

*Todd Stevenson*

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

2. AMENDMENT/MODIFICATION NO. 0001		3. EFFECTIVE DATE 03/04/2010		1. CONTRACT ID CODE		PAGE OF PAGES 1 2	
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION		CODE FMPS		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	
7. ADMINISTERED BY (If other than Item 6) CONSUMER PRODUCT SAFETY COMMISSION		CODE FMPS		4. REQUISITION/PURCHASE REQ. NO.		5. PROJECT NO. (If applicable)	

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  ST BARNABAS HOSPITAL ATTN JOHN DI GIROLOMO SENIOR VP 4422 THIRD AVENUE BRONX NY 10457-2594	9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0063  10B. DATED (SEE ITEM 13) 01/06/2010
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CODE FACILITY CODE	11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> 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.
CODE FACILITY CODE	12. ACCOUNTING AND APPROPRIATION DATA (If required) 0100A10DPS 2010 1117900000EXFM004310 252E0 Net Increase: \$18,266.21

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)
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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: \_\_\_\_\_  
 Modification 0001 to contract CPSC-N-10-0063 is hereby issued to provide full funding for the period of February 1, 2010 through September 30, 2010.

As a result, the contract is hereby increased by \$18,266.21 from \$9,133.79 to total amount of \$27,400.00

Contract Quantity Totals are as follows:

Line Item 0001 - 20000 each

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)	
		Rudy M. Johnson	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
(Signature of person authorized to sign)		(Signature of Contracting Officer)	3-5-2010

DK

any

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CPSC-N-10-0063/0001

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NAME OF OFFEROR OR CONTRACTOR  
ST BARNABAS HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	All other terms and conditions remain unchanged and in full force and effect.				
	Change Item 0001 to read as follows (amount shown is the obligated amount):				
0001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	13333	EA	1.37	18,266.21
	MINIMUM QTY: 5,000 MAXIMUM QTY: 25,000				