	FICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF	PAGES
AMENDMENT/MODIFICATION NO.		1 . 55		1	2
	3. EFFECTIVE DATE	4. KC	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO.	(Ir applicable)
0001 CC	01/05/2011 ODE EMDS	7 4	MINISTERED BY (If other than item 6)	CODE	
-	EMES	-  ```			
CONSUMER PRODUCT SAFETY C		1			
DIV OF PROCUREMENT SERVIC 1330 EAST WEST HWY	52				
00M 517					
ETHESDA MD 20814					
NAME AND ADDRESS OF CONTRACTOR (No.,	, street, county, State and ZIP Code)	(x) 9/	A AMENDMENT OF SOLICITATION NO.		
		٣			
EPT OF STATE HEALTH SERVI	LCES		DATED (SEE ITEM 11)		
TTN GERALDINE HARRIS 100 WEST 49TH STREET					
ITAL STATISTICS					
USTIN TX 78756		X C	A. MODIFICATION OF CONTRACT/ORDE	R NO.	
		10	B. DATED (SEE ITEM 13)		
ODE	FACILITY CODE	+	5/26/2009		
	11. THIS ITEM ONLY APPLIES TO				
The above numbered solicitation is amended as Offers must acknowledge receipt of this amendm Items 8 and 15, and returning	nent prior to the hour end date specified in the copies of the amendment; (b) By acknowle	a solicita Idging re	ion or as amended, by one of the following i ceipt of this amendment on each copy of the	offer submitted; or (c)	ting
separate letter or telegram which includes a refer THE PLACE DESIGNATED FOR THE RECEIPT					
virtue of this amendment you desire to change as	n offer already submitted, such change may b	e made	by telegram or letter, provided each telegram		
reference to the solicitation and this amendment,		date s;	ecified.		
2. ACCOUNTING AND APPROPRIATION DATA ( 100A09DPS 2009 112820000)	INC I	t Ind	crease:	\$1,380.00	
	TO MODIFICATION OF CONTRACTS/ORDEF	RS. IT N	ODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM	14.
CHECK ONE A. THIS CHANGE ORDER IS ISSU	JED PURSUANT TO: (Specify authority) THE	E CHAN	GES SET FORTH IN ITEM 14 ARE MADE I	N THE CONTRACT	
URDER NO. IN ITEM IUA.					
B. THE ABOVE NUMBERED CON	TRACT/ORDER IS MODIFIED TO REFLECT ORTH IN ITEM 14, PURSUANT TO THE AUT	THE AL	MINISTRATIVE CHANGES (such as chang OF FAR 43.103(b).	ges in paying office,	
appropriation date, etc.) SET FU					
	MENT IS ENTEDED INTO DUDGUANT TO A		NTV AE-		
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CONTINUATION SHEET

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REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-A-09-0002/0001 PAGE OF

NAME OF OFFEROR OR CONTRACTOR DEPT OF STATE HEALTH SERVICES

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #1: 469/EA Discount Terms:				
	Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814 FOB: Destination Period of Performance: 10/01/2008 to 09/30/2009				•
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
001	ESTIMATED QUANTITY DEATH CERTIFICATES CONTAINING PRODUCT HAZARD AND INJURY INFORMATION FROM THE STATE OF TEXAS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	69	EA	20.00	1,380.
	ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING/REQUESTED DURING THE PERIOD OCTOBER 1, 2008 THROUGH SEPTEMBER 30, 2009.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
					OPTIONAL FORM 336 (4-86)

FAHR



UNITED STATES CONSUMER PRODUCT SAFETY COMMISSION BETHESDA, MD 20814

## Memorandum

Date: December 28, 2010

- TO : N.J. Scheers, Director Division of Planning, Budget and Evaluation
- THRU : David Shope, Budget Analyst
- FROM : Dodie Kessler, Contract Specialist
- SUBJECT : CERTIFICATION OF PRIOR YEAR FUNDS
- MON: REQ: 4310-08-0027

CONTRACTOR/SOURCE: CPSC-A-09-0002 TEXAS DEPT OF HEALTH

PRODUCT/SERVICES: PURCHASE OF DEATH CERTIFICATES

ACCOUNTING AND APPROPRIATION DATA

0100A09DPS 2009 1128200000 EXHR004310 252E0

Prior year funds in the amount of <u>\$1,380.00</u> are certified available.

<u>1/5/2011</u> Date

TRA

Signature

Remarks:

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

Mahur

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