

**United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
General Terms and Conditions (GT&C) Section**

IAA Number CPSC-I-16-0024 - 0000 -
 GT&C # _____ Order # Amendment/Mod #

DEPARTMENT AND/OR AGENCY		
1.	Requesting Agency of Products/Services	Servicing Agency Providing Products/Services
	Name CPSC US Consumer Product Safety Commisison	NCHS/ (AF) Centers for Disease Control & Prevention
	Address 4330 East West Highway Bethesda, Maryland 20814-4408	1600 Clifton Rd, Atlanta, GA 30333, USA www.cdc.gov
2. Servicing Agency Agreement Tracking Number (Optional) <u>16HS16-9203CPC14</u>		
3. Assisted Acquisition Agreement Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
4. GT&C Action (Check action being taken)		
<input checked="" type="checkbox"/> New		
<input type="checkbox"/> Amendment – Complete only the GT&C blocks being changed and explain the changes being made.		
<input type="checkbox"/> Cancellation – Provide a brief explanation for the IAA cancellation and complete the effective End Date.		
5. Agreement Period Start Date <u>07-22-2016</u> End Date <u>09-30-2017</u> of IAA or effective cancellation date <small>MM-DD-YYYY MM-DD-YYYY</small>		
6. Recurring Agreement (Check One) A Recurring Agreement will continue, unless a notice to discontinue is received.		
Yes <input type="checkbox"/> If Yes, is this an: Annual Renewal <input type="checkbox"/>		
Other Renewal <input checked="" type="checkbox"/> State the other renewal period: _____		
No <input checked="" type="checkbox"/>		
7. Agreement Type (Check One) <input checked="" type="checkbox"/> Single Order IAA <input type="checkbox"/> Multiple Order IAA		
8. Are Advance Payments Allowed for this IAA (Check One) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes is checked, enter Requesting Agency's Statutory Authority Title and Citation		
Note: Specific advance amounts will be captured on each related Order.		

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<p>9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.) (Optional for Assisted Acquisitions)</p>											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Direct Cost _____</td> <td style="width:30%; text-align: right;">\$12,801.00</td> </tr> <tr> <td>Overhead Fees & Charges _____</td> <td style="text-align: right;">\$2,199.00</td> </tr> <tr> <td>Total Estimated Amount _____</td> <td style="text-align: right;">\$15,000.00</td> </tr> </table>	Direct Cost _____	\$12,801.00	Overhead Fees & Charges _____	\$2,199.00	Total Estimated Amount _____	\$15,000.00	<p>Provide a general explanation of the Overhead Fees & Charges Overhead charges (CDC 9%, NCHS 7.5%) supports administrative services such as rent, utilities, security, maintenance, contract and grants administration, financial management, information technology, human resources, telecommunications & IAA oversight. For additional information contact Budget Operations Branch at ocfoservicesdesk@cdc.gov.</p>				
Direct Cost _____	\$12,801.00										
Overhead Fees & Charges _____	\$2,199.00										
Total Estimated Amount _____	\$15,000.00										
<p>10. STATUTORY AUTHORITY</p>											
<p>a. Requesting Agency's Authority (Check One)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Franchise Fund</td> <td style="width:15%;">Revolving Fund</td> <td style="width:15%;">Working Capital Fund</td> <td style="width:35%;">Economy Act (31 U.S.C. 1535/FAR 17.5)</td> <td style="width:20%;">Other Authority</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority Section 27(g) of the Consumer Product Safety Act, (15 U.S.C. 2076(G)).</p>		Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<p>b. Servicing Agency's Authority (Check One)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Franchise Fund</td> <td style="width:15%;">Revolving Fund</td> <td style="width:15%;">Working Capital Fund</td> <td style="width:35%;">Economy Act (31 U.S.C. 1535/FAR 17.5)</td> <td style="width:20%;">Other Authority</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table> <p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority Sec 306 (242K) and Sec 304 (242b) of the Public Health Services Act</p>		Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Franchise Fund	Revolving Fund	Working Capital Fund	Economy Act (31 U.S.C. 1535/FAR 17.5)	Other Authority							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
<p>11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.) See attached documentation.</p>											
<p>12. Roles & Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.) See attached documentation.</p>											

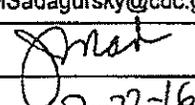
United States Government
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GT&C # Order # Amendment/Mod #

<p>13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA). See attached documentation.</p>
<p>14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)</p>
<p>15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.</p>
<p>16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.) 30 If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions. If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.</p>
<p>17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)</p>
<p>18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.) Sec 306 (242K) and Sec 304 (242b) of the Public Health Services Act</p>
<p>19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)</p>

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20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.) 		
21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.) 		
22. Annual Review of IAA By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s). <p align="center">AGENCY OFFICIAL</p> The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement. The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates. Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the Instructions for Blocks 37 and 38.		
23.	Requesting Agency	Servicing Agency
Name	Rudi M. Johnson	<input checked="" type="checkbox"/> Michael H. Sadagursky
Title	CPSC Contracting Officer	Management Officer, NCHS
Telephone Number(s)	(301) 504-7028	(301) 458-4725
Fax Number	(301) 978-8640	(301) 458-4950
Email Address	RMurray-Johnson@cpsc.gov	MSadagursky@cdc.gov
SIGNATURE	RUDINIA MURRAY-JOHNSON <small>Digitally signed by RUDINIA MURRAY-JOHNSON DN: cn=RUDINIA MURRAY-JOHNSON, o=CPSC, ou=CPSC, email=RUDINIA.MURRAY-JOHNSON@CPSC.GOV, c=US</small>	
Approval Date		7-22-16

IAA Order

IAA Number CPSC-I-16-0024 - 0001 - _____
 GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement
 Tracking Number (Optional) 16HS16-9203-CP

28. Order Line/Funding Information													Line Number _____				
Requesting Agency Funding Information									Servicing Agency Funding Information								
ALC		61-00-0001							75-09-0421								
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	
OR Current TAS format	61-0100							75-X-0943									
BETC	DISB							COLL									
Object Class Code (Optional)	TIN: 520978750							25.12									
BPN	DUNS: 069287522							DUNS: 927645465 EIN: 58-6051157									
BPN + 4 (Optional)								Fund Value: 09035020160RBD									
Additional Accounting Classification/Information (Optional)	0100A16DSE 2016 13327 00000 EXHR004300 25310							Budget Activity: 5650RF1101 Admin: HCPC14 CANS: Crosscut: 24111 PGM: 1Z111 CDC: 24Z11 NCHS									
Requesting Agency Funding Expiration Date <u>09-30-2016</u> MM-DD-YYYY									Requesting Agency Funding Cancellation Date <u>09-30-2021</u> MM-DD-YYYY								
Project Number & Title Federal Interagency Forum on Aging related Statistics																	
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.) To provide funds to support the production of the Older Americans: Key Indicators of Well-Being Report and related publications. The purpose of these reports is to provide a summary of national indicators of older adults' well-being in an easy to use, non-technical format and to document activities related to the expansion of research that supports the development of indicators, the evaluations of indicators, and efforts to close data gaps. In addition, such reports serve to improve both the quality and use of Federal data on aging by identifying information gaps, data inconsistencies, and data integration issues.																	
North American Industry Classification System (NAICS) Number (Optional) _____																	
Breakdown of Reimbursable Line Costs									OR Breakdown of Assisted Acquisition Line Cost:								
Unit of Measure							Contract Cost		\$								
Quantity		Unit Price		Total			Servicing Fees		\$								
1		\$12,801.00		\$ 12,801.00			Total Obligated Cost		\$ 0.00								
Overhead Fees & Charges				\$ 2,199.00			Advance for Line (-)		\$								
Total Line Amount Obligated				\$ 15,000.00			Net Total Cost		\$ 0.00								
Advance Line Amount (-)				\$			Assisted Acquisition Servicing Fees Explanation CDC Overhead and NCHS contract support costs: NCHS Survey Support \$ 960.00 CDC Overhead \$ 1,239.00										
Net Line Amount Due				\$ 15,000.00													
Type of Service Requirements																	
<input type="checkbox"/> Severable Service <input checked="" type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																	

IAA Order

IAA Number CPSC-I-16-0024 - 0001 - _____ Servicing Agency's Agreement
GT&C # Order # Amendment/Mod # Tracking Number (Optional) 16HS16-9203-CP

29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.) Total Advance Amount for the Order \$ _____ [All Order Line advance amounts (Block 28) must sum to this total.] Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue) <input type="checkbox"/> Straight-line – Provide amount to be accrued \$ _____ and Number of Months _____ <input type="checkbox"/> Accrual Per Work Completed – Identify the accounting posting period: <input type="checkbox"/> Monthly per work completed & invoiced <input type="checkbox"/> Other – Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed: _____	
30. Total Net Order Amount: \$ <u>15,000.00</u> [All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]	
31. Attachments (State or list attachments.) <input type="checkbox"/> Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements) <input type="checkbox"/> Other Attachments (Optional)	
BILLING & PAYMENT INFORMATION	
32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.] If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA). <input type="checkbox"/> Requesting Agency Initiated IPAC <input checked="" type="checkbox"/> Servicing Agency Initiated IPAC <input type="checkbox"/> Credit Card <input type="checkbox"/> Other – Explain other payment method and reasoning: _____	
33. Billing Frequency (Check One) [An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)] <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other Billing Frequency (include explanation) _____ Based on the underlying activities of the IAA	
34. Payment Terms (Check One) <input checked="" type="checkbox"/> 7 days <input type="checkbox"/> Other Payment Terms (include explanation): _____ CDC will not IPAC customers nor will customers IPAC CDC during the last 3 business days of the fiscal year.	

IAA Order

IAA Number CPSC-I-16-0024 - 0001 - _____
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Servicing Agency's Agreement
 Tracking Number (Optional) 16HS16-9203-CP

35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

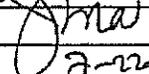
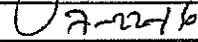
36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

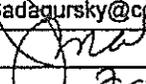
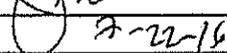
APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS

The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Kathleen Stralka	Jennifer Madans PH.D.
Title	AED for Epidemiology	Associate Director for Science
Telephone Number	(301) 504-7416	(301) 458-4500
Fax Number	(301) 244-8640	(301) 458-4020
Email Address	kstralka@cpsc.gov	jennifer.madans@cdc.hhs.gov
SIGNATURE	kstralka@cpsc.gov <small>Digitally signed by kstralka@cpsc.gov DN: cn=kstralka@cpsc.gov, o=CPSC, ou=CPSC, email=kstralka@cpsc.gov, c=US</small>	
Date Signed	07-13-2016	

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	James Baker	Michael Sadagursky
Title	Budget Officer	Management Officer, NCHS
Telephone Number	(301) 504-7575	(301) 458-4725
Fax Number		(301) 458-4950
Email Address	jbaker@cpsc.gov	MSadagursky@cdc.gov
SIGNATURE	JBaker <small>Digitally signed by JBaker DN: cn=CPSC, ou=CPSC, email=JBaker@cpsc.gov, c=US</small>	
Date Signed		

IAA Order

IAA Number CPSC-I-16-0024 - 0001 - _____ Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) 16HS16-9203-CP

CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs)		
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
39.	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)
Name	Debbie Young	Shelli Smalling
Title	Payment Officer	Accountant
Office Address	CPSC Accounts Payable Br., AMZ-160 P.O. BOX 25710 Atlanta, GA 30345	University Park, Columbia Building 2900 Woodcock Blvd Atlanta, GA 30341
Telephone Number	(405) 954-7467	(678) 475-4595
Fax Number		(678) 475-4590
Email Address	9-AMC-AMZ-CPSC-Accounts Payable@	SSmalling@cdc.gov
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)		
This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	Servicing Agency
Name	Rudi M. Johnson	Karen Carpenter
Title	CPSC Contracting Office	Budget Analyst
Office Address	4330 East West Highway Bethesda, Maryland 20814-4408	3311 Toledo Rd Hyattsville, MD 20782
Telephone Number	(301) 504-7028	(301) 458-4401
Fax Number	(301) 244-8640	(301) 458-4283
Email Address	RMurray-Johnson@cpsc.gov	KCarpenter@cdc.gov
Signature & Date (Optional)		
Name		Traci Cook
Title		Project Manager
Office Address		3311 Toledo Rd Hyattsville, MD 20782
Telephone Number		(301) 458-4082
Fax Number		(301) 458-4238
Email Address		tcook@cdc.gov
Signature & Date (Optional)		
Name		Leonard Horning
Title		Budget Team Lead
Office Address		3311 Toledo Rd Hyattsville, MD 20782
Telephone Number		(301) 458-4388
Fax Number		(301) 458-4283
Email Address		LHorning@cdc.gov
Signature & Date (Optional)		

**INTERAGENCY AGREEMENT
BETWEEN
NATIONAL CENTER FOR HEALTH STATISTICS
Centers for Disease Control and Prevention
(NCHS agreement #16HS16- -CPC14)
AND
US CONSUMER SAFETY COMMISSION
CPSC-I-16-0024**

TITLE

Support for the Federal Interagency Forum on Aging related Statistics.

ARTICLE I - PURPOSE:

To provide funds to support the production of reports and all other related publications. The purpose of these reports is to provide a summary of national indicators of Older Americans: Key Indicators of Well-Being in an easy to use, non-technical format. In addition, the publication of such reports serves to improve both the quality and use of Federal data on Americans aged 65 years and older by identifying information gaps, data inconsistencies, and data integration issues. CPSC's support for these publications promotes research and investigation into the causes and prevention of product-related deaths, illnesses and injuries, as authorized by 15 U.S.C. § 2054.

ARTICLE II - SCOPE OF AGREEMENT AND DESCRIPTION OF WORK

Support will be provided for staff oversight of the preparation of the annual Older Americans: Key Indicators of Well-Being report and other relevant, periodic publications. Support will be provided for costs associated with producing, printing, and disseminating such publications, which includes, but is not limited to, tasks such as the following: graphic design and layout; obtaining, reviewing and formatting data from agencies; copy editing; reviewing draft versions of reports. Such tasks may be provided through contracting additional logistical support as necessary.

The rights to all information, uses, processes, patents, and other developments resulting from this agreement will be made available to the public without charge on a nonexclusive basis.

ARTICLE III - PERIOD OF AGREEMENT

The Period of Performance for this agreement shall be in effect from the date signed by both parties through September 30, 2017. This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

ARTICLE IV - AUTHORITY

The authorities for this agreement are Sections 304 and 306 of the Public Health Service Act [42 U.S.C. and 242b and 242k] and Sections 251 of the Juvenile Justice and Delinquency Prevention Act [42 U.S.C. 5661].

For CPSC: Section 27(g) of the Consumer Product Safety Act, (15 U.S.C. 2076(g)).

ARTICLE V - ESTIMATED COST

The cost for this project for the period of performance is estimated at \$15,000.00. Any adjustments to this estimated cost will be executed through amendment to this agreement.

ARTICLE VI- DISPUTES

If a dispute related to funding remains unresolved for more than 30 calendar days after the parties have engaged in an escalation of the dispute, disputes will be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10, available at <http://www.fns.treas.gov/tfm/index.html>, or subsequent guidance.

ARTICLE VII - BILLING SCHEDULE

CPSC will provide \$15,000.00 to NCHS by means of the Intra-governmental Payment and Collection (IPAC) system. The following appropriate accounting information for the CPSC and NCHS will be cited in all (quarterly) billing documents:

CPSC	NCHS/CDC
ALC: 61-00-001	75-09-0421
Current TAS: 61-0100	75-X-0943
BPN:	927645465
TIN: 520978750	EIN: 58-6051157
DUNS: 069287522	DUN: 927645465
US TREAS. CODE: 61150100	
ACCT. DATA: 0100A16DSE 2016 13327 00000	
EXHR004300 25310 - \$15,000.00	

ARTICE VIII: EQUIPMENT and TRAVEL

Unless otherwise requested by the procuring agency, CDC will retain title to any equipment procured in order to provide service. Travel under this agreement is subject to the allowances authorized in accordance with the Federal Travel Regulations, the Joint Federal Travel Regulations and/or the Foreign Service Regulations.

ARTICLE IX: CONFIDENTIAL REQUIREMENTS

A. All documents and other materials developed pursuant to this Agreement shall have appropriate statements to indicate that the work was performed pursuant to the Agreement by NCHS; that the documents and other materials produced are the views of the staff or members (present or past) of NCHS; and that although the documents and other materials may have been developed in conjunction with CPSC staff, the documents and other materials do not necessarily represent the views of the Consumer Product Safety Commission.

B. NCHS agrees that any publications, publicity or study intended for publication or disclosure to the public and containing the results of collaborations with the CPSC under this agreement, shall not identify a manufacturer, private labeler, or particular consumer product. If any publications, publicity or study do identify a manufacturer or private labeler of a particular consumer product, NCHS agrees to submit such publications, publicity or study to the CPSC for review in accordance with statutory disclosure requirements of the Consumer Product Safety Act (15 U.S.C. § 2055(b)). The CPSC may redact information about the identities of manufacturers or private labelers and the identities of consumer products if such disclosure is not authorized by the CPSC.

C. Any publications or publicity pertaining to the work performed under this Agreement shall include the following:

“This study was supported in part by an interagency agreement between the National Center for Health Statistics (NCHS) and the Consumer Product Safety Commission (CPSC-I-16-0024) as a collaborative activity. The content of this publication does not necessarily reflect the views of the Commission, nor does mention of trade names, commercial products, or organizations imply endorsement by the Commission”.

ARTICLE X: CONDITION OF AGREEMENT

NCHS will undertake the work described above in accordance with the provisions of this Statement of Work and the NCHS General Conditions of Agreement attached herewith (Attachment 1).

ARTICLE XI: CONTACTS:

Project Officers:

CPSC

Kathleen Stralka
Associate Executive Director for EPI

CDC/NCHS

Jennifer Madans, Ph.D.
Associate Director for Science

US Consumer Product Safety Commission
4330 East West Highway
Bethesda, MD 20814-7416
Phone: (301) 504-7416
FAX:
E-mail: kstralka@cpsc.gov

National Center for Health Statistics
3311 Toledo Road, Rm 7109
Hyattsville, MD 20782
Phone: 301-458-4500
Fax: 301-458-4020
E-mail: jennifer.madans@cdc.hhs.gov

Financial Contacts:

Debbie Young, Payment Officer
CPSC Accounts Payable Br., AMZ-160
PO Box 25710
Oklahoma, OK 73125
(405) 954-7467

Shelli Smalling
Accountant
FMO Corporate Square, Bldg. 12, MS D-48
Atlanta, GA 30329-1902
404-718-8071

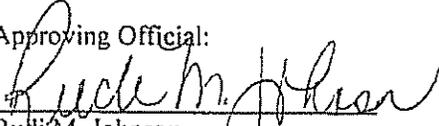
ACCEPTANCE:

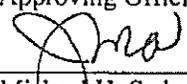
US Consumer Safety Commission

National Center for Health Statistics

Approving Official:

Approving Official:


Rudi M. Johnson
CPSC Contracting Officer


Michael H. Sadagursky
Management Officer

7.21.2016
Date

7-22-16
Date

ATTACHMENT I

NCHS/CDC GENERAL CONDITIONS OF AGREEMENT

1. The performance of the work or services involved is authorized only to the extent that it is consistent with the public duties and obligations of the National Center for Health Statistics, Centers for Disease Control (NCHS/CDC). The right is reserved, therefore, to reject or terminate all or any part of the agreement and to return the unused balance of funds advanced if the exigencies of the public interest should require such action. NCHS/CDC authority for the performance of work under this agreement is contained in Sections 304 and 306 of the PHS Act.

2. The ability of the National Center for Health Statistics to perform work may be impaired by employment ceilings, federal reports act requirements, reductions in force, temporary furloughs, controls imposed by the Office of Management and Budget, Executive Order, Congressional action or similar constraints. Although NCHS/CDC will make every reasonable effort to adhere to the timing and other requirements specified in this agreement, this may not be possible for the above reasons. If and when such difficulties are encountered, NCHS/CDC will notify the collaborating organization and explore actions to be taken which include changes in work specifications, schedule stretch outs, or discontinuance of work.
3. It is assumed that the cost to the collaborating organization for performance of work under this agreement will not exceed the estimated cost set forth herein, and NCHS/CDC agrees to use its best efforts to perform the work specified in the agreement and all obligations under this agreement within such estimated cost. If at any time NCHS/CDC has reason to believe that actual cost to the collaborating organization for performance of work under the agreement will be greater or substantially less than the estimated cost, NCHS/CDC shall notify the collaborating organization in writing to that effect, giving the revised estimate of total cost for the performance of this agreement.
4. The confidentiality provisions of the PHS Act (42 USC 242m), the Privacy Act of 1974, CIPSEA (PL 107-347 Section 513), and the applicable policies and procedures of NCHS/CDC, as specified in the NCHS Staff Manual on Confidentiality and appropriate NCHS Staff Manual Guides, will be followed in carrying out work under this agreement to ensure against direct or indirect disclosures of information. It is emphasized that data and data tapes developed in the performance of work under this agreement must not be released without prior NCHS/CDC approval.
5. If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms and the termination, including costs attributable to each party and the disposition of awarded and pending actions.