

ORDER FOR SUPPLIES OR SERVICES

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

1 DATE OF ORDER 01/19/2010	2 CONTRACT NO. (if any) CPSC-N-10-0086	6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3 ORDER NO	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
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7. TO: MARGARET BELFIELD ADMINISTRATOR a. NAME OF CONTRACTOR ATLANTIC CARE REGIONAL MEDICAL CENTER	f. SHIP VIA
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b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE 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.	<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.
c. STREET ADDRESS 1925 PACIFIC AVENUE		
d. CITY ATLANTIC CITY	e. STATE NJ	f. ZIP CODE 08401-6712

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 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# 8N224018 This contract is being incrementally funded in the amount of \$5,950 for the period of October 1, 2009 through March 31, 2010. Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	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		\$5,950.00
	b. STREET ADDRESS (or P O Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		
c. CITY	d. STATE	e. ZIP CODE	\$5,950.00	17(i) GRAND TOTAL
	BETHESDA	MD	20814	

22 UNITED STATES OF AMERICA BY (Signature) 	23 NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER
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Todd Stevenson

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

PAGE NO

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DATE OF ORDER

CONTRACT NO.

ORDER NO

01/19/2010

CPSC-N-10-0086

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>ESTIMATED QUANTITY</p> <p>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: 1,750 MAXIMUM QTY: 8,750</p> <p>Delivery: 09/30/2010 Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$5,950.00 Period of Performance: 10/01/2009 to 09/30/2010</p>	3500	EA	1.70	5,950.00	
0002	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY</p> <p>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 1,750 MAXIMUM QTY: 8,750 Amount: \$11,900.00 (Option Line Item) 10/01/2010</p> <p>Delivery: 09/30/2011 Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$11,900.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$17,850.00. The obligation for this award is shown in box 17(i).</p>	7000	EA	1.70	0.00	

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

\$5,950.00