| • | | Todd Steinson | |
|---|--|--|--|
| AMENDMENT OF SOLICITATION/MOD | IFICATION OF CONTRACT | 1. CONTRACT ID CODE | PAGE OF PAGES |
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | T4 REQUISITION/PURCHASE REQ. NO. | 1 2 5. PROJECT NO. (if applicable) |
| 0006 | See Block 16C | A. REGOTTOWY GROTINGE REG. NO. | (5. PROJECT NO. (II applicable) |
| | DDE FMPS | 7. ADMINISTERED BY (If other than Item 6) | CODE |
| CONSUMER PRODUCT SAFETY C DIV OF PROCUREMENT SERVIC 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 | | | <u> </u> |
| NAME AND ADDRESS OF CONTRACTOR (No., | street, county, State and ZIP Code) | (x) 9A. AMENDMENT OF SOLICITATION NO. | |
| T BARNABAS HOSPITAL TTN JOHN DI GIROLOMO SENI 422 THIRD AVENUE RONX NY 10457-2594 | OR VP | 98. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDE CPSC-N-10-0063 10B. DATED (SEE ITEM 13) | R NO. |
| ODE | FACILITY CODE | 01/06/2010 | |
| | 11. THIS ITEM ONLY APPLIES | TO AMENDMENTS OF SOLICITATIONS | |
| | 0-EXFM004310-252E0 TO MODIFICATION OF CONTRACTS/OR | DERS. IT MODIFIES THE CONTRACT/ORDER NO. AS THE CHANGES SET FORTH IN ITEM 14 ARE MADE I | |
| | | ECT THE ADMINISTRATIVE CHANGES (such as chang AUTHORITY OF FAR 43.103(b). | ges in paying office, |
| C. THIS SUPPLEMENTAL AGREE | MENT IS ENTERED INTO PURSUANT 1 | TO AUTHORITY OF: | |
| D. OTHER (Specify type of modifical | ation and authority) | | desired to the second s |
| X UNILATERAL MODIFIC | CATION, FAR 43.103(b) | | |
| .IMPORTANT: Contractor 🗵 is no | ot. is required to sign this documen | at and return O copies to the iss | uing office. |
| UNS Number: OSPITAL ID# 3N813022 odification 0006 to contr | act CPSC-N-10-0063 p | s, including solicitation/contract subject matter where fed rovides incremental funding ruary 1, 2011 through June 3 | for FY-2011 in |
| s a result the contract i | s hereby increased b | y \$20,550.00 from \$5,966.35 | 5 to \$26,516.35. |
| hange Item 0002 to read as the obligated amount): | s follows(amount sho | wn | |
| ontinued | | | |
| | | r 10A, as heretofore changed, remains unchanged and i | |
| 5A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OF | FICER (Type or print) |
| 5B. CONTRACTOR/OFFEROR | 15C. DATE SIGNE | Ruda M. Johnson D 168/ANTED TATES OF AMERICA | 16C. DATE SIGNED |
| (Signature of person authorized to sign) | | (Signature of Contracting Official | 11/4/2 |
| NSN 7540-01-152-8070 Previous edition unusable | | | STANDARD FORM 30 (ReV. 10-63)/ Prescribed by GSA FAR (48 CFR) 53.243 |

| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED | | |
|--------------------|---|---|---|
| | CPSC-N-10-0063/0006 | 2 | 2 |

NAME OF OFFEROR OR CONTRACTOR ST BARNABAS HOSPITAL

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|----------|---|----------|------|------------|-----------|
| (A) | (B) | | (D) | (E) | (F) |
| | ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS FOR THE QUANTITY OF 15,000 EA @ \$1.37 = \$20,550.00 | 15000 | 1 | 1.37 | 20,550.00 |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. | | | | |
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