

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS <i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30</i>				1. REQUISITION NUMBER REQ-2400-16-0001		PAGE OF 1 2					
2. CONTRACT NO. CPSC-I-16-0001			3. AWARD/EFFECTIVE DATE		4. ORDER NUMBER 0001		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE		
7. FOR SOLICITATION INFORMATION CALL:			a. NAME Patricia Foits			b. TELEPHONE NUMBER (No collect calls) (301) 504-7674		8. OFFER DUE DATE/LOCAL TIME			
9. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814			CODE FMPS		10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR: <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM NAICS: <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> EDWOSB <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) SIZE STANDARD:						
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE			12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING				
15. DELIVER TO CONSUMER PRODUCT SAFETY COMMISSION OFFICE OF INFORMATION SERVICES 4330 EAST WEST HIGHWAY ROOM 706 BETHESDA MD 20814			CODE		16. ADMINISTERED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814		CODE FMPS				
17a. CONTRACTOR/OFFEROR PROGRAM SUPPORT CENTER DHHS 5600 FISHERS LANE RM 17-21 ATTN DIANA MATHEWS ROCKVILLE MD 20857-0001			CODE 043982318		FACILITY CODE		18a. PAYMENT WILL BE MADE BY CPSC Accounts Payable Branch AMZ 160 P. O. Box 25710 Oklahoma City OK 73125				
TELEPHONE NO.			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 <input type="checkbox"/> SEE ADDENDUM						
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES				21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT		
	DUNS Number: 043982318 COR: Shawn Battle 301-504-6952 SBATTLE@CPSC.GOV Task Order 0001 is hereby issued to provide Procurement Support Services for requisition REQ-2400-16-0001 in the estimated amount of \$18,783.83. All services shall be in accordance with the attached procurement package. Continued ... <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>										
25. ACCOUNTING AND APPROPRIATION DATA See schedule							26. TOTAL AWARD AMOUNT (For Govt. Use Only) \$19,488.22				
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA			<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED			<input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA			<input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.		
<input type="checkbox"/> 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.					<input type="checkbox"/> 29. AWARD OF CONTRACT: _____ 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) 						
30b. NAME AND TITLE OF SIGNER (Type or print) Patricia Foits			30c. DATE SIGNED 10-15-15		31b. NAME OF CONTRACTING OFFICER (Type or print) Kim Miles			31c. DATE SIGNED 10-15-15			

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19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	CITRIX GO-to-Meeting Subscription Option Year 2: October 6, 2015 through October 5, 2016 Existing HHS Contract #: HHSP233201400020W Accounting Info: 0100A16DSE-2016-9995100000-EXIT002400-257I0 Funded: \$18,783.83	1	EA	18,783.83	18,783.83
0002	Surcharge Fee - 3.75% Simplified Acquisition COR: James Thompson 301-504-7797 JTHOMPSON@CPSC.GOV Accounting Info: 0100A16DSE-2016-5417600000-EXFM002730-253X0 Funded: \$704.39	1	EA	704.39	704.39

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED
 INSPECTED
 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 <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		37. CHECK NUMBER
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 (YYMMDD)	42d. TOTAL CONTAINERS	

REQUISITION

PROCUREMENT REQUEST NO.

REQ-2400-16-0001

REQUISITION DATE

10/01/2015

1. NAME, PHONE NUMBER, AND ROUTING SYMBOL OF PERSON TO CONTACT
Shawn Battle/301-504-6952

3. ORIGINATING OFFICE DATA
CONSUMER PRODUCT SAFETY COMMISSION

4. ADDITIONAL INFORMATION (Suggested supply sources, security data, etc.)

Program Support Center, DHHS

2. TYPE OF REQUEST (Check one)

A. NEW REQUEST

B. CHANGE TO PENDING PR NO.

C. MODIFICATION TO CONTRACT OR ORDER NO.

5. APPROVALS

APPROVING OFFICIALS (A)	ROUTING SYMBOL (B)	DATE (C)	INTERNAL ROUTING	
			INITIALS (D)	ROUTING SYMBOL (E)
(1) AUTHORIZED REQUISITIONER Shawn Battle	CPSC	sbattle@cpsc.gov		
(2) Arlene Clyburn-Miller	EXIT	aclyburn-miller@cpsc.gov	Digitally signed by aclyburn-miller@cpsc.gov DN: cn=aclyburn-miller@cpsc.gov Date: 2015.10.06 14:02:00 -0400	
Mary James	EXIT	mjames@cpsc.gov	Digitally signed by mjames@cpsc.gov DN: cn=mjames@cpsc.gov Date: 2015.10.05 14:17:49 -0400	
(4)				

6. CONSIGNEE AND DESTINATION

CONSUMER PRODUCT SAFETY COMMISSION
OFFICE OF INFORMATION SERVICES
4330 EASTWEST HIGHWAY
ROOM 706
BETHESDA MD 20814

7. DATE(S) REQUIRED

8. GOVERNMENT FURNISHED PROPERTY
 YES NO (If "yes," see par. 8 of instructions on next page.)

9. DESCRIPTION OF ITEMS OR SERVICES

ITEM NO. (A)	ITEM OR SERVICE (Includes Specifications and Special Instructions) (B)	QUANTITY (C)	UNIT (D)	ESTIMATED COST	
				UNIT (E)	AMOUNT (F)
0001	Modification to HHSP233201400020W Option Year Two for Citrix To Go Meeting Subscription FOB: Destination Period of Performance: 10/06/2015 to 10/05/2016 Option Year 2 - October 6, 2015 through October 5, 2016 Purchase of CITRIX GO-to-Meeting Subscription that consists of the following: 1 - Subscription Service for twelve months - Mfr Part No: G2WPS5004010AR Annual renewal Svc w/500 Attendees Service Quantity Range: 1-4; Quantity: 1 each 2 - GoToWebinar Annual Renewal Service - Mfr Part No: G2WPS10004010AR with 1,000 Attendees; Service Quantity Range: 1-4 Quantity: 1 each 3 - GoToTraining Annual Renewal Service with 25 Attendees Service Quantity Range: 1-4 - Mfr Part No: G2TS505010AR; Quantity: 2 Continued ...	1	EA	18,783.83	18,783.83
				TOTAL ESTIMATED COST \$18,783.83	

HHS SURCHARGE APPROVED

70439
AMOUNT
FUNDS CONTROL OFFICER

10. ACCOUNTING DATA

Accounting Info : 0100A16DSE-2016-9995100000-EXIT002400-25710

jthompson@cpsc.gov

Digitally signed by jthompson@cpsc.gov
DN: cn=jthompson@cpsc.gov
Date: 2015.10.06 14:47:44 -0400

"For requisition tracking purposes only"