

**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 06/30/2016		2. CONTRACT NO. (If any) CPSC-B-00-5126		6. SHIP TO:	
3. ORDER NO. CALL-FMPS-160001		4. REQUISITION/REFERENCE NO. REQ-4310-16-0250		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 DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26	
d. CITY ROCKVILLE		e. STATE MD	f. ZIP CODE 20850-0777	c. CITY BETHESDA	e. ZIP CODE 20814
7. TO: DAVID ZYCK				f. SHIP VIA	
a. NAME OF CONTRACTOR ELLIOTT GROUP ASSOCIATES INC				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 105 OAK KNOLL TER				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.	
d. CITY ROCKVILLE				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.	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input 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. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB					
13. PLACE OF		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/01/2016	
a. INSPECTION	b. ACCEPTANCE			16. DISCOUNT TERMS Net 30	

**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)
	CONTRACTING OFFICER REPRESENTATIVE (COR): COR: Tyronnica Bailey TEL: 301-504-7442 EMAIL: tbailey@cpsc.gov					
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				\$24,750.00		17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) AMZ 160 P.O. Box 25710				\$24,750.00		
c. CITY Oklahoma City		d. STATE OK	e. ZIP CODE 73125			

22. UNITED STATES OF AMERICA BY (Signature)		23. NAME (Typed) Rudi M. Johnson TITLE: CONTRACTING/ORDERING OFFICER	
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**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO

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

DATE OF ORDER 06/30/2016	CONTRACT NO. CPSC-B-00-5126	ORDER NO. CALL-FMPS-160001
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>THIS IS CALL-FMPS-160001 AGAINST THE BLANKET PURCHASE AGREEMENT (BPA) NUMBER CPSC-B-00-5126, TO CONDUCT A COMPUTER ASSISTED TELEPHONE INTERVIEW (CATI) INVESTIGATION SERVICES OF INJURIES COLLECTED THROUGH THE NATIONAL SURVEILLANCE SYSTEM (NEISS) FOR PERFORMANCE PERIOD BEGINNING 1 SEPTEMBER 2016 THROUGH 31 AUGUST 2017 IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT. Ordering Off.: rjohnson</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 SYSTEM (NEISS) AS ASSIGNED BY THE CONTRACTING OFFICER REPRESENTATIVE (COR) 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 CONTRACTING OFFICER REPRESENTATIVE (COR). 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 CONTRACTING OFFICER REPRESENTATIVE (COR) 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 CPSC-B-00-5126 CONTRACTOR SHALL RETURN THE INVESTIGATION QUESTIONNAIRE AND SF182 TO THE CPSC'S CONTRACTING OFFICER REPRESENTATIVE AT THE NEXT MEETING. THE Continued ...</p>					

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

\$0.00

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SCHEDULE - CONTINUATION**

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DATE OF ORDER  
06/30/2016

CONTRACT NO.  
CPSC-B-00-5126

ORDER NO.  
CALL-FMPS-160001

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>CPSC'S CONTRACTING OFFICER REPRESENTATIVE 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 Ordering Off.: RJOHNSON Accounting Info: 0100A16DSE-2016-1216500000-EXHR004310-252G0</p> <p>Computer Assisted Telephone Interview (CATI) investigations of injuries collected through the National Electronic Injury Surveillance System (NEISS) for CPSC Investigations.</p> <p>The total amount of award: \$24,750.00. The obligation for this award is shown in box 17(i).</p>	450	EA	55.00	24,750.00	

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

\$24,750.00