

OS

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 2

2 AMENDMENT/MODIFICATION NO

3 EFFECTIVE DATE

4 REQUISITION/PURCHASE REQ. NO

5 PROJECT NO (if applicable)

0001

03/02/2010

6. ISSUED BY

CODE

FMPs

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

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)

ST LOUIS CHILDRENS HOSPITAL
ATTN JANE ZBINDEN
1 CHILDRENS PLACE
PL-20
SAINT LOUIS MD 63110-1002

(x) 9A AMENDMENT OF SOLICITATION NO

9B DATED (SEE ITEM 11)

X 10A MODIFICATION OF CONTRACT/ORDER NO.
CPSC-N-10-0033

10B DATED (SEE ITEM 13)

11/23/2009

CODE

FACILITY CODE

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:

\$20,080.40

0100A10DPS 2010 1117900000 EXFM004310 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 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: _____
BASIC CONTRACT: 12/01/09 THRU 09/30/10
HOSPITAL ID# 7K042042

Additional funding is provided in the amount of \$20,080.40 through September 30, 2010.
THIS CONTRACT IS NOW FULLY FUNDED FOR FY-2010.

ITEMS 1 and 2 are changed as follows: (see page 2).

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

(Signature of person authorized to sign)

Doris B. Kessler
(Signature of Contracting Officer)

03/02/2010

NAME OF OFFEROR OR CONTRACTOR
ST LOUIS CHILDRENS HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>TOTAL QTY FOR ITEM #1: 9,450/EA TOTAL QTY FOR ITEM #2: 300/EA</p> <p>TOTAL AMOUNT FUNDED FOR FY-2010: \$27,794.90</p> <p>Discount Terms: Net 30</p> <p>Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814</p> <p>FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p>				
0001	<p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 2,363 MAXIMUM QTY: 11,813</p> <p>Period of Performance: 12/01/2009 to 09/30/2010</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p>	7090	EA	2.81	19,922.90
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 30 MAXIMUM QTY: 300</p> <p>Period of Performance: 12/01/2009 to 09/30/2010 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	225	EA	0.70	157.50