 THROUGH JUNE 30, 2016</p> <p>0002 Not To Exceed: 4,400</p> <p>Continued ...</p>	650	EA	1.01	656.50
	<p>0002 Not To Exceed: 4,400</p> <p>Continued ...</p>	-800	EA	1.03	4,532.00

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 SMYTH COUNTY COMMUNITY HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 4,400 @ \$1.03 = \$4,532.00 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				