

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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

1. DATE OF ORDER 06/12/2012	2. CONTRACT NO. (If any) CPSC-B-00-5126	6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION
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3. ORDER NO. 0019	4. REQUISITION/REFERENCE NO. REQ-4310-12-0024	
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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 DIRECTORATE FOR EPIDEMIOLOGY 4330 EASTWEST HIGHWAY ROOM 604-26
	c. CITY BETHESDA
	d. STATE MD
	e. ZIP CODE 20814

7. TO: DAVID ZYCK a. NAME OF CONTRACTOR ELLIOTT GROUP ASSOCIATES INC.	f. SHIP VIA
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b. COMPANY NAME c. STREET ADDRESS 105 OAK KNOLL TER	<input type="checkbox"/> a. PURCHASE 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.	<input checked="" type="checkbox"/> b. DELIVERY 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.
d. CITY ROCKVILLE	e. STATE MD	f. ZIP CODE 20850-0777

9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
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11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" 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	12. F.O.B. POINT
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13. PLACE OF a. INSPECTION Destination	b. ACCEPTANCE Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS Net 30
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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)
	DUNS Number: [REDACTED] CONTRACTING OFFICER REPRESENTATIVE YOUNG SOON DORR TEL 301-504-7428 EMAIL: YDORR@CPSC.GOV Ordering Off.: rjohnson 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		\$24,975.00	17(i) GRAND TOTAL
b. STREET ADDRESS (or P.O. Box) AMZ 160 P.O. Box 25710		\$24,975.00	
c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125	

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

PAGE NO

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DATE OF ORDER 06/12/2012
CONTRACT NO. CPSC-B-00-5126

ORDER NO.
0019

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Accounting Info: 0100A12DPS-2012-1216500000-EXHR004310-252G0</p> <p>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 PROJECT OFFICER.</p> <p>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 PROJECT OFFICER. 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 PROJECT OFFICER 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 CONTRACTOR SHALL RETURN THE INVESTIGATION QUESTIONNAIRE AND SF182 TO THE CPSC'S PROJECT OFFICER AT THE NEXT MEETING. THE CPSC'S PROJECT OFFICER 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.</p> <p>Continued ...</p>	500	EA	49.95	24,975.00	

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

\$24,975.00

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OPTIONAL FORM 348 (Rev. 4/2008)
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

3

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DATE OF ORDER 06/12/2012
CONTRACT NO. CPSC-B-00-5126

ORDER NO.
0019

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	The total amount of award: \$24,975.00. The obligation for this award is shown in box 17(i).					

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

\$0.00