AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CO	NTRACT	1. CONTR	ACT ID CODE	F	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE D		A DEOLHSITION/D	URCHASE REQ. NO.	IS PRO	1 3 DJECT NO. (If applicable)
	l		REO-4310-1		3,110	acor iro (ii approduc)
0003 8. ISSUED BY CODE	See Block	K 16C		BY (If other than Item 6)	CODE	<u></u>
CONSUMER PRODUCT SAFETY COMMINION OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	EMES					_
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	et, county, State and Z	IP Code)	(x) 9A. AMENDME	NT OF SOLICITATION NO.		
ST ROSE DOMINICAN HOSPITALS 3001 ST ROSE PARKWAY HENDERSON NV 89052-3839	- SIENA C		9B. DATED (S	ATION OF CONTRACT/ORDE	R NO	
			10B. DATED (SEE ITEM 13)		-
CODE	FACILITY CODE	E	05/29/2	014		
	11. THIS ITE	M ONLY APPLIES TO A	MENDMENTS OF S	OLICITATIONS		
Offers must acknowledge receipt of this amendment Items 8 and 15, and returning consequence of the separate letter or telegram which includes a reference 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	opies of the amend ce to the solicitation OFFERS PRIOR of fer already submitte	Iment; (b) By acknowled I and amendment numb TO THE HOUR AND DA ed , such change may b	fging receipt of this ers. FAILURE OF ATE SPECIFIED MA e made by telegram	amendment on each copy of th YOUR ACKNOWLEDGEMENT Y RESULT IN REJECTION OF	ne offer subr TTO BE RE YOUR OF	nitted ; or (c) By CEIVED AT FER If by
12. ACCOUNTING AND APPROPRIATION DATA (If re 0100A17DSE 2017 1117900000			Increase		\$4,66	4.00
13. THIS ITEM ONLY APPLIES TO			S. IT MODIFIES TH	IE CONTRACT/ORDER NO. AS	DESCRIB	ED IN ITEM 14.
A THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTR appropriation date, etc.) SET FOR	ACT/ORDER IS MO TH IN ITEM 14, PU	ODIFIED TO REFLECT IRSUANT TO THE AUT	THE ADMINISTRATHORITY OF FAR 4			
C. THIS SUPPLEMENTAL AGREEME	NI 15 ENTEREUR	NTO PURSUANT TO A	OTHORITY OF			
D. OTHER (Specify type of modification	on and authority)					
X Exercise Option - U	nilateral	Modification	on FAR 52.	217-9		
E. IMPORTANT: Contractor X is not.	is required to	o sign this document an	d return	copies to the is	ssuing office	2
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID#: 8S152077 COR: Zsuzsanna Kocsis PHONE: (301) 504-7401 EMAIL: zkocsis@cpsc.gov	N (Organized by U	CF section headings, in	cluding solicitation/	contract subject metter where f	easible.)	
Modification #0003 to contr	act CPSC-	N-14-0054 is	hereby i	ssued to provide	e addi	tional
funding for option period t						
 The quantity for line it Continued 	em 0003 i	s increased	by 400 to	a new quantity	of 3,	200.
Except as provided herein, all terms and conditions of	f the document refe	erenced in Item 9 A or 1	OA, as herelofore c	nanged, remains unchanged ar	nd in full for	ce and effect
15A. NAME AND TITLE OF SIGNER (Type or print)				ID TITLE OF CONTRACTING		
15B CONTRACTOR/OFFEROR		15C. DATE SIGNED		TATES OF AMERICA	ω	16C. DATE SIGNED
(Signature of person authorized to sign)			7	(Signature of Confracting Officer)		3/00/00

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
 PAGE OF CPSC-N-14-0054/0003
 OF 2
 3

NAME OF OFFEROR OR CONTRACTOR
ST ROSE DOMINICAN HOSPITALS - SIENA CAMPUS

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	2. As a result, funding is added for line item 0003 in the amount of \$576.00.				
	3. As a result of the above, funding for option period two (July 1, 2016 through June 30, 2017) is increased by \$576.00 to a new total of \$4,608.00.				
	4. 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 accordance with line item 0004.				
	5. The funded quantity for Line Item 0004 is increased from 0 to 2,800.				
	6. As a result, funding is added for line item 0004 in the amount of \$4,088.00.				
	7. As a result of the above, funding is added in the amount of \$4,088.00 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 funding becomes available.				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 2 JULY 1, 2016 THROUGH JUNE 30, 2017				
0003	Not To Exceed: 3,200	400	EA	1.44	576.0
	Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work.				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 3 JULY 1, 2017 THROUGH JUNE 30, 2018				
0004	Not To Exceed: 2,800	-400	EA	1.46	4,088.0
	Continued				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-14-0054/0003 PAGE OF 3 3

NAME OF OFFEROR OR CONTRACTOR ST ROSE DOMINICAN HOSPITALS - SIENA CAMPUS

EM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE	AMOUNT (F)
	Access only to NEISS Surveillance Reports,	+			30-137-
	Special Survey Reports, and Supplemental/Special			ři i	
	Study Reports in accordance with the attached	1	1 1		
	statement of work.				
	Quantity: 2,800 @ \$1.46 = \$4,088.00		1		
	All other terms and conditions shall remain				
	unchanged and in full force and effect.		1 1		
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