

OS

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES
1 21

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

1 DATE OF ORDER 05/10/2010	2 CONTRACT NO. (If any) CPSC-N-10-0155	6. SHIP TO: a NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3 ORDER NO	4 REQUISITION/REFERENCE NO.		

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	
c CITY BETHESDA		d STATE MD	e ZIP CODE 20814

7 TO: JERRY MAZZUCCOLO	f. SHIP VIA
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a. NAME OF CONTRACTOR JERRY MAZZUCCOLO	8 TYPE OF ORDER <input checked="" 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 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.
b. COMPANY NAME			
c STREET ADDRESS [REDACTED]			
d CITY BRONX	e STATE NY	f ZIP CODE 10461	

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))				12 F O B POINT Destination
<input checked="" type="checkbox"/> a SMALL	<input type="checkbox"/> b OTHER THAN SMALL	<input type="checkbox"/> c DISADVANTAGED	<input type="checkbox"/> g SERVICE-DISABLED VETERAN-OWNED	
<input type="checkbox"/> d WOMEN-OWNED	<input type="checkbox"/> e HUBZone	<input type="checkbox"/> f EMERGING SMALL BUSINESS		

13 PLACE OF		14 GOVERNMENT B/L NO.	15 DELIVER TO F.O.B POINT ON OR BEFORE (Date) Multiple	16 DISCOUNT TERMS Net 30
a INSPECTION Destination	b ACCEPTANCE Destination			

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] BASIC CONTRACT: 06/01/10 THRU 09/30/10 HOSPITAL ID# 3N813022 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			\$21,213.44
b STREET ADDRESS (or P. O. Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			17(i) GRAND TOTAL
c CITY BETHESDA	d STATE MD	e ZIP CODE 20814	

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

PAGE NO

2

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DATE OF ORDER
05/10/2010

CONTRACT NO
CPSC-N-10-0155

ORDER NO

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Accounting Info: 0100A10DPS 2010 1117900000 EXFM004310 252E0 Period of Performance: 06/01/2010 to 09/30/2010 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 1,542 MAXIMUM QTY: 7,709	6167	EA	3.10	19,117.70	
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 133 MAXIMUM QTY: 1,333	1333	EA	0.78	1,039.74	
0003	REIMBURSEMENT FOR ONE-TIME TRAINING COSTS. 32 HRS X \$30.00 = \$1,056.00	1	LT	1,056.00	1,056.00	
0004	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 4,625 MAXIMUM QTY: 18,500 Amount: \$57,350.00 (Option Line Item) 10/01/2010 Accounting Info: Continued ...	18500	EA	3.10	0.00	

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

\$21,213.44

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

3

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CONTRACT NO
CPSC-N-10-0155

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0005	<p>0100A11DPS-2011-1117900000-EXFM004310-252E0 \$57,350.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 400 MAXIMUM QTYA; 4,000 Amount: \$3,120.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 \$3,120.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$81,683.44. The obligation for this award is shown in box 17(i).</p>	4000	EA	0.78	0.00	

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

\$0.00