United States Government
Interagency Agreement (IAA) – Agreement Between Federal Agencies
Order Requirements and Funding Information (Order) Section

IAA Number CPSC-I-14-0009 - _____ - MOD 0006
GT&C # Order # Amendment/Mod #

Servicing Agency's Agreement Tracking Number (Optional) _____

PRIMARY ORGANIZATION/OFFICE INFORMATION		
24.	**Requesting Agency**	**Servicing Agency**
Primary Organization/Office Name	Consumer Product Safety Commission Office of General Counsel	HHS/Program Support Center/Mail and Publishing Services
Responsible Organization/Office Address	4330 East West Highway Bethesda, MD 20814-4408	5600 Fisher Lane Rockville, MD 20857

ORDER/REQUIREMENTS INFORMATION

25. Order Action (Check One)

☐ **New**

☑ **Modification** (Mod) – List affected Order blocks being changed and explains the changes being made. For Example: for a performance period mod, state new performance period for this Order in Block 27. **Fill out the Funding Modification Summary by Line** (Block 26) if the mod involves adding, deleting or changing **Funding for an Order Line.**

☐ **Cancellation** – Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.

26. Funding Modification Summary by Line	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	$30,000.00	$	$	$	$30,000.00
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	$ 140,209.57	$	$	$	$ 140,209.57
Funding Change for This Mod	$7,000.00	$	$	$	$ 7,000.00
TOTAL Modified Obligation	$ 177,209.57	$ 0.00	$0.00	$ 0.00	$177,209.57
Total Advance Amount (-)	$	$	$	$	$ 0.00
Net Modified Amount Due	$ 177,209.57	$0.00	$0.00	$ 0.00	$177,209.57

27. Performance Period
For a performance period mod, insert the start and end dates that reflect the new performance period.

Start Date 10-01-2014 (MM-DD-YYYY) End Date 09-30-2015 (MM-DD-YYYY)

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28. Order Line/Funding Information																	Line Number _____
			Requesting Agency Funding Information							Servicing Agency Funding Information							
ALC										75-03-0030							
Component TAS Required by 10/1/2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB		SP	ATA	AID	BPOA	E POA	A	MAIN	SUB
								000				075			X	4552	001
OR Current TAS format			61-0100							075-X-4552-001							
BETC			DISB							COLL CAN: E8615DM							
Object Class Code (Optional)			US Treas. Code: 61150100							61602							
BPN			TIN: 520978750							043982318							
BPN + 4 (Optional)			DUNS: 0692878522														
Additional Accounting Classification/Information (Optional)			0100A15DSE 2015 5257700000 GC00001350 253X0 - $7,000.00							E8615DM/OP625							

Requesting Agency Funding Expiration Date	Requesting Agency Funding Cancellation Date
09-30-2015	09-30-2020
MM-DD-YYYY	MM-DD-YYYY

Project Number & Title

Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)

North American Industry Classification System (NAICS) Number (Optional) _____

Breakdown of Reimbursable Line Costs			OR	Breakdown of Assisted Acquisition Line Cost:
Unit of Measure			Contract Cost	$
Quantity	Unit Price	Total	Servicing Fees	$
1	$7,000.00	$ 7,000.00	Total Obligated Cost	$ 0.00
Overhead Fees & Charges		$	Advance for Line (-)	$
Total Line Amount Obligated		$ 7,000.00	Net Total Cost	$ 0.00
Advance Line Amount (-)		$	Assisted Acquisition Servicing Fees Explanation	
Net Line Amount Due		$ 7,000.00		

Type of Service Requirements

☑ Severable Service ☐ Non-severable Service ☐ Not Applicable

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29. Advance Information (Complete Block 29 if the Advance Payment for Products/Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order $_____ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

☐ Straight-line – Provide amount to be accrued $_____ and Number of Months _____

☐ Accrual Per Work Completed – Identify the accounting posting period:

☐ Monthly per work completed & invoiced

☑ Other – Explain other regular period (bimonthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed. Up-front billing and collect

30. Total Net Order Amount: $ 7,000.00
[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

☐ Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

☐ Other Attachments (Optional)

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [**Intra-governmental Payment and Collection (IPAC)** is the Preferred Method.]
If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

☐ Requesting Agency Initiated IPAC ☑ Servicing Agency Initiated IPAC

☐ Credit Card ☐ Other – Explain other payment method and reasoning _____

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

☑ Monthly ☐ Quarterly ☐ Other Billing Frequency (include explanation)_____

34. Payment Terms (Check One)

☐ 7 days ☑ Other Payment Terms (include explanation): Up-front billing and collect

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35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

APPROVALS AND CONTACT INFORMATION

37. PROGRAM OFFICIALS
The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Angela T. Heggs	Timothy Brown
Title	Technical Information Specialist	Deputy Director, AOP
Telephone Number	(301) 504-6991	(301) 443-2516
Fax Number	(301) 504-0127	(301) 443-3089
Email Address	aheggs@cpsc.gov	tim.brown@psc.hhs.gov
SIGNATURE	aheggs@cpsc.gov	
Date Signed		

38. FUNDING OFFICIALS - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency, in accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	James Baker	Creighton Glantz, CPA
Title	Budget Officer	PSC Budget Office
Telephone Number	(301) 504-7575	(301) 492-4914
Fax Number		(301) 492-4931
Email Address	jbaker@cpsc.gov	creighton.glantz@psc.hhs.gov
SIGNATURE	James Baker	
Date Signed	8/31/2015	

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CONTACT INFORMATION		
FINANCE OFFICE Points of Contact (POCs) The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
39.	**Requesting Agency (Payment Office)**	**Servicing Agency (Billing Office)**
Name	Debbie Young	Tim Walsh
Title	Payment Officer	GOVB AR Team Lead
Office Address	CPSC Act. Payable Br., AM-160 PO Box 25710, Oklahoma City, OK 73125	12501 Ardennes Ave., Suite 200 Rockville, MD 20857
Telephone Number	(405) 954-7467	(301) 443-5446
Fax Number		(301) 443-0539
Email Address	9-AMC-AMZ-CPSC-Accounts-Payable@f	timothy.walsh@psc.hhs.gov
Signature & Date (Optional)		
40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency) This may include CONTRACTING Office Points of Contact (POCs).		
	Requesting Agency	**Servicing Agency**
Name	Alberta E. Mills	Timothy Brown
Title	FOIA Officer	Deputy Director, AOP
Office Address	4330 East West Highway Bethesda, MD 20814-4408	5600 Fishers Lane, Room 07W29 Rockville, MD 20857
Telephone Number	(301) 504-7479	(301) 443-2516
Fax Number	(301) 504-0127	(301) 443-3089
Email Address	amills@cpsc.gov	tim.brown@psc.hhs.gov
Signature & Date (Optional)	AMills Digitally signed by AMills DN: c=CPSC, ou=HQ, ou=EXIS, cn=AMills Date: 2015.08.27 11:19:40 -04'00'	
Name	Mary T. Boyle	Bobbi Sue Cline
Title	Deputy General Counsel	Director, Mail and Publishing Services
Office Address	4330 East West Highway Bethesda, MD 20814-4408	5600 Fishers Lane, Room 07W33 Rockville, MD 20857
Telephone Number	(301) 504-7859	(301) 651-3140
Fax Number		(301) 443-3089
Email Address	mboyle@cpsc.gov	bobbisue.cline@psc.hhs.gov
Signature & Date (Optional)	MBoyle Digitally signed by MBoyle DN: c=CPSC, ou=HQ, ou=OGC, cn=MBoyle Date: 2015.08.27 13:24:00 -04'00'	
Name	Eddie Ahmad	
Title	Contracting Officer	
Office Address	4330 East West Highway Bethesda, MD 20814-4408	
Telephone Number	(301) 504-7884	
Fax Number	(978) 244-8640	
Email Address	aahmad@cpsc.gov	
Signature & Date (Optional)	8/31/15	