

2. AMENDMENT/MODIFICATION NO. 0001	3. EFFECTIVE DATE 08/23/2011	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
---------------------------------------	---------------------------------	----------------------------------	--------------------------------

6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 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) DEPT OF STATE HEALTH SERVICES ATTN GERALDINE HARRIS 1100 WEST 49TH STREET VITAL STATISTICS AUSTIN TX 78756	(x)	9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11)
	X	10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-A-10-0003 10B. DATED (SEE ITEM 13) 05/25/2010
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) 0100A10DPS-2010-1128200000-EXHR004310-252E0	Net Increase:	\$2,000.00
--	---------------	------------

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:
X	D. OTHER (Specify type of modification and authority) 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: [REDACTED]

PROJECT OFFICER: Mark Edwards
PHONE: (301) 504-7510
EMAIL: medwards@cpsc.gov

Modification No. 0001 adjusts the quantity of death certificates for FY-2010.

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

The total amount of this contract is increased by \$2,000.00, from \$8,000.00 to \$10,000.00.

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)		15A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler
15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED	15B. UNITED STATES OF AMERICA <i>Doris B. Kessler</i> (Signature of Contracting Officer)
		16C. DATE SIGNED 08/23/2011

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-A-10-0003/0001

PAGE OF
2 2

NAME OF OFFEROR OR CONTRACTOR
DEPT OF STATE HEALTH SERVICES

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
0001	<p>TOTAL QTY FOR ITEM #1: 500/EA</p> <p>Discount Terms: Net 30</p> <p>Payment: CPSC Accounts Payable Branch AMZ 160 P. O. Box 25710 Oklahoma City OK 73125</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> <p>ESTIMATED QUANTITY DEATH CERTIFICATES CONTAINING PRODUCT HAZARD AND INJURY INFORMATION FROM THE STATE OF TEXAS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING/REQUESTED DURING THE PERIOD OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010.</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>	100	EA	20.00	2,000.00



UNITED STATES
CONSUMER PRODUCT SAFETY COMMISSION
BETHESDA, MD 20814

Memorandum

Date: August 8, 2011

TO : N.J. Scheers, Director
Division of Planning, Budget and Evaluation

THRU : Kevin Walker, Budget Analyst

FROM : Dodie Kessler, Contract Specialist

SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS

MON: REQ: 4310-09-0024

CONTRACTOR/SOURCE: CPSC-A-10-0003
TEXAS DEPT OF HEALTH

PRODUCT/SERVICES: PURCHASE OF DEATH CERTIFICATES

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1128200000 EXHR004310 252E0

Prior year funds in the amount of \$2,000.00 are certified available.

W
8/23/11
Date

N.J. Scheers
Signature

Remarks:

This increase is necessary inasmuch as the health department listed above reported more cases than originally estimated for this contract.

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037