

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 11/06/2009	2. CONTRACT NO. (If any) CPSC-N-10-0005	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: a. NAME OF CONTRACTOR RAYMOND COLUCCI	f. SHIP VIA
8. TYPE OF ORDER	

b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE
c. STREET ADDRESS [REDACTED]	<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 FORT MYERS	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.
e. STATE FL	f. ZIP CODE 33912-5717

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 checked="" type="checkbox"/> a. SMALL <input 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 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#: 8A134065 BASIC CONTRACT: 10/01/09 THRU 09/30/10 This contract is being incrementally funded in the amount of \$6,472.50 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			\$6,472.50	17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522				
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	\$6,472.50	

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 11/06/2009	CONTRACT NO. CPSC-N-10-0005	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)
	<p>October 1, 2009 through November 30, 2009. 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: 4,875 MAXIMUM QTY: 24,375</p>	3250	EA	1.85	6,012.50	
0002	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 600 MAXIMUM QTY: 6,000</p>	1000	EA	0.46	460.00	
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: 4,875 MAXIMUM QTY: 24,375 Amount: \$36,075.00 (Option Line Item)</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$36,075.00 Period of Performance: 10/01/2010 to 09/30/2011 Continued ...</p>	19500	EA	1.85	0.00	

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

\$6,472.50

SCHEDULE - CONTINUATION

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DATE OF ORDER	CONTRACT NO.	ORDER NO.
11/06/2009	CPSC-N-10-0005	

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0004	<p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 600 MAXIMUM QTY: 6,000 Amount: \$2,760.00 (Option Line Item)</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E \$2,760.00 Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$45,307.50. The obligation for this award is shown in box 17(i).</p>	6000	EA	0.46	0.00	

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

\$0.00