

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 20

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

1 DATE OF ORDER 01/21/2010	2 CONTRACT NO. (If any) CPSC-N-10-0067	6. SHIP TO: a NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION
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3 ORDER NO	4 REQUISITION/REFERENCE NO.
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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
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7 TO: MINDY PRICE DIRECTOR OF NURSING	f SHIP VIA
a. NAME OF CONTRACTOR ROSEBUD HEALTH CARE CENTER	

b. COMPANY NAME	8 TYPE OF ORDER	
c. STREET ADDRESS 383 NORTH 17TH AVENUE	<input checked="" type="checkbox"/> a PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b DELIVERY 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
d. CITY FORSYTH	e STATE MT	f ZIP CODE 59327-0268

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 type="checkbox"/> d. WOMEN-OWNED <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> e. HUBZone <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> f. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	

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: HOSPITAL ID#: 5A731068 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$3,490.25 for the period 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		\$3,490.25	
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	\$3,490.25

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**

PAGE NO

2

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DATE OF ORDER  
01/21/2010

CONTRACT NO.  
CPSC-N-10-0067

ORDER NO.

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>October 1, 2009 through March 31, 2010. Additional funds will be provided, by modification, when funds become available.</p> <p>Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>					
0001	<p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 125 MAXIMUM QTY: 625</p>	250	EA	13.62	3,405.00	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 5 MAXIMUM QTY: 50</p>	25	EA	3.41	85.25	
0003	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</p> <p>MINIMUM QTY: 125 MAXIMUM QTY: 625 Amount: \$6,810.00 (Option Line Item) 10/01/2010</p> <p>Continued ...</p>	500	EA	13.62	0.00	

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

\$3,490.25

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

PAGE NO

3

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

DATE OF ORDER 01/21/2010	CONTRACT NO CPSC-N-10-0067	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)
0004	<p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$6,810.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 5 MAXIMUM QTY: 50 Amount: \$170.50 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$170.50 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$10,470.75. The obligation for this award is shown in box 17(i).</p>	50	EA	3.41	0.00	

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

\$0.00