

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 12/30/2009	2. CONTRACT NO. (If any) CPSC-N-10-0058	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: BRANDON CALDERON	f. SHIP VIA
a. NAME OF CONTRACTOR THE CHILDRENS HOSPITAL OF PHILADELPHIA	

b. COMPANY NAME	8. TYPE OF ORDER <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 34TH ST AND CIVIC CENTER BLVD ER DEPT ROOM 8416 MAIN	d. CITY PHILADELPHIA	e. STATE PA	f. ZIP CODE 19104-4318

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)) <input type="checkbox"/> a. SMALL <input checked="" 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	g. SERVICE-DISABLED VETERAN-OWNED	12 F O B. POINT Destination
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13. PLACE OF a. INSPECTION Destination	b. ACCEPTANCE Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F O B. POINT ON OR BEFORE (Date) Multiple	16. DISCOUNT TERMS Net 30
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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# 3P824022 BASIC CONTRACT: 10/01/09 THRU 09/30/10 This contract is being incrementally funded in the amount of \$14,333.29 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			
b. STREET ADDRESS (or P O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			\$14,333.29
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	17(i) GRAND TOTAL
			\$14,333.29

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**

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DATE OF ORDER 12/30/2009	CONTRACT NO. CPSC-N-10-0058	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>of October 1, 2009 through January 31, 2010. additional funding 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>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 3,000 MAXIMUM QTY: 15,000</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$13,840.00 Period of Performance: 10/01/2009 to 09/30/2010</p>	4000	EA	3.46	13,840.00	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 170 MAXIMUM QTY: 1,700</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$493.29 Period of Performance: 10/01/2010 to 09/30/2011</p>	567	EA	0.87	493.29	
0003	<p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL Continued ...</p>	12000	EA	3.46	0.00	

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

\$14,333.29

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

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DATE OF ORDER
12/30/2009

CONTRACT NO
CPSC-N-10-0058

ORDER NO

ITEM NO (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>SURVEY REPORTS.</p> <p>MINIMUM QTY: 3,000 MAXIMUM QTY: 15,000 Amount: \$41,520.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$41,520.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p>					
0004	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 170 MAXIMUM QTY: 1,700 Amount: \$1,479.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$0.00 (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: \$57,332.29. The obligation for this award is shown in box 17(i).</p>	1700	EA	0.87	0.00	

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

\$0.00