

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 08/20/2011	2. CONTRACT NO. (If any) CPSC-B-00-5125	6. SHIP TO: <i>Handwritten signature</i>
3. ORDER NO. 0028	4. REQUISITION/REFERENCE NO. REQ-4310-11-0029	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
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:	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	

9. ACCOUNTING AND APPROPRIATION DATA 0100a11DPS20111216500000EXHR004310 252G0	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"/> 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) 10 Days After Award	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] THIS IS CALL 0028 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 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			\$25,000.00
b. STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			17(i) GRAND TOTAL
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	

22. UNITED STATES OF AMERICA BY (Signature) <i>Handwritten signature</i>	23. NAME (Typed) Kim Miles TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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DATE OF ORDER 08/20/2011	CONTRACT NO. CPSC-B-00-5125	ORDER NO. 0028
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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>BEGINNING SEPTEMBER 1, 2011 THROUGH AUGUST 31, 2012. ALL SERVICES SHALL BE PERFORMED IN ACCORDANCE WITH THE BPA AND THE ATTACHED TERMS AND CONDITIONS. Ordering Off.: rjohnson</p> <p>THE CONTRACTOR SHALL PROVIDE COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) INVESTIGATIONS FOR NIOSH STUDY, AS ASSIGNED BY THE PROJECT OFFICER:</p> <p>MR. JOEL FRIEDMAN DIVISION OF HAZARD & INJURY DATA SYSTEM (301)504-7500 EMAIL: JFRIEDMAN@CPSC.GOV</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 MARK ACCEPTANCE BLOCK ON THE TELEPHONE QUESTIONNAIRE. THEN ASK THE VICTIM, PARENT OR GUARDIAN, AS REQUIRED TO RESPOND 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 REASON WHY THE VICTIMS WERE UNWILLING TO PARTICIPATE IN THIS STUDY. IF IT IS BECAUSE OF WRONG OR DISCONNECTED NUMBERS OR FAILURE TO RETURN MESSAGES, THE CONTRACTOR SHALL RETURN THE INVESTIGATION QUESTIONNAIRE AND SF182 TO THE CPSC PROJECT OFFICER AT THE NEXT MEETING. THE CPSC 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</p> <p>Continued ...</p>	500	EA	50.00	25,000.00	

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

\$25,000.00

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	<p>AS THE EPIDEMIOLOGICAL INVESTIGATION QUESTIONNAIRE.</p> <p>The total amount of award: \$25,000.00. The obligation for this award is shown in box 17(i).</p>					

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

\$0.00