

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEM
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: _____ PAGE OF 1 9
 2. CONTRACT NO. CPSC-D-06-0006
 3. AWARD/EFFECTIVE DATE 06/14/2011
 4. ORDER NUMBER 0014
 5. SOLICITATION NUMBER _____
 6. SOLICITATION ISSUE DATE _____

7. FOR SOLICITATION INFORMATION CALL: **Greg Grayson**
 a. NAME: Greg Grayson
 b. TELEPHONE NUMBER (No collect calls): 301-504-7725
 8. OFFER DUE DATE/LOCAL TIME _____

9. ISSUED BY: CONSUMER PRODUCT SAFETY COMMISSION
 CODE: FMPS
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 517
 BETHESDA MD 20814
 10. THIS ACQUISITION IS
 UNRESTRICTED OR SET ASIDE: % FOR:
 SMALL BUSINESS EMERGING SMALL BUSINESS
 HUBZONE SMALL BUSINESS SOLE SOURCE
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS (8(A))
 NAICS: 541690
 SIZE STANDARD: \$6.0

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED
 SEE SCHEDULE
 12. DISCOUNT TERMS: Net 30
 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)
 13b. RATING: _____
 14. METHOD OF SOLICITATION
 RFP IFB RFP

15. DELIVER TO: CONSUMER PRODUCT SAFETY COMMISSION
 CODE: HS
 DIRECTORATE FOR HEALTH SCIENCES
 4330 EASTWEST HIGHWAY
 ROOM 600
 BETHESDA MD 20814
 16. ADMINISTERED BY: CONSUMER PRODUCT SAFETY COMMISSION
 CODE: FMPS
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 517
 BETHESDA MD 20814

17a. CONTRACTOR/OFFEROR: VERSAR INC
 CODE: _____
 ATTN PAUL KENDALL
 6850 VERSAR CENTER STE 1
 SPRINGFIELD VA 22151-4196
 FACILITY CODE: _____
 18a. PAYMENT WILL BE MADE BY: CPSC Accounts Payable Branch
 CODE: FMFS
 AMZ 160
 P. O. Box 25710
 Oklahoma City OK 73125
 TELEPHONE NO. 703) 642-6849

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: _____ TASK ORDER 0014 For Technical Questions, call Project Officer: Michael Babich at (301) 504-7253 or MBabich@cpsc.gov Please make note of New Payment Office in block 18a. (Use Reverse end/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA: 0100A11DPS-2011-2370600000-EXHR004500-252D0
 26. TOTAL AWARD AMOUNT (For Govt. Use Only): \$118,171.00

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA ARE ARE NOT ATTACHED.
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA ARE ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.
 29. AWARD OF CONTRACT REF. _____ OFFER DATED _____ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

30a. SIGNATURE OF OFFEROR/CONTRACTOR: _____
 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER): *Rudolph M. Johnson*
 30b. NAME AND TITLE OF SIGNER (Type or print): _____
 30c. DATE SIGNED: _____
 31b. NAME OF CONTRACTING OFFICER (Type or print): Rudolph M. Johnson
 31c. DATE SIGNED: 6/14/2011

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	The contractor shall provide Toxicology Review Services in accordance with CPSC-D-06-0006, line item 0010 and the attached description of services.				
0010	Toxicological Reviews	1100	HR	105.61	116,171.00
0011	Other Direct Costs for: Retrieval of literary documents through online services Xerox copies at libraries FedEx of books/documents	1	EA	2,000.00	2,000.00
	The total amount of award: \$118,171.00. The obligation for this award is shown in box 26.				

32a. QUANTITY IN COLUMN 21 HAS BEEN RECEIVED INSPECTED NOTED. ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32c. DATE	32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE			32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
			32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
33. SHIP NUMBER	34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT	37. CHECK NUMBER
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS