

OS

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 01/25/2010	2. CONTRACT NO. (If any) CPSC-N-10-0094	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: EMERGENCY ROOM		f. SHIP VIA	
a. NAME OF CONTRACTOR CHILDRENS MEDICAL CENTER OAKLAND			

b. COMPANY NAME		8. TYPE OF ORDER	
c. STREET ADDRESS 747 52ND STREET		<input checked="" type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY REFERENCE YOUR: 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.	
d. CITY OAKLAND		e. STATE CA	f. ZIP CODE 94609-1709

9. ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E		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 This contract is being incrementally funded in the amount of \$2,750.00 for the period October 1, 2009 through March 28, 2010. 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				\$2,750.00		17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522				\$2,750.00		
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 01/25/2010	CONTRACT NO. CPSC-N-10-0094	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	<p>Additional funding will be provided, by modification, when funds become available.</p> <p>ITEM #1 is changed as follows: (see page 2).</p> <p>TOTAL QTY FOR ITEM #1: 2,500/ea Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,500 MAXIMUM QTY: 7,500</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	2500	EA	1.10	2,750.00	
0002	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 1,500 MAXIMUM QTY: 7,500 Amount: \$6,600.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Continued ...</p>	6000	EA	1.10	0.00	

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

\$2,750.00

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

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DATE OF ORDER
01/25/2010

CONTRACT NO.
CPSC-N-10-0094

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>\$6,600.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p> <p>The total amount of award: \$9,350.00. The obligation for this award is shown in box 17(i).</p>					
TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))					\$0.00	