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| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 3 | |
| 2. AMENDMENT/MODIFICATION NO. 0003 | 3. EFFECTIVE DATE See Block 16C | 4. REQUISITION/PURCHASE REQ. NO. REQ-4310-16-0148 | 5. PROJECT NO. (If applicable) | |
| 6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814 | CODE FMPS | 7. ADMINISTERED BY (If other than Item 6) | CODE | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) NORTH MISSISSIPPI MEDICAL CENTER INC 830 SOUTH GLOSTER STREET TUPELO MS 38801-4996 | | (x) 9A. AMENDMENT OF SOLICITATION NO. | 9B. DATED (SEE ITEM 11) | |
| CODE | FACILITY CODE | x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-14-0051 | 10B. DATED (SEE ITEM 13) 06/03/2014 | |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers is extended. is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning _____ copies of the amendment, (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$50,797.00
0100A16DSE 2016 1117900000 EXHR004310 252E0

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

| | |
|-----------|---|
| CHECK ONE | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. |
| | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |
| | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: |
| X | D. OTHER (Specify type of modification and authority) Exercise Option - Unilateral Modification, FAR 52.217--9 |

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
DUNS Number: [REDACTED]
HOSPITAL ID#: 5A731068
COR: Zsuzsanna Kocsis
PHONE: (301) 504-6906
EMAIL: zkocsis@cpsc.gov

Modification # 0003 to contract CPSC-N-14-0051 is hereby issued to change the name of the COR, provide additional funding for option period one, and exercise option period two as follows:

Continued ...

| | | | |
|---|------------------|---|-------------------------------|
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Greg A. Grayson | |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer) | 16C. DATE SIGNED 3/18/2016 |

NAME OF OFFEROR OR CONTRACTOR
NORTH MISSISSIPPI MEDICAL CENTER INC

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>CHANGE THE NAME OF THE COR: FROM: Mark Edwards TO: Zsuzsanna Kocsis</p> <p>1. The quantity for line item 0003 is increased by 1,200 to a new quantity of 17,200.</p> <p>2. As a result, funding is added for line item 0003 in the amount of \$3,000.00.</p> <p>3. The quantity for line item 0004 is increased by 100 to a new quantity of 3,100.</p> <p>4. As a result, funding is added for line item 0004 in the amount of \$187.00.</p> <p>5. As a result of the above, funding for option period one (July 1, 2015 through June 30, 2016) is increased by \$3,187.00 to a new total of \$48,797.00.</p> <p>6. 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 two for the period beginning July 1, 2016 through June 30, 2017. Pricing is in accordance with line items 0005-0006.</p> <p>7. The funded quantity for line item 0005 is increased from 0 to 16,500.</p> <p>8. The funded quantity for line item 0006 is increased from 0 to 3,000.</p> <p>9. As a result of the above, funding is added in the amount of \$47,610.00 for option period two for the performance period July 1, 2016 through June 30, 2017. Additional funding will be provided via modification at a later date when funding become available.</p> <p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 1 JULY 1, 2015 THROUGH JUNE 30, 2016</p> | | | | |
| 0003 | Not To Exceed: 17,200 | 1200 | EA | 2.50 | 3,000.00 |
| | Continued ... | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-N-14-0051/0003PAGE OF
3 3NAME OF OFFEROR OR CONTRACTOR
NORTH MISSISSIPPI MEDICAL CENTER INC

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. | | | | |
| | Change Item 0004 to read as follows (amount shown is the obligated amount): | | | | |
| 0004 | Not To Exceed: 3,100 | 100 | EA | 1.87 | 187.00 |
| | NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. | | | | |
| | Change Item 0005 to read as follows (amount shown is the obligated amount): | | | | |
| | OPTION PERIOD 2 JULY 1, 2016 THROUGH JUNE 30, 2017 | | | | |
| 0005 | Not To Exceed: 16,500 | -400 | EA | 2.54 | 41,910.00 |
| | NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work. Quantity: 16,500 @ \$2.54 = \$41,910.00 | | | | |
| | Change Item 0006 to read as follows (amount shown is the obligated amount): | | | | |
| 0006 | Not To Exceed: 3,000 | -500 | EA | 1.90 | 5,700.00 |
| | NEISS Supplemental / Special Study Reports in accordance with the attached statement of work. Quantity: 3,000 @ \$1.90 = \$5,700.00 | | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. | | | | |