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AWARD/CONTRACT		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 350)	RATING	PAGE OF PAGES 1 21
2. CONTRACT (Proc. Inst. Ident.) NO. CPSC-N-10-0079		3. EFFECTIVE DATE 03/19/2010	4. REQUISITION/PURCHASE REQUEST/PROJECT NO.	
5. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS	6. ADMINISTERED BY (If other than Item 5) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		CODE FMPS

7. NAME AND ADDRESS OF CONTRACTOR (No., Street, City, Country, State and ZIP Code) YALE-NEW HAVEN HOSPITAL ATTN TUCKER LEARY VP ADMINISTRATION 20 YORK STREET TMP 109 NEW HAVEN CT 06504		8. DELIVERY <input type="checkbox"/> FOB ORIGIN <input checked="" type="checkbox"/> OTHER (See below)
		9. DISCOUNT FOR PROMPT PAYMENT Net 30
		10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN

CODE	FACILITY CODE	11. SHIP TO/MARK FOR CONSUMER PRODUCT SAFETY COMMISSION DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26 BETHESDA MD 20814	12. PAYMENT WILL BE MADE BY CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814
		CODE EPDS	CODE FMFS

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (e) <input checked="" type="checkbox"/> 41 U.S.C. 233 (c) 1		14. ACCOUNTING AND APPROPRIATION DATA See Schedule			
15A. ITEM NO	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
Continued					
15G. TOTAL AMOUNT OF CONTRACT					\$194,940.00

(X)	SEC.	DESCRIPTION	PAGE(S)	(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE				PART II - CONTRACT CLAUSES			
X	A	SOLICITATION/CONTRACT FORM	1	X	I	CONTRACT CLAUSES	13-20
X	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2-3	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
X	C	DESCRIPTION/SPECS./WORK STATEMENT	5-9	X	J	LIST OF ATTACHMENTS	21
X	D	PACKAGING AND MARKING	N/A	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
X	E	INSPECTION AND ACCEPTANCE	9-10		K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
X	F	DELIVERIES OR PERFORMANCE	10		L	INSTRS., CONDS., AND NOTICES TO OFFERORS	
X	G	CONTRACT ADMINISTRATION DATA	10		M	EVALUATION FACTORS FOR AWARD	
X	H	SPECIAL CONTRACT REQUIREMENTS	12				

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17. <input checked="" type="checkbox"/> CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 1 copies to issuing office.) Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to the contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)		18. <input type="checkbox"/> AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number CPSC-Q-09-0252 including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any condition sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.	
19A. NAME AND TITLE OF SIGNER (Type or print) BY <u>Tucker Leary</u> (Signature of person authorized to sign)		20A. NAME OF CONTRACTING OFFICER Doris B. Kessler	
19B. NAME OF CONTRACTOR		20B. UNITED STATES OF AMERICA	
19C. DATE SIGNED		20C. DATE SIGNED 03/19/2010	

HSN 7540-01-152-9080
PREVIOUS EDITION IS UNAVAILABLE

STANDARD FORM 24 (REV. 4-86)
Prescribed by GSA
FAR (48 CFR) 53.214(a)

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-N-10-0079

PAGE OF
2 21

NAME OF OFFEROR OR CONTRACTOR
YALE-NEW HAVEN HOSPITAL

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	DUNS Number: ██████████ BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID#6B683034 FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010				
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 10,500 MAXIMUM QTY: 52,500 Obligated Amount: \$185,220.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$185,220.00	42000	EA	4.41	185,220.00
0002	ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. MINIMUM QTY: 900 MAXIMUM QTY: 9,000 Obligated Amount: \$9,720.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$9,720.00	9000	EA	1.08	9,720.00
0003	OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. MINIMUM QTY: 10,500 MAXIMUM QTY: 52,500 Amount: \$185,220.00 (Option Line Item) Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$185,220.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds)	42000	EA	4.41	0.00
0004	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS. Continued ...	9000	EA	1.08	0.00

CONTINUATION SHEET

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 CPSC-N-10-0079

PAGE OF
 3 21

NAME OF OFFEROR OR CONTRACTOR
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ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	MINIMUM QTY: 900 MAXIMUM QTY: 9,000 Amount: \$9,720.00 (Option Line Item) Accounting Info: 0100A11DPS-2011-1117900000-EXFM004310-252E0 Funded: \$0.00 \$9,720.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) The total amount of award: \$389,880.00. The obligation for this award is shown in box 15G.				