05

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention

INTER/INTRA-AGENCY AGREEMENT (IAA)

Payable Agreements (CDC is Procuring Agency)

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

1. CDC IAA #: (10 to 13 digits)	2. PARTICIPATING AGENCY IAA #:	3. TYPE OF AGREEMENT
00FED0504-20	CPSC-IAG-00-1157	☐ New ☑ Modification ☐ Administrative Modification Number: 20

4. TITLE OF PROJECT:
National Electronic Injury Surveillance System (NEISS) All Injury Program

5. DESCRIPTION OF WORK: *(Please attach)*
See attached

6. AMOUNT: *(Not to exceed without written modification)*
$ 1,355,000.00

7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY:
U.S. Consumer Product Safety Commission
4330 East West Highway, Room 604H
Bethesda, Maryland 20814-4408

LIAISON NAME: Tom Schroeder
PHONE #: (301) 504-7920
EMAIL ADDRESS: TSchroeder@cpsc.gov
FAX #: (301) 504-0038

8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE:
National Center for Injury Prevention and Control
4770 Buford Highway, MS K-59
Atlanta, Georgia 30341-3724

LIAISON NAME: Chester L. Pogostin
PHONE #: (770) 488-4805
EMAIL ADDRESS: clp3@cdc.gov
FAX #: (770) 488-1665

9. PROJECT PERIOD: from: 10/01/2004 through: 09/30/2005
FUNDING PERIOD: from: 10/01/2004 through: 09/30/2005

10. CDC AUTHORITY:
☑ Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14)
☑ Other *(Please specify)* CDC DUNS # 927645465 CPSC DUNS # 069287522

11. PARTICIPATING AGENCY AUTHORITY:

12. CDC FUNDING INFORMATION: FOR CDC USE ONLY *(CDC internal form 6012 - modified Document History Record)*
APPROPRIATION NUMBER: 7550943

T.C. (For Accounting Use Only)	FY *(2 digits)* (Required)	DOC. REF. (For Accounting Use Only)	DOC. NO. *(Original 10 digits)* (Required)	CAN *(7 digits)* (Required)	O.C. *(4 digits)* (Required)	ALLOWANCE *(5 digits)* (For Budget Use Only)	$ AMOUNT
050	05	214	00FED05404	5921 01CE	25.15	5-11817-2	$1,355,000.00

6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: *(Please print)*
Chester L. Pogostin, DVM, MPA
Deputy Director, Office of Statistics and Programming
National Center for Injury Prevention and Control
(Should not be the same as Block #18)

FMO BUDGET ANALYST SIGNATURE:

ADMINISTRATIVE APPROVAL SIGNATURE: Chester L Pogostin

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CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC IAA #: 00FED0504-20

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: *(required)* 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide,within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: ***(This block must be completed if procuring services under the Economy Act.)***

☑ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:

DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:
(Please include name, telephone number, and email address of contact person.)

Name:	Telephone #:	Email:
Linda Murr	(301) 504-7920	lmurr@cpsc.gov

16. ☑ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*	19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*
Name: Ileana Arias, Ph.D.	Name: Donna Hutton
Title: Acting Director, National Center for Injury Prevention an	Title: Contracting Officer, US Consumer Product Safety Con
Email address: IArias@cdc.gov	Email address: dhutton@cpsc.gov
Signature: Debra A Matts Date: 12/17/04	Signature: Donna Hutton Date: 12/23/04

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

CDC 0.1270 (E), CDC IAA Short Form #21, Rev. 5/2000, CDC Adobe Acrobat 4.0 Electronic Version, 2/2001

INTERAGENCY AGREEMENT BETWEEN THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

00FED05404-20

This document is Modification 20 and an extension of the Interagency Agreement between the U.S. Consumer Product Safety Commission (CPSC) and the Centers for Disease Control and Prevention (CDC) to expand the National Electronic Injury Surveillance System (NEISS) to capture data on all injuries (a.k.a. NEISS All Injury program). **The amount to be transferred from CDC to CPSC at this time is $1,355,000.00. The balance of the FY2005 Interagency Agreement (IAG) funds will be transferred as soon as CDC is able to determine the final available amount of IAG funding which is anticipated at the end of January 2005. This estimated amount is approximately $1,960,000.00; however, this number is not firm at this time and may be subject to change. The two agencies (CDC and CPSC) agree that based on the final amount of FY2005 IAG funding, certain program changes may be necessary and will be negotiated as soon as possible between the two agencies.**

I. DESCRIPTION OF SERVICES

General Description

The purpose of this interagency agreement is to provide support to the Consumer Product Safety Commission for expanding the National Electronic Injury Surveillance System to obtain national estimates of all types of nonfatal injuries treated in hospital emergency departments.

The NEISS All Injury program (NEISS-AIP) is designed to provide national incidence estimates of all types of injuries and poisonings treated in U.S. hospital emergency departments. The data can be used by federal agencies to (1) measure the magnitude and distribution of nonfatal injuries in the United States; (2) identify specific cases for follow-up investigations of particular injury-related problems; (3) identify emerging injury problems; and (4) assist in setting national priorities.

Scope of Work

The expansion of NEISS requires that existing contracts with NEISS hospitals be continued in support of the expanded data collection efforts that include all patients treated for injuries and poisonings in hospital emergency departments. Data from the 64 hospitals participating in the NEISS All Injury program will be used to make initial national estimates of all injuries and poisonings. If additional funds become available, CPSC will recruit the remainder of the 98 NEISS hospitals.

The National Center for Injury Prevention and Control (NCIPC) at CDC will continue to work closely with the CPSC to oversee the process of defining cases and relevant data to be collected and coded, including types, causes, and other injury circumstances. Coders participating in data collection at NEISS hospitals will continue to be trained by CPSC and CDC staff to identify in-scope injury-related cases. For consumer products in CPSC's jurisdiction and for work-related conditions collected for NIOSH, NEISS coders will be instructed to continue to obtain data on injuries and illnesses. For all other types of injuries and poisonings, NEISS coders will continue to identify all first-time injury-related emergency department visits using criteria established by CDC and CPSC.

CPSC will continue to oversee the data collection and editing process as an extension of its current responsibilities of operating NEISS. Coders at each of the NEISS hospitals will continue to review emergency department records daily to identify all in-scope injury-related cases, abstract pertinent data, and transmit these data electronically to CPSC headquarters in Bethesda, MD. These data will then be reviewed by CPSC staff and contractors and put through a rigorous editing process to check for completeness and validity. CDC will continue providing technical assistance in reviewing edited data. These preliminary data will also be available for review by other interested federal agencies. CPSC will assign weights to cases in accordance with the NEISS sample design and produce estimates and sampling errors.

Data Sharing

The NEISS-All Injury data is being shared with other federal agencies to meet an array of data needs for policy decisions, program planning, and project evaluation. CPSC will transmit edited NEISS All Injury Surveillance data to NCIPC quarterly. Other federal agencies may have special interests in injury-related cases relevant to their agency's mission. CPSC shares edited NEISS All-Injury data with other federal agencies as requested; surveillance reports on these cases can be routinely transmitted to other federal agencies for their review and monitoring. These federal agencies can then determine the need for extra data to be collected through extra surveillance efforts or follow-up case investigations that can be arranged through separate interagency agreements with CPSC.

Quality Assurance and Training

CPSC's present quality assurance program provides for effective collection, processing, and analysis of high quality surveillance data by the Commission. CPSC extends this quality assurance program for special studies of targeted injuries, exposures, and health-related conditions for other federal agencies.

For ongoing surveillance of all injuries, the number of cases routinely reported through NEISS has increased substantially above the levels estimated based on the *NEISS All Injury Pilot Study* conducted in May-July, 1997. This increased workload requires that the planned quality assurance program be augmented to track the additional reported cases, ensure the completeness and validity of surveillance data, and facilitate timely dissemination of data.

Ongoing training and orientation of NEISS hospital coders and emergency department staff will ensure consistency in case definition and in capturing detailed documentation about injury circumstances. CPSC will conduct these training sessions for NEISS coders and onsite orientation sessions for NEISS hospital staff as an effective means to prepare for expanding the scope of surveillance activities.

II. DURATION OF AGREEMENT

This agreement is in force from the date of signature by both agencies through September 30, 2005 and will be renewed during subsequent fiscal years unless terminated by 90 day written notice by one of the agencies. Modifications to this agreement in option years are at the discretion of, and with the agreement of CDC and CPSC.

III. ESTIMATED COSTS

Budget Estimates *

1. CPSC Staff Costs Including Overhead

CPSC NEISS program staff will directly perform all general tasks of training, quality control, and hospital replacement, if necessary, in addition to preparing contract documents and training contractors to perform support activities. Statistical support staff will maintain and revise reporting instructions, codes, updates to the coding manual, and design as necessary to cover any additional system changes. CPSC NEISS program staff will manage the entire effort, oversee hospital relationships, provide liaison with other agencies, develop schedules, and assure deadlines are met. CPSC ADP support staff will provide support as needed for modifying hospital programs and headquarters polling. Other CPSC staff will provide general management, administrative and contract functions and other staff activities. Note from CPSC - The funding allocated to this cost category is a balance after other fixed costs are deducted from the total $2 million funding. The amount does not fully reimburse staff time devoted to support of the All Injury NEISS subsample.

(1) Total Personnel (CPSC) $ 270,000

2. Travel:

Required to cover the cost of CPSC NEISS program staff and or contractors travel in support of hospital activities in the All Injury NEISS subsample .

(2) Total Travel **$75,000**

These amounts and categories represent estimates for planning purposes only. Actual costs and categories may vary but should not exceed in sum the total agreement amount. CPSC staff will discuss changes in resource allocations periodically with CDC during the course of the agreement.

3. Additional Contracts:

a. Case Reporting in Hospital Contracts:
CPSC will renegotiate contracts with each of the 64 hospitals in the All Injury subsample and pay the costs of the all injury cases reported during FY 2005. The estimate for FY 2005 increased due to increased caseload and inflation increases in some hospitals.

$ 1,175,000

b. Case Review and Quality Control:
CPSC will renew a contract with Digital Solutions, Inc. to supply 5.5 staff persons to review surveillance cases and to prepare error messages. The estimate for FY 2005 increased due to annual inflation and promotions of contract staff necessary to retain level of staff expertise.

$360,000

3. ADP Support :

c. CPSC contract staff will provide programming services for data entry and review requirements on an as-needed basis.

$50,000

d. Miscellaneous Contract Support
Other support services such as consultants, printing, software updates, special clerical support and training, etc. on an as-needed basis.

$30,000

(3) Total Additional Contracts **$1,615,000**

Grand Total (1 - 3) **$1,960,000**

IV. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below.

V. ACCOUNTING AND BILLING INFORMATION

The amount to be transferred from CDC to CPSC at this time is $1,355,000.00. The balance of the FY2005 Interagency Agreement (IAG) funds will be transferred as soon as CDC is able to determine the final available amount of IAG funding which is anticipated at the end of January 2005. This estimated amount is approximately $1,960,000.00; however, this number is not firm at this time and may be subject to change. The two agencies (CDC and CPSC) agree that based on the final amount of FY2005 IAG funding, certain program changes may be necessary and will be negotiated as soon as possible between the two agencies

	From	To
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
Appropriation	7550943	05 PS EXOB 4310 11179 252e.
DUNS #	927645465	069287522
CAN	5921 01CE	TIN: 520978750
Object Class	25.15	APPROPRIATION CODE: 6150100
Amount	$ 1,355,000.00	$ 1,355,000.00

When billing CDC through the OPAC system, CPSC will reference agreement number 05FED05404-20.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO
Attn: OPAC Desk
1600 Clifton Road, MS D-06
Atlanta, GA 30333

VI. EQUIPMENT

If equipment is procured in order to provide services under this Interagency Agreement, CDC will retain title to the equipment. If the agreement is not renewed, CDC will offer to sell the equipment to CPSC at its depreciated value as determined by CDC at the time of sale.

VII. TRAVEL

CPSC will use some of the funds transferred to cover necessary travel under this agreement. Travel under this agreement is subject to allowances authorized in accordance with the Federal Travel Regulations, the Joint Federal Travel Regulations and/or the Foreign Service Regulations.

VIII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy, or statute.

IX. PROGRAM CONTACTS

CDC: J. Lee Annest, Ph.D.
OSP, NCIPC, (K59)
4770 Buford Highway, NE
Atlanta, GA 30341-3714
(770) 488-4804

CPSC: Tom Schroeder
CPSC
4330 East West Highway, Rm 604-H
Bethesda, MD 20814-4408
(301) 504-7422

X. BUDGET CONTACTS

CDC: Debbie Mathis
NCIPC/OD (F36)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1384

CPSC: Deborah P. Hodge
Dir., Div. Of Financial Services
4330 East West Highway, Rm 522A
Bethesda, MD 20814-4408
(301) 504-0018 ext. 1132

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 90 days advance written notice by either party.

XII. LEGAL AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535).