AMENDMENT OF COLLECTATION MADDIED ATION OF CONTRACT				1. CONTRACT ID CODE			PAGE OF PAGES		
AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONT	RACT				_ 1	3		
2. AMENDMENT/MODIFICATION NO. 3. EFFECTIVE DATE				EQUISITION/PURCHASE REQ. NO.	5, PR	OJECT NO) (If applicable)		
0003 See Block 16C			REQ-4310-17-0111						
6. ISSUED BY CODE	FMPS		7. A	DMINISTERED BY (If other than Item 6)	CODI	<u> </u>	<u> </u>		
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	ISSION								
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP	Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.					
	•		(^/						
DOCTORS COMMUNITY HOSPITAL 8118 GOOD LUCK ROAD				9B. DATED (SEE ITEM 11)					
LANHAM MD 20706-3574									
				104 MODIFICATION OF CONTRACT/ORDE	R NO.				
			×	10A. MODIFICATION OF CONTRACT/ORDER CPSC=N-14-0127					
				10B. DATED (SEE ITEM 13)					
CODE	FACILITY CODE			06/23/2014					
	11. THIS ITEM	ONLY APPLIES TO A	MEI	IDMENTS OF SOLICITATIONS					
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 off reference to the solicitation and this amendment, and	pies of the amendm a to the solicitation a OFFERS PRIOR TO er already submitted	ent; (b) By acknowled and amendment numb THE HOUR AND Do and such change may b	dging bers. ATE be ma	preceipt of this amendment on each copy of the FAILURE OF YOUR ACKNOWLEDGEMENT SPECIFIED MAY RESULT IN REJECTION OF ade by telegram or letter, provided each telegra	e offer su TO BE R YOUR O	bmitted; o ECEIVED FFER If b	(c) By AT		
12. ACCOUNTING AND APPROPRIATION DATA (If red	quired)	Net		ncrease:	\$14,	570.0			
0100A17RSE 2017 1117900000 1			25 1	T MODIFIES THE CONTRACT/ORDER NO. AS	DESCRI	BED IN ITE	M 14.		
		<u> </u>							
				ANGES SET FORTH IN ITEM 14 ARE MADE					
				ADMINISTRATIVE CHANGES (such as chan RITY OF FAR 43.103(b).	ges in pa	ying office,			
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED IN	TO PURSUANT TO A	NUTH	ORITY OF:					
D. OTHER (Specify type of modification	n and authority)								
X Exercise Option- Un	ilateral M	odification	n,	FAR 52.217-9					
E. IMPORTANT: Contractor 🗵 is not.	is required to	sign this document a	nd re	turn copies to the is	ssuing offi	ce.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID#: 5P591085 COR: Randolph Mitchell PHONE: (301) 504-6962 EMAIL: rmitchell@cpsc.gov	N (Organized by UCI	= section headings, ii	nclud	ling solicitation/contract subject matter where t	(easible.)				
Modification# 0003 to contr funding for option period t						ition	al		
1. The quantity for line it	em 0003 is	increased	by	y 1,000 to a new quanti	ty of	15,5	00.		
Continued						_	er		
Except as provided herein, all terms and conditions of	the document refer	enced in Item 9 A or	10A.	as heretofore changed, remains unchanged a 16A. NAME AND TITLE OF CONTRACTING	od in full f	orce and e	nect		
15A. NAME AND TITLE OF SIGNER (Type or print)				Greg A. Grayson	STRIGET	- Living of	······ /		
15B CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B UNITED STATES OF AMERICA (Signature of Contracting Officer)	P	<u>n</u>	3/13/20		
(Signature of person authorized to sign) NSN 7540-01-152-8070			_	Anginatura of Contracting Officer)		NDARD FO	RM 30 (REV. 10-83)		

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-14-0127/0003
 PAGE OF CPSC-N-14-0127/0003
 OF CPSC-N-14-0127/0003

NAME OF OFFEROR OR CONTRACTOR
DOCTORS COMMUNITY HOSPITAL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	2. As a result, funding is added for line item 0003 in the amount of \$940.00.				
	3. As a result of the above, funding for option year two (July 1, 2016 through June 30, 2017) is increased by \$940.00 to a new total of \$14,570.00.				
	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 14,500.				
	6. As a result, funding is added for line item 0004 in the amount of \$13,630.00.				
	7. As a result of the above, funding is added in the amount of \$13,630.00 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: 15,500	1000	EA	0.94	940.
	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 EXCXEED: 14,500	-4000	EA	0.94	13,630.
	ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF	
CONTINUATION SHEET	CPSC-N-14-0127/0003	3	3	

NAME OF OFFEROR OR CONTRACTOR
DOCTORS COMMUNITY HOSPITAL

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	SPECIAL SURVEY REPORTS, AND SUPPLEMENTAL/ SPECIAL		1 1		
	STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED				
	STATEMENT OF WORK.		1 1		
	Quantity: 14,500 @ \$0.94 = \$13,630.00				
	ATT OFFICE MEDICAL AND CONDESTANCE DEMAIN UNCURNCED				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED	l	1 1		
	AND IN FULL FORCE AND EFFECT.				
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