				1. CONTR	ACT ID CODE		PAGE O	F PAGES	
AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CO	NTRACT					1	:	3
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE D	PATE	4. R	EQUISITION/PU	JRCHASE REQ. NO.	5. PI	ROJECT NO	O. (If applicab	ile)
0004	See Block	k 16C	RE(2-4310-1	7-0067				
B. ISSUED BY CODE	FMPS		7. /	ADMINISTERED	BY (If other than Item 6)	COD	E	_	
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	IISSION	-							
NAME AND ADDDOOR OF CONTRACTOR AS	tion and State and 3	200-4-1		OA AMENDME	NT OF SOLICITATION NO.				
B. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and Z	IP Code)	(x)	9A. AMENUME	NI OF SOLICITATION NO.				
GRAHAM HOSPITAL ASSOCIATION									
210 W WALNUT STREET				9B. DATED (SE	E ITEM 11)				
CANTON IL 61520-2444									
			х	10A. MODIFICA CPSC-N-1	ATION OF CONTRACT/ORDE 4-0075	R NO.			
				108. DATED (S	EE ITEM 13)	_			
CODE	FACILITY CODE	<u> </u>		06/30/2	676				
		M ONLY APPLIES TO A	AME	(1)					
The above numbered solicitation is amended as set f						extended.	☐ is not	extended.	
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and	e to the solicitation OFFERS PRIOR I er already submitte I is received prior t	and amendment numb TO THE HOUR AND Da ed , such change may b	bers. ATE	FAILURE OF ' SPECIFIED MA' ade by telegram	Y RESULT IN REJECTION O	T TO BE I F YOUR O ram or lett	RECEIVED (OFFER If by er makes	AT	
12. ACCOUNTING AND APPROPRIATION DATA (If red			t I	ncrease:		\$2,5	32.00		
0100A17RSE 2017 1117900000 1			20 1	T MARIER TH	E CONTRACTIONDER NO. A	e neech	BED IN ITE	M 14	
13, THIS ITEM ONLY APPLIES TO I	MODIFICATION OF	- CONTRACTS/ORDER	45. I	I MODIFIES IN	E CONTRACTIONDER NO. A	3 DESCR	.050 !!! !!		
A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT									
appropriation date, etc.) SET FORT	'H IN ITEM 14, PU	RSUANT TO THE AUT	THOF	RITY OF FAR 43	.103(b).				
C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED II	NTO PURSUANT TO A	NTH	ORITY OF:					
D. OTHER (Specify type of modification	n and authority)						-		
X EXERCISE OPTION - U	NILATERAL	MODIFICATIO	ON,	FAR 52.	217-9				
E. IMPORTANT: Contractor X is not.	is required to	o sign this document ar	nd re	turn	coples to the	ssuing off	ce		
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID#: 8V061065 COR: Randolph Mitchell PHONE: (301) 504-6962 EMAIL: rmitchell@cpsc.gov	l (Organized by U	CF section headings, In	nclud	ing solicitation/c	ontract subject matter where	feasible)			
Modification 0004 to contra	ot CDSC-M	-14-0075 ic	he	rehu ice	med to provide	addi	tional	fundi	na
for option period two, and						LUUL	2201101		9
tor operon period two, and	evercize (oberon beri	Ju	rutes q;	, rozzowa.				
1. The quantity for line it	em 0003 i	s increased	рλ	250 to	a new total qu	antit	y of 2	2,050.	
Continued									
Except as provided herein, all terms and conditions of	the document refe	erenced in Item 9 A or 1							
15A. NAME AND TITLE OF SIGNER (Type or print)			- 1	16A NAME AN Greq A.	D TITLE OF CONTRACTING	OFFICER	R (Type or p	rint)	
15B CONTRACTOR/OFFEROR		15C. DATE SIGNED	\dashv		TATES OF AMERICA			16C DATE S	SIGNED
OU DOMINIO TONOTTENON		. SO, EALE GIGINED		Dres	A. Ala	POV	<u>_</u>	3/1-	7/20
(Signature of person authorized to sign)		L			(Signature of Contracting Officer)		ID 400 F01	- 1.	10000

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10483) Prescribed by GSA FAR (48 CFR) 53.243
 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE CPSC-N-14-0075/0004
 OF CPSC-N-14-0075/0004
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 3

NAME OF OFFEROR OR CONTRACTOR
GRAHAM HOSPITAL ASSOCIATION

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	 As a result, funding is added for line item 0003 in the amount of \$290.00. As a result of the above, funding for option period two (July 1, 2016 through June 30, 2017) is increased by \$290.00 to a new total of 				
	\$2,456.00. 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 1,900.				
	6. As a result, funding is added for line item 0004 in the amount of \$2,242.00.				
	7. As a result of the above, funding is added in the amount of \$2,242.00 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: 2,050	250	EA	1.16	290.0
	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: 1,900	-300) EA	1.18	2,242.0
	Continued				

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE CPSC-N-14-0075/0004
 OF 3
 3
 3

NAME OF OFFEROR OR CONTRACTOR
GRAHAM HOSPITAL ASSOCIATION

NO.	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
.)	(B)	107	101	1275	(+)
	Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special				
	Study Reports in accordance with the attached				
	statement of work.				
	Quantity: 1,900 @ \$1.18 = \$2,242.00				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.		1		
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