

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

IAA Number 14FED1405485 - 0003 - 00000 Servicing Agency's Agreement
 GT&C # Order # Amendment/Mod # Tracking Number (Optional) CPSC-I-14-0005

PRIMARY ORGANIZATION/OFFICE INFORMATION					
24.	Requesting Agency			Servicing Agency	
Primary Organization/Office Name	Centers for Disease Control and Prevention			U.S. Consumer Product Safety Commission (USCPSC)	
Responsible Organization/Office Address	4770 Buford Hwy, NE, MS: F64 Atlanta, GA 30341-3717			4330 East West Highway, Room 502-B Bethesda, MD 20814-4408	
ORDER/REQUIREMENTS INFORMATION					
25. Order Action (Check One)					
<input checked="" type="checkbox"/> New <input type="checkbox"/> Modification (Mod) – List affected Order blocks being changed and explain 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. <input type="checkbox"/> 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	\$	\$	\$	\$	\$0.00
Cumulative Funding Changes From Prior Mods (addition (+) or reduction (-))	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$	\$	\$	\$	\$ 0.00
TOTAL Modified Obligation	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Advance Amount (-)	\$	\$	\$	\$	\$ 0.00
Net Modified Amount Due	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
27. Performance Period					
	Start Date	<u>10-01-2015</u>	End Date	<u>9/30/2016</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

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28. Order Line/Funding Information										Line Number _____								
Requesting Agency Funding Information										Servicing Agency Funding Information								
ALC		75090421								61000001								
Component TAS Required by 10-1-2014	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB	SP	ATA	AID	BPOA	E POA	A	MAIN	SUB		
			075	2016	2016		0952				061	2016	2016		0100	000		
OR Current TAS format		75-16-0952								061-16-0100-000								
BETC		DISB								COLL								
Object Class Code (Optional)		2512																
BPN		927645465								069287522								
BPN + 4 (Optional)										TIN: 520978750								
Additional Accounting Classification/Information (Optional)		939ZSFP - \$51,959.00								0100A16RSE-2016-1117900000-EXHR004310-25 2E0								
Requesting Agency Funding Expiration Date <u>9/30/2016</u> MM-DD-YYYY										Requesting Agency Funding Cancellation Date <u>9/30/2021</u> MM-DD-YYYY								
National Electronic Injury Surveillance System (NEISS) Second Screen for Self-Inflicted																		
Project Number & Title Violence																		
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.) I hereby certify that (a) this requirement represents a bona fide need of the fiscal year or years for which the appropriation was made and complies with the Anti-deficiency Act and (b) funds are committed for the base period or first increment of performance of this acquisition.																		
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		\$51,959.00		\$ 51,959.00				Total Obligated Cost		\$ 0								
Overhead Fees & Charges		\$ 0.00						Advance for Line (-)		\$								
Total Line Amount Obligated		\$ 51,959.00						Net Total Cost		\$ 0								
Advance Line Amount (-)		\$ 0.00						Assisted Acquisition Servicing Fees Explanation										
Net Line Amount Due		\$ 51,959.00																
Type of Service Requirements																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

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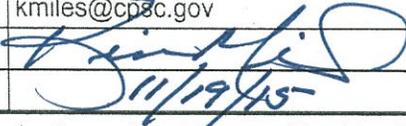
35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)

36. Delivery/Shipping Information for Products (Optional)

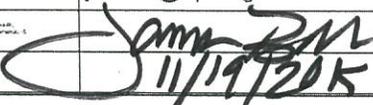
Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

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	Leroy Frazier, Jr.	Kim Miles
Title	Project Officer / COR	Contracting Officer
Telephone Number	770-488-1507	(301) 504-7018
Fax Number	000-000-0000	(978) 244-8640
Email Address	LFrazier1@cdc.gov	kmiles@cp3c.gov
SIGNATURE	Leroy Frazier Jr -S	
Date Signed		11/19/15

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	Daniel N. Cameron	James Baker
Title	Management Official, NCIPC	Budget Officer
Telephone Number	(770) 488-0143	(301) 504-7575
Fax Number	(404) 488-1662	NA
Email Address	Dxc1@cdc.gov	jbaker@cp3c.gov
SIGNATURE	Daniel N. Cameron -S	
Date Signed	11-10-2015	11/19/2015

IAA Order

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 Tracking Number (Optional) CPSC-I-14-0005

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	Barry Taylor	Priscila Susi
Title	Branch Chief, TIIPB, OCFO	Director, Div of Financial Services
Office Address	2900 Woodcock Blvd. Atlanta, GA 30341	4330 East West highway, Room 520-A Bethesda, MD 20814-4408
Telephone Number	(678) 475-4798	(301) 504-7566
Fax Number	(678) 475-4710	NA
Email Address	bet9@cdc.gov	psusi@cpsc.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	Joni L. Young	Tom Schroeder
Title	Deputy Director	Liaison
Office Address	4770 Buford Hwy, NE, MS:F64 Atlanta, GA 30341-3717	4330 East West highway, Room 604H Bethesda, MD 20814-4408
Telephone Number	770.488.1378	(301) 504-7431
Fax Number	770.488.4349	(301) 504-0038
Email Address	JYoung@cdc.gov	TSchroeder@cpsc.gov
Signature & Date (Optional)	Joni C. Young -S	THOMAS SCHROEDER
Name	Paula Gilbert	
Title	Budget Analyst	
Office Address	4770 Buford Hwy, NE, MS:F64 Atlanta, GA 30341-3717	
Telephone Number	770-488-4074	
Fax Number	770.488.1188	
Email Address	PGilbert@cdc.gov	
Signature & Date (Optional)	Paula Michelle Gilbert -S	
Name	Brigetta Jones	
Title	Team Lead, Budget Execution, OFR	
Office Address	4770 Buford Hwy. NE, M/S F-62 Atlanta, GA 30341	
Telephone Number	770.488.1477	
Fax Number	404.248.4070	
Email Address	BLJones@cdc.gov	
Signature & Date (Optional)	Brigetta Jones -S	

IGCE for CPSC, Self-Inflicted FY2016

Estimates costs are \$51,959.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$51,959.00
Total	\$51,959.00

**INTERAGENCY AGREEMENT BETWEEN
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)
AND
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
(14FED1405485)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This is an Interagency Agreement between the CDC and the CPSC covering the expansion of the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP) to collect data on all injuries.

This agreement covers a special study entitled: “**The NEISS Special Study of Self-inflicted Violence**” which is outlined below.

I. DESCRIPTION OF SERVICES

NEISS SECOND SCREEN ON SELF-INFLICTED VIOLENCE

Background:

About 30,000 deaths in the US are due to suicide each year, but many more people harm themselves deliberately. During 2000, about 264,000 persons were treated in emergency departments (EDs) for non-fatal self-inflicted injury, yielding a rate of about 96 per 100,000 population (MMWR, May 24, 2002). Less is known about non-fatal self-harm. The NEISS–All Injury Program (NEISS-AIP) can play an important role in collecting information on cases of self-inflicted injury treated in EDs.

A second NEISS-AIP was developed by DVP to collect data on *Self-inflicted injury* (SII). The screen was implemented in all NEISS-AIP hospitals in June 2004 and provides data to:

- describe relevant risk factors among persons presenting to EDs for SII, in addition to what is available in the NEISS-AIP screen;
- identify substances used in self-harm poisonings presenting to NEISS hospitals;
- track the profile of such substances over time;
- act as an early warning system on emerging trends in regard to SII; and
- provide data on SII presenting to EDs to inform more in-depth studies.

Purpose:

This proposal concerns the continuation of data collection on SII using the specifically designed special screen on SII for cases treated in participating NEISS-AIP hospitals.

Deliverables:

The Consumer Product Safety Commission will deliver to the National Center for Injury Prevention and Control, Division of Analysis, Research and Practice Integration (DARPI), Statistics, Programming & Economics Branch (SPEB), final edited data for all data elements in the NEISS Special Study of Self-Inflicted Violence. These data will be delivered by means of a secure data file and will be provided to CDC no later than **October 31, 2016**. The SPEB, after performing final editing and Quality Assurance reviews of the data, will provide the final analysis data set to the Division of Violence Prevention (DVP), Epidemiology and Surveillance Branch (ESB), National Center for Injury Prevention and Control. If the SPEB should encounter any errors in the final edited data or other data issues, SPEB will contact CPSC immediately to resolve these matters.

Methods:

I. Data collection

- a. **Description:** Continue to collect data on cases of self-inflicted injury seen at NEISS-AIP hospitals, by using the second screen on SII.
- b. **Sample:** All hospitals participating in NEISS-AIP.
- c. **Case definition:** All cases where Intent=1 (Assault/intentional injury, confirmed or suspected) is to be included.
- d. **Schedule:** The data collection will continue till the end of **September 2016**.
- e. **Analysis** of the data will be done by CDC and results shared fully with CPSC.

II. DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through **September 30, 2016**.

III. ESTIMATED COSTS

Estimates costs are \$51,959.00. This cost estimate is broken down into the following sub-categories:

Data collection and provision of data to CDC	\$51,959.00
Total	\$51,959.00

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 (in paragraph V). THIS AGREEMENT IS SUBJECT TO FUND AVAILABILITY.

V. ACCOUNTING AND BILLING INFORMATION

Funds for this project for **FY2016** in the amount not to exceed \$51,959.00 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
Appropriation	75-16-0952	61160100
CAN	939ZSFP	0100A16RSE-2016-1117900000- EXHR004310-252E0
Object Class	2512	252e
Amount	\$51,959.00	\$51,959.00
EIN No	58-6051157	52-0978750
DUNS	927845465	069287522

When billing CDC through the OPAC system, CPSC will reference agreement number **14FED1405485**.

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

There is no equipment to be covered under this agreement.

VII. TRAVEL

There is no travel involved in this agreement.

VIII. CONFLICT WITH EXISTING AGREEMENTS

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

IX. PROGRAM CONTACTS

CDC: Leroy Frazier
NCIPC, DVP (K60)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1507

CPSC: Tom Schroeder
CPSC
4330 East West Highway, Rm 604D
Bethesda, MD 20814-4408
(301) 504-7431

X. BUDGET CONTACTS

CDC: Brigetta Jones
NCIPC/OD (F-63)
4770 Buford Highway, NE
Atlanta, Georgia 30341-3724
(770) 488-1477

CPSC: Priscila Susi
Director, Div of Financial Services
4330 East West Highway, Rm 520A
Bethesda, MD 20814-4408
(301) 504-7566

XI. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

XII. AUTHORITY

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

Attachment 1 Summary Guidelines - Self-inflicted Injury Special Study

All reportable trauma cases involving intentional self-inflicted injuries (intent = 2) are eligible for this special study. After completing the standard, 1st screen NEISS variables please complete the 2nd screen variables summarized below. **Please consult the training manual “Identifying and coding self-inflicted injury” for more detailed guidance on individual response categories.**

Variable	Question	Coding Guidance - Highlights	
Time of Arrival	Time of arrival to the ED	<i>Please use the 24-hour clock (19:00 not 7 pm) Please do not record 'Time of treatment/discharge' Hour known, minutes unknown: enter 'hour:99' Hour and minutes unknown: enter 99:99</i>	
Description of intent	How did the patient describe their intent to the staff, other people, or in a (suicide) note?	<i>Intent refers to motivation/purpose/state of mind at time of self-injurious act. Please record the most serious intent, 'to die' before 'to harm', 'to harm' before 'to escape', etc.</i>	
<i>Examples of recorded information that relates to intent:</i>			
To die > the patient wanted to die > 'I wanted to kill myself' > the patient stated that s/he did not want to live > 'I wanted the cops to come over and kill me'	To harm oneself > the patient wanted to hurt him/herself > 'I took the tablets hoping it would make me sick'	To escape > s/he 'just wanted the pain to end' > 'I just wanted to go to sleep'	Other > the patient wanted to get high > 'I wanted to get the attention of my partner' > patient was angry at partner > 'I was upset'
Injury diagnosis or description	How did the staff describe or diagnose the injury event?	<i>This question aims to get at whether the ED staff considers the event to be a suicide attempt AT DISCHARGE. Please record the most serious diagnosis or description</i>	
Risk factors	Were any of the listed risk factors mentioned in the ED notes? (<i>check all that apply</i>)	<i>Yes means a relevant risk factor is noted in the records.</i>	
Alcohol Use	Was alcohol used by the patient at the time of the injury event?	<i>Please consider toxicology report and BAC level information, when available. If BAC level = 0 mark NO.</i>	
Recreational drug use	Were recreational drugs (<i>e.g. cocaine, heroin, marijuana, ecstasy</i>) used by the patient at the time of the injury event?	<i>Recreational drugs refer to street drugs usually obtained illegally. If levels in toxicology reports = 0 mark NO.</i>	
Poisonings (<i>if applicable</i>)	If the self-harm method was poisoning, please record up to four medications, drugs, or substances taken by the patient.	<i>Please record all substances taken as part of the intentional ingestion, even if they were not taken in overdose or for the purpose of harming oneself.</i>	

Where admitted or transfer to (if applicable)	If the patient was admitted or transferred, please specify where s/he went?	<i>Please record the ward to which the ED patient was initially admitted even if the patient is subsequently transferred to another ward. Medical/surgical ward includes pediatric medical/surgical wards.</i>
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Questions? Contact your CPSC representative or Alex Crosby 770-488-4272, acrosby@cdc.gov,
Phil Travers at 1-800-638-8095 ext. 7447, PTravers@CPSC.gov