

05

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES  
1 20

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

1 DATE OF ORDER 01/06/2010	2 CONTRACT NO. (If any) CPSC-N-10-0063	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 JOHN DI GIROLOMO SENIOR VP	f. SHIP VIA
---------------------------------	-------------

a. NAME OF CONTRACTOR ST BARNABAS HOSPITAL	b. COMPANY NAME	8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE <input type="checkbox"/> b. DELIVERY
---	-----------------	---

c. STREET ADDRESS 4422 THIRD AVENUE	REFERENCE YOUR:	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 BRONX	e. STATE NY	

9 ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION
---	---

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" 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
---	--------------------------------

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) Multiple	16 DISCOUNT TERMS Net 30
---	------------------------------	-----------------------	---	-----------------------------

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: 06 BASIC CONTRACT: 10/01/09 THRU 09/30/10  This contract is being incrementally funded in the amount of \$9,133.79 for the period October 1, 2009 through January 31, 2010. 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	\$9,133.79		
b. STREET ADDRESS (or P O Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522			
c. CITY BETHESDA	d. STATE MD	e. ZIP CODE 20814	17(i) GRAND TOTAL

22 UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Doris B. Kessler TITLE CONTRACTING/ORDERING OFFICER
--	--

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

PAGE NO

2

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

DATE OF ORDER

CONTRACT NO.

ORDER NO.

01/06/2010

CPSC-N-10-0063

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Additional funding will be provided, by modification, when funds become available.  Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 Period of Performance: 10/01/2009 to 09/30/2010					
0001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  MINIMUM QTY: 5,000 MAXIMUM QTY: 25,000  Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$9,133.79	6667	EA	1.37	9,133.79	
0002	OPTION PERIOD: 10/01/10 THRU 09/30/11  ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.  MINIMUM QTY 5,000 MAXIMUM QTY: 25,000 Amount: \$27,400.00 (Option Line Item) 10/01/2010  Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$27,400.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Continued ...	20000	EA	1.37	0.00	

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

\$9,133.79

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

PAGE NO

3

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

DATE OF ORDER

CONTRACT NO

ORDER NO.

01/06/2010

CPSC-N-10-0063

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Period of Performance: 10/01/2010 to 09/30/2011  The total amount of award: \$36,533.79. The obligation for this award is shown in box 17(i).					

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

\$0.00