

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES
1 19

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-10-0085	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

7 TO: MARGARET BELFIELD ADMINISTRATOR	f. SHIP VIA
a NAME OF CONTRACTOR ATLANTIC CARE REGIONAL MEDICAL CENTER	
b. COMPANY NAME	8. TYPE OF ORDER

c STREET ADDRESS 1925 PACIFIC AVENUE - Mainland	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
d. CITY ATLANTIC CITY	e STATE NJ	f ZIP CODE 08401-6712
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.		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.

9 ACCOUNTING AND APPROPRIATION DATA 10 PS EXFM 4310 11179 252E	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
---	---

11. BUSINESS CLASSIFICATION (Check appropriate box(es))	12. F.O.B. POINT
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <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: [REDACTED] HOSPITAL ID# 6N553042 This contract is being incrementally funded in the amount of \$11,448.00 for the period of October 1, 2009 through March 31, 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		\$11,448.00
b. STREET ADDRESS (or P O Box)	DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522		17(i) GRAND TOTAL
c CITY	d STATE	e ZIP CODE	\$11,448.00
BETHESDA	MD	20814	

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

Todd Stevenson

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

PAGE NO

2

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

01/19/2010

CPSC-N-10-0085

ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED	UNIT	UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
0001	Additional funding will be provided, by modification, when funds become available.	7200	EA	1.59	11,448.00	
	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: 3,600 MAXIMUM QTY: 18,000					
	Period of Performance: 10/01/2009 to 09/30/2010					
0002	OPTION PERIOD: 10/01/10 THRU 09/30/11	14400	EA	1.59	0.00	
	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.					
	MINIMUM QTY: 3,600 MAXIMUM QTY: 18,000					
	Amount: \$22,896.00 (Option Line Item) 10/01/2010					
	Accounting Info: 11-PS-EXFM-4310-11179-252E \$22,896.00 (Subject to Availability of Funds)					
	Period of Performance: 10/01/2010 to 09/30/2011					
	The total amount of award: \$34,344.00. The obligation for this award is shown in box 17(i).					

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

\$11,448.00