

Todd Skrenson

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1 3

1. DATE OF ORDER 09/15/2011	2. CONTRACT NO. (if any) CPSC-B-00-5125	6. SHIP TO:	
3. ORDER NO. 0029	4. REQUISITION/REFERENCE NO. REQ-4310-11-0033	a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	

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 DIRECTORATE FOR EPIDEMIOLOGY 4330 EASTWEST HIGHWAY ROOM 604-26	
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814

7. TO: GARY L BROWN	f. SHIP VIA
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a. NAME OF CONTRACTOR DECISION DATA COLLECTION INC	8. TYPE OF ORDER	
b. COMPANY NAME	<input type="checkbox"/> a. PURCHASE	<input checked="" type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 4300 PLANK RD STE 190	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.	

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 FREDERICKSBURG	e. STATE VA	f. ZIP CODE 22407-5724
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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
<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		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/18/2011	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] Project Officer: Ms. Yolanda Nash YNash@cpsc.gov (301) 504-7502 Continued ...					

18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont. pages)	
21. MAIL INVOICE TO:				
a. NAME CPSC Accounts Payable Branch				\$37,488.00
b. STREET ADDRESS (or P.O. Box) AMZ 160 P. O. Box 25710				\$37,488.00
c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125	17(i) GRAND TOTAL	

22. UNITED STATES OF AMERICA BY (Signature) <i>Rudi M. Johnson</i>	23. NAME (Typed) Rudi M. Johnson 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
09/15/2011

CONTRACT NO.
CPSC-B-00-5125

ORDER NO.
0029

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>This is Call 0029 against the Blanket Purchase Agreement (BPA) Number CPSC-B-00-5125 to conduct a Computer Assisted Telephone Investigation (CATI) for the performance period of one (1) year beginning September 19, 2011 through September 18, 2012. All services shall be performed in accordance with the BPA and the attached Terms and Conditions. Ordering Off.: rjohnson Accounting Info: 0100A11RPS-2011-1117900000-EXFM004310-252G0</p> <p>Project Officer: Ms. Yolanda Nash Ynash@cpsc.gov (301) 504-7502</p> <p>Telephone investigation for the Congressional-under-reporting.</p> <p>The contractor shall furnish all necessary personnel, materials, and facilities to conduct Computer Assisted Telephonic Interviews (CATI) of injuries collected through the National Surveillance (NEISS) as assigned by the project officer.</p> <p>The contractor shall provide telephone investigation services on the "Congressional-under-reporting" in accordance with line item 0001 and the terms of the blanket purchase agreement number: CPSC-B-00-5125.</p> <p>The contractor shall verbally request permission to ask questions of the victims or guardians as required and place their responses on the Telephone Questionnaire provided by the CPSC Project Officer. If the victim or the guardian as required grants permission, the contractor shall Continued ...</p>	781	EA	48.00	37,488.00	

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

\$37,488.00

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

PAGE NO

3

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DATE OF ORDER

CONTRACT NO.

ORDER NO.

09/15/2011

CPSC-B-00-5125

0029

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>mark acceptance block on the Telephone Questionnaire. Then ask the victim, parent or guardian, as required to respond to the questions supplied on the Telephone Questionnaire. The contractor shall write responses by typing or neatly printing responses using black ink on the Telephone Questionnaire and return a completed SF 182 at the next weekly meeting. If permission is not granted, the contractor shall notify the CPSC Project Officer at the following weekly meeting after the interview and complete the SF 182 stating the reasons why the victims were unwilling to participate in this study.</p> <p>If, the contractor is unable to reach the victims because of wrong or disconnected number, or failure to return messages, the contractor shall return the investigation questionnaire and SF 182 to the CPSC's Project Officer at the next meeting.</p> <p>The CPSC's Project Officer will provide to the contractor the Epidemiological Investigation Case Report and SF 182, that will include the victim's name, address and telephone number as well as the Epidemiological Investigation Questionnaire.</p> <p>Project Officer: Yolanda Nash Division: EPDS Telephone: 301-504-7502 Email: ynash@cpsc.gov</p> <p>The total amount of award: \$37,488.00. The obligation for this award is shown in box 17(i).</p>					

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

\$0.00

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OPTIONAL FORM 348 (Rev. 4/2008)
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