A LITTURE OF A ST LOCAL TO LITTURE OF THE STATE OF THE ST		ITDACT	1. CONT	RACT ID CODE	PAGE C	F PAGES
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF COR	IIRACI			1	5
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE D			PURCHASE REQ. NO.	5. PROJECT N	O. (If applicable)
0003	See Block	(16C	REQ-4310-	17-0095		
8. ISSUED BY CODE	FMPS		7. ADMINISTER	D BY (If other than Item 6)	CODE	
CONSUMER PRODUCT SAFETY COMN DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	1ISSION	_				
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and Zi	IP Code)	/ 9A. AMENDN	ENT OF SOLICITATION NO.		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(x)			
HAYDON AND HAYDON INC			DP DATED	SEE ITEM 11)		
1545 SMOKEY ROAD			BB. DATED (JECTTEM 77		
NEWNAN GA 30263-5686						
			X CPSC-N-	CATION OF CONTRACT/ORDE -14-0022	R NO.	
			10B. DATED	(SEE ITEM 13)		
CODE	FACILITY CODE		05/22/	2014		
	11, THIS ITE	M ONLY APPLIES TO A	MENDMENTS OF	SOLICITATIONS		
The above numbered solicitation is amended as set offers must acknowledge receipt of this amendment items 8 and 15, and returning consequence of the period of this amendment. THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an of reference to the solicitation and this amendment, and	prior to the hour ar oples of the amend to to the solicitation OFFERS PRIOR 1 fer already submitte	nd date specified in the ment; (b) By acknowle and amendment numb FO THE HOUR AND Do ed, such change may b	sollcitation or as a dging receipt of thi pers. FAILURE O ATE SPECIFIED N pe made by telegra	mended , by one of the following is amendment on each copy of the F YOUR ACKNOWLEDGEMEN MAY RESULT IN REJECTION OF	ne offer submitted ; o T TO BE RECEIVED F YOUR OFFER If I	mpleting or (c) By AT
12. ACCOUNTING AND APPROPRIATION DATA (If re	quired)	Net	Increase	2:	\$29,637.0	0
0100A17RSE 2017 1117900000						
13. THIS ITEM ONLY APPLIES TO	MODIFICATION OF	CONTRACTS/ORDER	RS. IT MODIFIES	THE CONTRACT/ORDER NO. A	S DESCRIBED IN IT	EM 14.
CHECK ONE. A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.						
THE ABOVE NUMBERED CONTR. appropriation date, etc.) SET FOR	ACT/ORDER IS MO TH IN ITEM 14, PU	DIFIED TO REFLECT RSUANT TO THE AUT	THE ADMINISTR HORITY OF FAR	ATIVE CHANGES (such as char 43.103(b).	nges in paying office	
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED II	NTO PURSUANT TO A	UTHORITY OF:			***
D. OTHER (Specify type of modification			map 50	217 0		
X Exercise Option - U						
E. IMPORTANT: Contractor 🗵 is not.		o sign this document a		copies to the l		
14. DESCRIPTION OF AMENDMENT/MODIFICATION	N (Organized by U	CF section headings, Ir	ncluding solicitation	n/contract subject matter where	feasible.)	
DUNS Number:						
Hospital: Southern Reg'l Me	d'1,					
ID# 6A652034						
COR: Randolph Mitchell						
EMAIL: rmitchell@cpsc.gov						
PHONE: (301)504-6962						
Modification #0003 to contr funding for option period t	wo, and e	xercise opt	ion perio	d three as follo	ws:	
1) The quantity for Line It Continued						
Except as provided herein, all terms and conditions o	f the document refe	erenced in Hem 9 A or				
15A. NAME AND TITLE OF SIGNER (Type or print)				and title of contracting . Grayson	OFFICER (Type or	pnny
15B CONTRACTOR/OFFEROR		15C. DATE SIGNED		STATES OF AMERICA		16C. DATE SIGNED
			Sie	1 A. Day	%	9 MARAC
(Signature of person authorized to sign)				(Signature of Contracting Officer,	CTANDADD EC	DH 30 (DEV. 10 93)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-14-0022/0003

PAGE 2 OF 5

NAME OF OFFEROR OR CONTRACTOR HAYDON AND HAYDON INC

rem no. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	(B)		(5)	- (2)	(2)
	2) As a result, funding is added for Line Item				
	0005 in the amount of \$3,132.00.				
	3) Line item 0006A is added in the amount of				
	\$1,500.00 in accordance with Section 6.C. (b) of				
	the statement of work.				
	4) As a result of the above, funding for option				
	period two (July 1, 2016 through June 30, 2017)				
	is increased by \$4,632.00 to a new total of				
	\$28,112.00.				
	5) In accordance with FAR Clause 52.217-9, Option		'		
	to Extend the Term of the Contract, the Consumer				
	Product Safety Commission hereby exercises option period three for the period beginning July 1,				
	2017 through June 30, 2018. Pricing is in		1		
	accordance with line items 0007-0008.				
	6) The funded quantity for line item 0007 is				
	increased from 0 to 14,000.				
	7) As a result, funding is added for line item				
	0007 in the amount of \$24,360.00.				
	8) The funded quantity for line item 0008 is				
	increased from 0 to 1,500.				
	9) As a result, funding is added for line item		-		
	0008 in the amount of \$645.00.				
	10) As a result of the above, funding is added in				
	the amount of \$25,005.00 for option period three				
	for the performance period July 1, 2017 through				
	June 30, 2018. Additional funding will be provided via modification at a later date when	1			
	funding becomes available.				
	C) 7/ 0005 /				
	Change Item 0005 to read as follows(amount shown is the obligated amount):				
	SECOND OPTION PERIOD: JULY 1, 2016 THROUGH JUNE 30, 2017				
	JULI 1, 2016 THROUGH JUNE 30, 2017				
0005	Not To Exceed: 14,800	1800	EA	1.74	3,132.(
	NEISS Surveillance Reports and Special Survey				
	Reports in accordance with the attached statement				
	of work.				
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-14-0022/0003
 PAGE CPSC-N-14-0022/0003
 OF TABLE CPSC-N-14-0022/0003

NAME OF OFFEROR OR CONTRACTOR HAYDON AND HAYDON INC

Add Item 0006 A as follows: NOT TO EXCEED: \$1,500.00 Reimbursement for attendance at a NEISS-All-Trauma Coder Meeting at CPSC in Bethesda, MD in accordance with the attached modification to the statement of work.	(C)	(D)	(E)	(F) 1,500.00
NOT TO EXCEED: \$1,500.00 Reimbursement for attendance at a NEISS-All-Trauma Coder Meeting at CPSC in Bethesda, MD in accordance with the attached				1,500.00
Reimbursement for attendance at a NEISS-All-Trauma Coder Meeting at CPSC in Bethesda, MD in accordance with the attached				1,500.00
NEISS-All-Trauma Coder Meeting at CPSC in Bethesda, MD in accordance with the attached				
Change Item 0007 to read as follows(amount shown is the obligated amount):				
THIRD OPTION PERIOD: JULY 1, 2017 THROUGH JUNE 30, 2018				
Not To Exceed: 14,000	-3500	EA	1.74	24,360.00
NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work.				
Quantity: 14,000 @ \$1.74 = \$24,360.00				
Change Item 0008 to read as follows(amount shown is the obligated amount):				
Not-To-Exceed: 1,500	-1100	EA-	043	645.00
NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 1,500 @ \$0.43 = \$645.00		:		
All other terms and conditions shall remain unchanged and in full force and effect.				
	THIRD OPTION PERIOD: JULY 1, 2017 THROUGH JUNE 30, 2018 Not To Exceed: 14,000 NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 14,000 @ \$1.74 = \$24,360.00 Change Item 0008 to read as follows(amount shown is the obligated amount): Not To-Exceed: 1,500 NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 1,500 @ \$0.43 = \$645.00 All other terms and conditions shall remain	THIRD OPTION PERIOD: JULY 1, 2017 THROUGH JUNE 30, 2018 Not To Exceed: 14,000 NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 14,000 @ \$1.74 = \$24,360.00 Change Item 0008 to read as follows(amount shown is the obligated amount): Not To-Exceed: 1,500 NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 1,500 @ \$0.43 = \$645.00 All other terms and conditions shall remain	Sthe obligated amount): CHIRD OPTION PERIOD: JULY 1, 2017 THROUGH JUNE 30, 2018 Not To Exceed: 14,000 NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 14,000 @ \$1.74 = \$24,360.00 Change Item 0008 to read as follows(amount shown is the obligated amount): Not To-Exceed: 1,500 NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 1,500 @ \$0.43 = \$645.00 All other terms and conditions shall remain	THIRD OPTION PERIOD: JULY 1, 2017 THROUGH JUNE 30, 2018 Not To Exceed: 14,000 NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 14,000 @ \$1.74 = \$24,360.00 Change Item 0008 to read as follows(amount shown is the obligated amount): Not To Exceed: 1,500 NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 1,500 @ \$0.43 = \$645.00 All other terms and conditions shall remain

Addition to NEISS Statement of Work

Section 6.C Orientation and Training

(1) NEISS Coder Meeting

The Contractor/NEISS coder shall attend a training meeting covering case coding procedures and other NEISS/AII Trauma reporting activities.

The NEISS Coder Meeting will be held at or near CPSC in Montgomery County, Maryland at a location and dates to be determined. The meeting will be for 2 consecutive days sometime between March-August, 2017. Lodging will be provided at a hotel to be determined.

(2) Travel Costs. Airfare or train tickets shall be obtained by the Contractor. All training and travel costs shall be reimbursed in accordance with the following provisions and the Federal Travel Regulations:

a. Total expenditures for domestic travel and training (salary of one attendee) shall not exceed the dollar values specified in the contract modification without the prior written approval of the Contracting Officer.

b. The cost oftravel by privately-owned automobile shall be reimbursed at the rate established by the Federal Travel Regulations (http://www.gsa.gov/portal/category/26429). Such reimbursement, however, shall not exceed the otherwise allowable comparative cost of travel by common carrier.

e. Miscellaneous travel expenses (i.e., parking fees, taxi fare, tolls, etc.) shall be reimbursed by CPSC. Reimbursement receipts MUST be presented for ground transportation to and from airports for any amount over \$75.00, other than privately-owned vehicle (see paragraph b above). However, a receipt for all expenditures is advisable.

d. Reasonable actual costs of meals and incidental expenditures (M&IE) shall be reimbursed at a limit of \$69.00 per full day, as established by the Federal Travel Regulations. The first and last day of travel is paid at three quarters (3/4ths) of the rate (\$51.75 per day). The website that addresses these rates is http://www.gsa.gov/portal/category/100120.

e. Domestic travel shall be undertaken by the mode and class of service most advantageous to the Government. This will normally require that the Contractor travel in coach accommodations.

f. Hotel accommodations will be provided by CPSC at no cost to the Contractor at a hotel to be determined. Incidental expenditures, i.e., hotel telephone calls, room service, laundry, etc. shall be paid by the travelers.

g. All air or train travel arrangements (if applicable) and airline or train tickets shall be made and purchased by the Contractor. The cost of the airline or train tickets will be reimbursed by CPSC to the Contractor.

h. The CPSC Contract Officer Representative will forward hotel arrangements, meeting location, and meeting dates to the Contractor as soon as they are available.