

05

ORDER FOR SUPPLIES OR SERVICES

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1 20

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1 DATE OF ORDER 03/27/2010	2 CONTRACT NO (if any) CPSC-N-10-0141	6. SHIP TO.	
3. ORDER NO.		a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
4. REQUISITION/REFERENCE NO.			

5 ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
c CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814

7. TO ANNETTE GRIFFITH DIR MED RECORD		f SHIP VIA
a. NAME OF CONTRACTOR NEW YORK CITY HEALTH AND HOSPITALS CORP		
b. COMPANY NAME		8 TYPE OF ORDER

c. STREET ADDRESS 451 CLARKSON AVENUE		<input checked="" type="checkbox"/> a PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d CITY BROOKLYN		Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
e. STATE NY	f. ZIP CODE 11203-2097	Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination
<input type="checkbox"/> a. SMALL	<input checked="" type="checkbox"/> b. OTHER THAN SMALL	<input type="checkbox"/> c. DISADVANTAGED	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> e. HUBZone	<input type="checkbox"/> f. EMERGING SMALL BUSINESS		

13 PLACE OF		14. GOVERNMENT B/L NO.	15 DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
a. INSPECTION Destination	b. ACCEPTANCE Destination			

17. SCHEDULE (See reverse for Rejections)

ITEM NO (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: [REDACTED] BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID# 3N952022					
	Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont pages)
21. MAIL INVOICE TO:			
a. NAME CONSUMER PRODUCT SAFETY COMMISSION			\$29,000.00
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			17(i) GRAND TOTAL
c CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE. CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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DATE OF ORDER 03/27/2010	CONTRACT NO. CPSC-N-10-0141	ORDER NO
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ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2009 to 09/30/2010  ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 5,000 MAXIMUM QTY: 25,000  Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310- 252E0 Funded: \$29,000.00	20000	EA	1.45	29,000.00	
0002	OPTION PERIOD: 10/01/10 THRU 09/30/11  ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.  MINIMUM QTY: 5,000 MAXIMUM QTY: 25,000 Amount: \$29,000.00 (Option Line Item) 10/01/2010  Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310- 252E0 Funded: \$0.00 \$29,000.00 (Subject to Availability of Funds) Continued ...	20000	EA	1.45	0.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$29,000.00

**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER  
03/27/2010

CONTRACT NO.  
CPSC-N-10-0141

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>\$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$58,000.00. The obligation for this award is shown in box 17(i).</p>					

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00