

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 3

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

1 DATE OF ORDER 06/09/2010	2 CONTRACT NO (If any) CPSC-B-00-5125	6. SHIP TO: a NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION
3 ORDER NO 0025	4 REQUISITION/REFERENCE NO REQ-4310-10-0014	b STREET ADDRESS DIRECTORATE FOR EPIDEMIOLOGY 4330 EASTWEST HIGHWAY ROOM 604-26

Office of Secretary

5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		c CITY BETHESDA	d STATE MD	e ZIP CODE 20814
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7 TO: GARY L BROWN	f SHIP VIA
a NAME OF CONTRACTOR DECISION DATA COLLECTION INC	

b COMPANY NAME	8. TYPE OF ORDER <input type="checkbox"/> a PURCHASE REFERENCE YOUR <input checked="" type="checkbox"/> b. DELIVERY	
c STREET ADDRESS 4300 PLANK RD STE 190	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 FREDERICKSBURG	e STATE VA	f ZIP CODE 22407-5724

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
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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. EMERGING SMALL BUSINESS <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	12 F.O.B. POINT Destination
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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) 04/30/2011	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] This is CALL 0025 against the Blanket Purchase Agreement (BPA) Number CPSC-B-00-5125 to conduct Computer Assisted Telephone Interview (CATI) Investigation of injuries collected through the National Continued ...					

18 SHIPPING POINT	19 GROSS SHIPPING WEIGHT	20 INVOICE NO.	17(h) TOTAL (Cont. pages)
21. MAIL INVOICE TO:			
a NAME CONSUMER PRODUCT SAFETY COMMISSION	21. MAIL INVOICE TO:		\$25,000.00
b STREET ADDRESS (or P.O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522	21. MAIL INVOICE TO:		17(i) GRAND TOTAL
c CITY BETHESDA	d STATE MD	e ZIP CODE 20814	

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

PAGE OF PAGES

2 3

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DATE OF ORDER 06/09/2010	CONTRACT NO CPSC-B-00-5125	ORDER NO. 0025
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ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
0001	<p>Surveillance System (NEISS) for a period of one (1) year, effective May 1, 2010 through April 30, 2011. All services shall be performed in accordance with the BPA and the attached terms and conditions. Ordering Off.: rjohnson Accounting Info: 0100A10DPS 2010 1216500000-RXHR 004310 252G0</p> <p>Contractor shall provide all necessary, personnel materials and facilities to conduct the following:</p> <p>Computer Assisted Telephone Interview (CATI), Investigations of injuries collected through the National Surveillance System (NEISS) as assigned by the Project Officer:</p> <p>Mr. Joel Friedman Division of Hazard & Injury Data Systems (301)504-7500 jfriedman@cpsc.gov.</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 UN WILLING TO PARTICIPATE IN THIS STUDY. IF IT IS BECAUSE OF WRONG Continued ...</p>	500	EA	50.00	25,000.00	

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

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SCHEDULE - CONTINUATION**

PAGE OF PAGES

3 3

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DATE OF ORDER 06/09/2010	CONTRACT NO. CPSC-B-00-5125	ORDER NO. 0025
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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
	<p>OR DICONNECTED NUMBERS OR FAILURE TO RETURN MESSAGES, THE CONTRACTOR SHALL RETURN THE INVESTIGATION QUESTIONNAIR AND SF182 TO THE CPSC'S PROJECT OFFICER AT THE NEXT MEETING. THE CPSC'S PROJECT OFFICER WILL PROVIDE TO THE CONTRACTOR THE EPIDEIOLOGICAL 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>The total amount of award: \$25,000.00. The obligation for this award is shown in box 17(i).</p>					

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

