

**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 01/24/2017	2. CONTRACT NO. (If any) CPSC-I-17-0007	6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION	
3. ORDER NO	4. REQUISITION/REFERENCE NO REQ-1300-16-0023		

5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814		b. STREET ADDRESS OFFICE OF GENERAL COUNSEL 4330 EASTWEST HIGHWAY ROOM 712	
c. CITY BETHESDA		d. STATE MD	e. ZIP CODE 20814

7. TO: a. NAME OF CONTRACTOR PROGRAM SUPPORT CENTER DHHS	f. SHIP VIA
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b. COMPANY NAME	<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:	<input type="checkbox"/> b. DELIVERY
c. STREET ADDRESS 5600 FISHERS LANE RM 17-21 ATTN DIANA MATHEWS	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 20857-0001
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.		

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
<input 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	

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 5 Days After Award	16. DISCOUNT TERMS Net 30
a. INSPECTION	b. ACCEPTANCE			

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: 043982318 COR: Angela Heggs PHONE: (301) 504-6991 EMAIL: ahiggs@cpsc.gov  THE CONTRACTOR SHALL PROVIDE THE FOLLOWING 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			\$32,500.00
b. STREET ADDRESS (or P.O. Box) AMZ 160 P.O. Box 25710			\$32,500.00
c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125	17(i) GRAND TOTAL

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

2

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

DATE OF ORDER  
01/24/2017

CONTRACT NO.  
CPSC-I-17-0007

ORDER NO.

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>SERVICES FOR THE US CONSUMER PRODUCT SAFETY COMMISSION IN ACCORDANCE WITH THE ATTACHED TERMS AND CONDITIONS: Accounting Info: 0100A17DSE 2017 5257700000 GC00001350 253X0 Period of Performance: 10/01/2016 to 09/30/2017</p> <p>The Program Support Center, Division of Support Services, shall provide Document Conversion to the U.S. Consumer Product Safety Commission, in accordance with the attached terms and conditions:</p>				32,500.00	

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

\$32,500.00



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**ASSISTANT SECRETARY for ADMINISTRATION (ASA)**  
**CUSTOMER SERVICE AGREEMENT (CSA)**

ASA AGREEMENT NUMBER: ASA-17-CSA

Task Number

Modification Number

**INSTRUCTIONS**

The Program Support Center (PSC), a component of the HHS Division of Administration, administers Customer Service Agreements (CSA) and performs billing services on behalf of the HHS Assistant Secretary for Administration (ASA). This CSA is the standard ASA form for reimbursable agreements between an ASA component that provides a service ('the Provider'), and a federal government agency ('the Customer') that receives that service. This CSA replaces all prior documents such as: Interagency Agreements (IAA), Memoranda of Understanding (MOU) and Service Level Agreements (SLA).

**AGREEMENT SUMMARY**

Customer Agency/Department Consumer Product Safety Commission		ASA Department/Program Office PSC/AOP/MPS	
Customer Lead Name Dodie Kessler		ASA Lead Name Bobbisue Cline	
Address 4330 East West Highway, Bethesda, MD 20814-4408		Address 5600 Fishers Lane, Rockville, MD	
Phone (301) 504-7037		Phone (301) 651-3140	
Email dkessler@psc.gov		Email bobbisue.cline@psc.hhs.gov	
Agreement Period:	Start Date (mm/dd/yyyy) 10-01-2016	End Date (mm/dd/yyyy) 09-30-2017	
ASA Service Provider/Cost Center Code (e.g. OP491): PSC AOP OP625 Printing		Agreement Amount: \$ 32,500.00	

**THE ASA CUSTOMER SERVICE AGREEMENT NUMBERING SCHEME**

	Description	Number
ASA Agreement Number:	This field is for the ASA's use in documenting an internal tracking number	ASA-17-CSA ASA-17-IAA423
Task Number:	Each Task identified under this Agreement will be assigned a Task number. Each additional Task under this Agreement will be assigned a new Task number.	
Modification Number:	Subsequent changes to Tasks will be considered modifications and will be assigned a Modification number referencing such changes	

**SECTION 1 – GENERAL PROVISIONS****INTRODUCTION**

- 1.1 This Customer Service Agreement (CSA) should be carefully reviewed by the Receiving Agency ('the Customer') and the Providing Agency ('ASA'). The document contains four parts:
- Section 1: Lays out General Provisions for this Customer Service Agreement (CSA).
  - Section 2: Lays out the Statement of Work (SOW) that describes the cost, delivery and quantity of work that has been agreed between ASA and the Customer.
  - Section 3: Captures Financial Information and Payment Methods and information required to use the agreed payment method.
  - Section 4: Captures Officials' contact information and their approvals.
- 1.2 These General Provisions constitute an agreement between ASA and the Customer. In executing the CSA in Section 4 of this document, both parties acknowledge that they understand and agree with the General Provisions, and that suspension or termination of services may result as a consequence of not adhering to these provisions.
- 1.3 The agreement to provide a service will be executed by the ASA Authorizing Official shown in Section 4.1 (with additional concurring officials in Section 4.5, as required). Questions or concerns about execution of the service may be submitted directly to the ASA Program Office designated in Section 4.4. To aid with managing services delivered under this CSA, ASA and the Customer will identify appropriate Points of Contact (POC) for program, budget, financial, and billing issues.
- 1.4 If another document (e.g. MIPR, IA, MOU) has been initiated by the Customer in addition to this document, the ASA CSA prevails.

**STATUTORY AUTHORITY, FUNDING, REIMBURSEMENT, RESTRICTIONS, DISPUTES AND CANCELLATION PROVISIONS****1.5 Statutory Authority:**

a. All provisions of this CSA shall comply with 42 U.S.C. 231 and the Service and Supply Fund (SSF) Charter.

**b. Customer Agency's Authority**

Franchise Fund

Working Capital Funds

Other \_\_\_\_\_

Revolving Fund

Economy Act (31 U.S.C. 1535/FAR 17.5)

- 1.6 **Service Level Requirement Estimation and Changes in Estimates:** The Customer will provide ASA with projections of support volume. Significant changes in the receiving organization's support requirements should be submitted to ASA in a manner that will permit modification of resource requirements. It is the responsibility of the Customer to bring these major changes in required support to the attention of ASA as soon as possible, prior to changing support requirements.
- 1.7 **Rates:** Changes to these rates will be in accordance with the provisions of the SSF Charter. For rate changes that do not require Board action, the Customer will be notified immediately of such rate changes that affect the support received. All hourly rated services will be charged in the increments of quarter hours. In the event of changes, the Customer will continue to be notified of the approved rates/amounts applicable.
- 1.8 **Funding and Reimbursement:** An obligating document should be provided to ASA. Once this CSA is fully executed, obligations must be processed and recorded within 10 calendar days of execution, or the end of the calendar month; whichever comes first. CSAs must be fully executed and provided to the Customer before work begins.

In the event of a Continuing Resolution (CR), an obligating document is still required and can be funded in accordance with the applicable CR guidance. Once the budget is passed and the Customer is no longer operating under the CR, the CSA will be considered fully funded when the Customer provides an obligating document covering services for the remainder of the fiscal year. Any change to the amount due to fluctuations in the final budget will require a modification of the CSA.

**Funding Discrepancies:** ASA will provide customers with invoices that will be available throughout the month via the PRICES Online Viewer (see 1.12.) Discrepancies in charges shall be addressed to the ASA Billing Office within 60 days of the close of the quarter in which the billing occurred (see Section 1.13 below for information on Billing Resolution.) The receiving organization may provide ASA with additional funding to cover charges in excess of advance fiscal year funding. Credits will be issued by ASA in the event of excess charges.

In the case of emergency services such as those provided for severe weather, health epidemic, or Executive Order, the receiving organization will provide ASA with a funding document to cover the cost of provision within 60 days. A continuing resolution is not considered an emergency.

The Customer will provide financial and budget points of contact to assist ASA in determining and obtaining the appropriate funding documentation and to provide any additional information.

- 1.9 Restrictions:** This CSA will not be valid for American Recovery & Reinvestment Act of 2009 (ARRA) funding. Additional unique requirements and/or mission restrictions relevant to this CSA should be attached or stated.
- 1.10 Assisted Acquisition Small Business Credit Clause:** ASA will allocate the socio-economic credit to the Customer Agency for any contract actions it has executed on behalf of the Requesting Agency.
- 1.11 Cancellation:** If this agreement is canceled, any implementing contract/order may also be canceled. If the agreement is terminated, ASA and the Customer shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If ASA incurs costs due to the Customer's failure to give the requisite notice of its intent to terminate this agreement, the Customer shall pay any actual costs incurred by ASA as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

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**INVOICING, PAYMENT, SECURITY AND OTHER PROVISIONS**

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- 1.12 PRICES Automated Customer Invoices:** The PSC Revenue, Invoicing and Cost Estimation System (PRICES) is used by ASA to: create customer invoices, manage billing, and generate the Intra-governmental Payment and Collection (IPAC) file used to enable automated fee collection.
- ASA will provide customers with invoices that have clear statements of costs, and that are available throughout the month via the PRICES Online Viewer. Customer Program Managers may use the PRICES Online Viewer to review invoices, and to validate services provided by ASA. The Customer Finance Office may use the IPAC data provided at Section 3.2 to confirm individual IPAC files and enable accurate and timely processing of accounting transactions.
- ASA Providers may also use the PRICES Online Viewer and the transmitted IPAC file to confirm the status of invoices and fee collection.
- The ASA Billing Office will provide and administer access to the PRICES system and Online Viewer to named points of contact specified by the customers or other user organizations. Access requests and general PRICES queries may be directed to [PRICES@psc.gov](mailto:PRICES@psc.gov)
- 1.13 Billing Resolution:** Discrepancies in monthly charges shall be addressed to the ASA Billing Office within 60 days of the close of the quarter in which the billing occurred. Customers shall submit billing inquiries via the Dispute Resolution Tool in the PRICES Online Viewer.
- ASA has seven (7) business days to respond to Customer inquiries as follows:
- The Service Provider POC will respond directly to the Customer within three (3) business days of receipt of the automatic notification via email from the PRICES Online Viewer.
  - If the Service Provider POC does not respond within seven (7) business days, the ASA Billing Office will escalate the issue to the appropriate service area.
  - The Customer reserves the right to dispute requested payment amounts on a month to month basis through the dispute resolution process. The Customer must provide any detailed information or documentation required to support the dispute.
  - ASA will provide supporting documentation for the requested billing months upon request.
- 1.14 Automated Collections and Payments:** ASA's preferred method of payment collection is via the Intra-governmental Payment and Collection (IPAC) System, a standardized inter-agency fund transfer mechanism. Other payment types and collection methods supported by ASA are described at Section 3.2.
- 1.15 Emergency:** In the case of a significant emergency, such as those caused by inclement weather or severe power outages, this CSA will remain in force only within the extent of ASA's capabilities.
- 1.16 Security and Privacy:** ASA will comply with NIST, HHS Policies and the Privacy Act of 1974 as amended at 5 U.S.C. 552a where applicable. System security is integrated into ASA's products and service offerings where applicable.
- 1.17 Customer Satisfaction:** ASA will measure the quality of the service delivery as the percentage of customers expressing overall satisfaction with services provided. To measure customer satisfaction, ASA will use its Online Comment Card responses to obtain the percentage of customers that rate overall satisfaction with services as Satisfied or Very Satisfied. To ensure quality service delivery across all products and service lines, ASA will strive to adhere to published performance standards.

**SECTION 2 – STATEMENT OF WORK** (If additional space is required, attach a separate document.)**2.1 Background and Scope:**

ASA will provide services to Consumer Product Safety Commission  
(Enter Customer Agency)

CPSC will provide Smartcard or key fob access to the site (building, elevators/stairwells, doors, etc.) and a specific space for the contract staff to work. CPSC will provide the files to be scanned along with any instructions, such as the resolution, color, page order, page orientation, metadata requirements, media type to store data, etc., that will assist the contractor in successfully completing the task. The contractor will not have access to the CPSC's network. The contractor will be responsible for providing the personal computer(s), scanner(s), CDs/DVDs, labels, and software needed to digitally capture the requested information. Refer to the attached Statement of Work for specifics.

**2.2 Services:**

The following services are to be provided under this statement of work:  
(List Services to be provided here)

The Program Support Center, Division of Support Services will provide Document Conversion to the U.S. Consumer Product Safety Commission by use of its contractor Quality Associates Incorporated (QAI).

**2.3 Period of Performance:**

This statement of work will take effect on 10/01/2016 and terminate on 09/30/2017  
(Enter Start Date: mm/dd/yyyy) (Enter End Date: mm/dd/yyyy)

If no end date is specified, the Agreement will remain in effect twelve months from the date of final signature unless amended in writing by the participating parties or canceled by either party upon 60 days written notification.

**2.4 Official Authorization:**

ASA representatives, agree by signing Section 4.1 (and 4.5, if required) that ASA will provide the services, as described in this Statement of Work at the prices quoted (See Section 1.7), with services not to be delivered until the Customer receives a signed and completed copy of this CSA.

**2.5 Additional Information and Attachments:**

(Include specific project information, e.g., deadlines, resources, etc., and list any attachments.)

**SECTION 3 – FINANCIAL AND FUNDING INFORMATION**

3.1 Agreement Amount: \$32,500.00

3.2 Payment Type: Please select the appropriate Payment Type

Select below	Payment Type	Applicability	Notes for Customers
X	IPAC: The Intra-Governmental Payment and Collection system enables automated invoicing and collection	All customers receiving services from ASA (including HHS OpDivs: CMS, CDC, FDA, NIH, IHS) apart from the HHS exceptions noted below.	IPAC is ASA's preferred <i>Collection</i> method for <i>Payment</i> . ASA Invoices are generated in the PRICES system using IPAC data. See Sections 1.12-15.
	Non-IPAC: Customers shall specify the non-IPAC Payment Type to be employed  <input type="checkbox"/> ACH <input type="checkbox"/> Check	Non-HHS customers who prefer to use these methods of payment. Not applicable to HHS customers	Payees shall include the PRICES Invoice Number with payment.
	HHS Non-IPAC	This payment method is applicable only to these HHS StaffDivs and OpDivs: ACF, AHRO, ACL, HRSA, OS, SAMHSA.	Collection and Payment will be processed using the customer Obligor Document Number (ODN) provided on this form.
	Credit Card/Government Purchase Card	All customers with a government purchase card and the appropriate authorizations.	Refer to Point of Sale Contact for information concerning completion of transactions.

3.3 Component Treasury Account Symbol (TAS): Per Treasury directive, accounting information must be provided for all IPAC Customers in the Component TAS format, this table provides guidance for the format.

	Agency Identifier (AID)	Fiscal Year (FY)	Main Account Number (MAN)	Sub Account Code (SUB)	Sample
Single Year TAS	Format: 3 digits Example: 014 or 514	Format: 2 digits Example: 12	Format: 4 digits Example: 1036	Format: 3 digits Example: 000	014-12-1036-000
Multi Year TAS	Format: 3 digits Example: 014 or 514	Format: 4 digits Example: 0911 (2009 - 2011)	Format: 4 digits Example: 1036	Format: 3 digits Example: 000	014-0911-1036-000
No Year TAS	Format: 3 digits Example: 014 or 514	Format: 1 character Example: X	Format: 4 digits Example: 1036	Format: 3 digits Example: 000	014-X-1036-000

(Insert '0' for two-digit Agency Identifiers (AID). Enter Sub-Account Code (SUB) as '000' if not provided. Data elements are separated by a hyphen (-)

3.4 PRICES Project: PRICES Project is a function in PRICES that may be used to provide additional detailed management information. ASA Project Leads should indicate below if you request that ASA Billing Office initiate this Agreement as a PRICES Project:

Yes       No

3.5 Questions: If you have questions concerning invoices or payment type, or need guidance on setting up PRICES Projects, please contact the ASA Billing Office at [PRICES@pac.gov](mailto:PRICES@pac.gov).

3.6 Information: Please provide appropriate funding information below where applicable. Additional information on financial fields is available at <http://www.fms.treas.gov>.



Field	Description	Customer Funding Information	PSC and ASA Funding Information
Agency Location Code (ALC)		51-00-0001	75030030
Customer Agency Obliging Documents (e.g., PO, MPR, MO, IAA, etc.)	Mandatory for all transactions except Credit/Purchase Card	CPSC-17-0007	N/A
Agreement Details	Mandatory where applicable	Customer IAA Number	ASA Agreement Number ASA-17-CSA
Common Accounting Number (or Budget Code/Cost Center)	Mandatory for IHS Customers		E817DM
Object Class Code	Optional	253X0	81600
Trading Partner Code	Optional - Enter the Receiving Agency's Trading Partner Code for FACTS I	06100100	<input type="checkbox"/> ASA: 7501 <input checked="" type="checkbox"/> PSC: 750E
Treasury Account Symbol (TAS)	Mandatory - Enter one TAS for each Order Line for the Receiving Agency Use Component TAS format per examples on Page 5.	051-17-0100-000	075-X-4552-001
DUNS or Business Partner Number (BPN) (DUNS/BPN +4 optional)	Optional - Enter the Receiving Agency's DUNS or Business Partner Number (BPN) (Note: BPN is the standard name, however, this may be a trading partner's DUNS)  Other - For use by other Providers. Insert component name and DUNS (Examples: ADS Mail Ops KC 078570355)	080287522	<input type="checkbox"/> ASA: 986030740 <input checked="" type="checkbox"/> PSC: 043982318  Other: Name:  DUNS:
Employer Identification Number (EIN)	Mandatory	520978750	<input type="checkbox"/> ASA: 26-1864515 <input checked="" type="checkbox"/> PSC: 26-1844760
Additional Accounting Classification/Information (e.g. PRICES Billing Code)	Optional - Enter additional important accounting information used for internal tracking for the Receiving Agency and/or Servicing Agency.	0100A17DSE-2017-52577 00000GC00001353253X0	
Amount of Obligation	Mandatory - Enter numbers only, no commas or periods	\$32,500.00	N/A
Customer Agency Funding Expiration Date: 09/30/2019			
In accordance with appropriation law, disclosure from the Customer is required in identifying the type of source funds and their intent to ensure that funds are being used in accordance with the appropriation: <input type="checkbox"/> Research & Development <input type="checkbox"/> Program <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Other (Enter the description of the type of source funds) _____			
<b>THE FOLLOWING INFORMATION IS REQUIRED OF DEPARTMENT OF DEFENSE (DoD) ENTITIES ONLY.</b>			
1. Fiscal Station Number (FSN)			
2. Accounting and Disbursing Station Number (ADSN)			
3. Authorized Accounting Activity Number (AAA)			
4. Activity Address Code (AAC)			



**SECTION 4 – CONTACT INFORMATION AND APPROVALS**

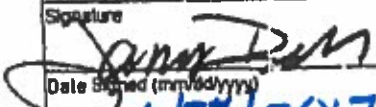
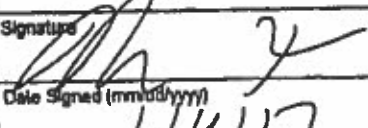
**4.1 Agency Authorizing Officials' Contact Information and Approval:**

Agency Authorizing Officials – Both the Customer Agency and ASA designate the officials listed below as being responsible for authorizing the activities and scope of work specified in this Agreement.

Customer Agency's Authorizing Official	ASA's Authorizing Official
Name Eddie Ahmad	Name Timothy M. Brown
Title Contracting Officer	Title Deputy Director, AOP
Telephone Number (301) 504-7884	Telephone Number (301) 443-2516
Fax Number	Fax Number (301) 443-3089
Email Address eahmad@cpsc.gov	Email Address t.m.brown@psc.hhs.gov
Office Address 4330 East West Highway, Bethesda, MD 20814-4408	Office Address 5600 Fishers Lane, Rockville MD
Signature 	Signature 
Date Signed (mm/dd/yyyy) 11/29/17	Date Signed (mm/dd/yyyy) 12/13/16

**4.2 Funding Officials' Contact Information and Approval:**

Funding Officials – The Funds Approving Officials, as identified by the Customer and ASA, certify that funds are accurately cited and can be properly accounted for per the purposes set forth in this Agreement. The Customer's Funding Official signs to obligate funds. ASA's Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Customer in accordance with this Agreement.

Customer Agency's Funding Official	ASA's Funding Official
Name James Baker	Name Creighton Glantz, CPA
Title Director, FMPB / Budget Officer	Title Director, ASA Business Office
Telephone Number (301) 504-7575	Telephone Number 301-492-4914
Fax Number	Fax Number 301-492-4931
Email Address jbaker@cpsc.gov	Email Address Creighton.Glantz@psc.hhs.gov
Office Address 4330 East West Highway, Bethesda, MD 20814-4408	Office Address 7700 Wisconsin Avenue, Suite 2407, Bethesda, Maryland 20814
Signature 	Signature 
Date Signed (mm/dd/yyyy) 1/24/2017	Date Signed (mm/dd/yyyy) 1/14/17

**4.3 Finance (Accounting Office) Contact Information:**

**Finance Officials – The Finance or Accounting Office points of contact listed here will help resolve customer payment and post-collection issues, but will refer invoicing and billing issues to the appropriate staff component.**

Customer Agency's Finance Official		ASA's Finance Official	
Name <b>Cindy Coszaller</b>	Name Timothy Walsh	Title Payment Officer	Title GOVB AR TEAM LEAD
Telephone Number <b>(405) 954-8250</b>	Telephone Number (301) 443-5448	Fax Number	Fax Number (301) 443-2099
Email Address <b>9-AMC-AMZ-CPSC-Accounts-Payable@faa.gov</b>	Email Address timothy.walsh@psc.hhs.gov	Office Address CPSC Acct Payable Br., AM-160 PO Box 25710, Oklahoma City	Office Address 12501 Ardennes Avenue, Suite 200 Rockville, MD 20857

**4.4 Program Office Contact Information:**

**Program Office – Please include any additional points of contact relative to the management of this Agreement (e.g., Project Officer).**

Customer Agency's Program Office		ASA's Program Office	
Type of Contact Project Officer	Type of Contact Project Officer	Name Angelo T. Heggs	Name James Helton
Title Technical Information Specialist	Title PSC Printing Officer	Telephone Number (301) 504-6991	Telephone Number (301) 594-0555
Fax Number (301) 504-0127	Fax Number (301) 443-3089	Email Address aheggs@cpsec.gov	Email Address james.helton@psc.hhs.gov
Office Address 4330 East West Highway, Room 820, Bethesda, MD 20814	Office Address 5600 Fishers Lane, Rockville, MD		

**4.5 Additional Authorizing Officials' Contact Information and Approval:**

Agency Authorizing Officials – If required, additional authorizing officials may complete this section.	
Customer Agency's Authorizing Official	ASA's Authorizing Official
Name	Name
Title	Title
Telephone Number	Telephone Number
Fax Number	Fax Number
Email Address	Email Address
Office Address	Office Address
Signature	Signature
Date Signed (mm/dd/yyyy)	Date Signed (mm/dd/yyyy)



Quality Associates, Inc.  
 8161 Maple Lawn Blvd.  
 Fulton, MD 20759  
 410-884-9100  
 www.QualityAssociatesInc.com

**SMALL BUSINESS**  
 DUNS # : 024966596  
 Tax ID # : 52-1482791  
 Cage Code : 1ZLF3

Reference Quote No.: QAI-0916-0002

**CLIENT:** IM - CPSC  
**PROJECT:** Conversion Services  
**ADDRESS:**  
**POC:** Angela Heggs, 301-504-6991, AHeggs@cpac.gov  
**QAI REP:** Michael Pitts, 410-884-9100, mpitts@qualityassociatesinc.com  
**DATE:** 2-Sep-16

*Conversion Services Cost Estimate For*  
**IM - CPSC**

**UNIT COSTS**

**DOCUMENT CONVERSION** ..... **\$114,000.00**  
 1140000 Images X \$ 0.10 /Image (Includes Prep Scanning, PDF Conversion Delivery, & rePrep)

Image volume estimate is based on historical data.

QUALITY ASSOCIATES, INC. 8161 Maple Lawn Blvd., Fulton, MD 20759  
 410-884-9100



**United States Government  
Interagency Agreement (IAA) – Agreement Between Federal Agencies  
General Terms and Conditions (GT&C) Section**

IAA Number CPSC-I-17-0007 - 0000 -  
 GT&C # \_\_\_\_\_ Order # Amendment/Mod # \_\_\_\_\_

<p><b>9. Estimated Agreement Amount (The Servicing Agency completes all information for the estimated agreement amount.)</b>          (Optional for Assisted Acquisitions)</p>	
<p>Direct Cost _____          Overhead Fees &amp; Charges _____          Total Estimated Amount _____ \$0.00</p>	<p>Provide a general explanation of the Overhead Fees &amp; Charges</p>
<p><b>10. STATUTORY AUTHORITY</b></p>	
<p><b>a. Requesting Agency's Authority (Check One)</b></p>	
<p>Franchise Fund <input type="checkbox"/>    Revolving Fund <input type="checkbox"/>    Working Capital Fund <input type="checkbox"/>    Economy Act (31 U.S.C. 1535/FAR 17.5) <input checked="" type="checkbox"/>    Other Authority <input type="checkbox"/></p>	
<p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority</p>	
<p><b>b. Servicing Agency's Authority (Check One)</b></p>	
<p>Franchise Fund <input type="checkbox"/>    Revolving Fund <input type="checkbox"/>    Working Capital Fund <input type="checkbox"/>    Economy Act (31 U.S.C. 1535/FAR 17.5) <input type="checkbox"/>    Other Authority <input checked="" type="checkbox"/></p>	
<p>Fill in Statutory Authority Title and Citation for Franchise Fund, Revolving Fund, Working Capital Fund, or Other Authority          42 U.S.C. 231, Services and Supply Fund</p>	
<p><b>11. Requesting Agency's Scope (State and/or list attachments that support Requesting Agency's Scope.)</b>          To electronically capture the Commission records in an effort to minimize the physical space being utilized for storing records and to be compliant with Records Management rules and regulations issued by NARA.</p>	
<p><b>12. Roles &amp; Responsibilities for the Requesting Agency and Servicing Agency (State and/or list attachments for the roles and responsibilities for the Requesting Agency and the Servicing Agency.)</b>          CPSC will provide Smartcard or key fob access to the site (building, elevators/stairwells, doors, etc.) and a specific space for the contract staff to work. CPSC will provide the files to be scanned along with any instructions, such as the resolution, color, page order, page orientation, metadata requirements, media type to store data, etc., that will assist the contractor in successfully completing the task. The contractor will not have access to the CPSC's network. The contractor will be responsible for providing the personal computer(s), scanner(s), CDs/DVDs, labels, and software needed to digitally capture the requested information. Refer to the Statement of Work for specifics.</p>	

**United States Government**  
**Interagency Agreement (IAA) – Agreement Between Federal Agencies**  
**General Terms and Conditions (GT&C) Section**

IAA Number CPSC-I-17-0007 - 0000 -  
GT&C # Order # Amendment/Mod #

**13. Restrictions (Optional) (State and/or attach unique requirements and/or mission specific restrictions specific to this IAA).**

**14. Assisted Acquisition Small Business Credit Clause (The Servicing Agency will allocate the socio-economic credit to the Requesting Agency for any contract actions it has executed on behalf of the Requesting Agency.)**

**15. Disputes: Disputes related to this IAA shall be resolved in accordance with instructions provided in the Treasury Financial Manual (TFM) Volume I, Part 2, Chapter 4700, Appendix 10; Intragovernmental Business Rules.**

**16. Termination (Insert the number of days that this IAA may be terminated by written notice by either the Requesting or Servicing Agency.)**

30

If this agreement is canceled, any implementing contract/order may also be canceled. If the IAA is terminated, the agencies shall agree to the terms of the termination, including costs attributable to each party and the disposition of awarded and pending actions.

If the Servicing Agency incurs costs due to the Requesting Agency's failure to give the requisite notice of its intent to terminate the IAA, the Requesting Agency shall pay any actual costs incurred by the Servicing Agency as a result of the delay in notification, provided such costs are directly attributable to the failure to give notice.

**17. Assisted Acquisition Agreements – Requesting Agency's Organizations Authorized To Request Acquisition Assistance for this IAA. (State or attach a list of Requesting Agency's organizations authorized to request acquisition assistance for this IAA.)**

**18. Assisted Acquisition Agreements – Servicing Agency's Organizations authorized to Provide Acquisition Assistance for this IAA. (State or attach a list of Servicing Agency's organizations authorized to provide acquisition for this IAA.)**

**19. Requesting Agency Clause(s) (Optional) (State and/or attach any additional Requesting Agency clauses.)**

United States Government  
 Interagency Agreement (IAA) - Agreement Between Federal Agencies  
 General Terms and Conditions (GT&C) Section

IAA Number CPSC-I-17-0007 -0000-  
 GT&C # Order # Amendment/Mod #

20. Servicing Agency Clause(s) (Optional) (State and/or attach any additional Servicing Agency clauses.)

21. Additional Requesting Agency and/or Servicing Agency Attachments (Optional) (State and/or attach any additional Requesting Agency and/or Servicing Agency attachments.)

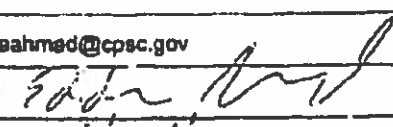
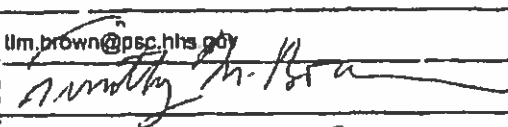
22. Annual Review of IAA  
 By signing this agreement, the parties agree to annually review the IAA if the agreement period exceeds one year. Appropriate changes will be made by amendment to the GT&C and/or modification to any affected Order(s).

**AGENCY OFFICIAL**

The Agency Official is the highest level accepting authority or official as designated by the Requesting Agency and Servicing Agency to sign this agreement. Each Agency Official must ensure that the general terms and conditions are properly defined, including the stated statutory authorities, and, that the scope of work can be fulfilled per the agreement.

The Agreement Period Start Date (Block 5) must be the same as or later than the signature dates.

Actual work for this IAA may NOT begin until an Order has been signed by the appropriate individuals, as stated in the instructions for Blocks 37 and 38.

23.	Requesting Agency	Servicing Agency
Name	Eddie Ahmad	Timothy Brown
Title	Contracting Officer	Deputy Director, AOP
Telephone Number(s)	(301) 504-7884	(301) 492-4942
Fax Number		(301) 492-4202
Email Address	aahmed@cpsc.gov	tlm.brown@psc.hhs.gov
SIGNATURE		
Approval Date	1/24/17	12-12-2016



**United States Government**  
**Interagency Agreement (IAA) -- Agreement Between Federal Agencies**  
**Order Requirements and Funding Information (Order) Section**

IAA Number CP8C-17-0007  
 GT&C # \_\_\_\_\_

Order # \_\_\_\_\_ Amendment/Mod # \_\_\_\_\_

Servicing Agency's Agreement  
 Tracking Number (Optional) ASA-17-CSA

PRIMARY ORGANIZATION/OFFICE INFORMATION					
<b>24.</b>	<b>Requesting Agency</b>	<b>Servicing Agency</b>			
Primary Organization/Office Name	U.S. Consumer Product Safety Comm. Office of the Secretary/FOI	HHS/Program Support Center/Mail and Publishing Services			
Responsible Organization/Office Address	4330 East West Highway, Room 820 Bethesda, MD 20814	5600 Fisher Lane Rockville, MD 20857			
ORDER/REQUIREMENTS INFORMATION					
<b>25. Order Action (Check One)</b>					
<input checked="" type="checkbox"/> <b>New</b>					
<input type="checkbox"/> <b>Modification (Mod)</b> - List affected Order blocks being changed and explain the changes being made. For Example: For a performance period mod, state new performance period for this Order in Block 27. Fill out the Funding Modification Summary by Line (Block 26) if the mod involves adding, deleting or changing Funding for an Order Line.					
<input type="checkbox"/> <b>Cancellation</b> : Provide a brief explanation for Order cancellation and fill in the Performance Period End Date for the effective cancellation date.					
<b>26. Funding Modification Summary by Line</b>	Line # _____	Line # _____	Line # _____	Total of All Other Lines (attach funding details)	Total
Original Line Funding	\$32,500.00	\$	\$	\$	\$32,500.00
Cumulative Funding Changes From Prior Mods (addition (+) or reduction (-))	\$	\$	\$	\$	\$ 0.00
Funding Change for This Mod	\$	\$	\$	\$	\$0.00
<b>TOTAL Modified Obligation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
Total Advance Amount (-)	\$	\$	\$	\$	\$0.00
Net Modified Amount Due	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>27. Performance Period</b>					
	Start Date	<u>10-01-2016</u>	End Date	<u>09-30-2017</u>	
		MM-DD-YYYY		MM-DD-YYYY	
For a performance period mod, insert the start and end dates that reflect the new performance period.					

IAA Order

IAA Number CPSC-I-17-0007  
GT&C #

Order # \_\_\_\_\_ Amendment/Mod # \_\_\_\_\_

Servicing Agency's Agreement  
Tracking Number (Optional) ASA-17-CSA

28. Order Line/Funding Information										Line Number _____								
Requesting Agency Funding Information										Servicing Agency Funding Information								
ALC 61-00-0001										75-03-0030								
Component TAS Entered by 10/1/20 4	SP	ATA	AID	BPOA	EPOA	A	MAIN	SUB		SF	ATA	AID	BPOA	EPOA	V	MAIN	B/S	
								000				075			X	4552	001	
OR Current TAS format			061-17-0100-000							075-X-4552-001								
BETC			DISB							COLL CAN: E8617DM								
Object Class Code (Optional)			25							61602								
BPN			TIN: 520878750							043982318								
BPN + 4 (Optional)			DUNS: 069287522															
Additional Accounting Classification/Information (Optional)			0100A17DSE-2017-5257700000-G C00001350-253X0							E8617DM/OP625								
Requesting Agency Funding Expiration Date 09-30-2017 MM-DD-YYYY										Requesting Agency Funding Cancellation Date 09-30-2022 MM-DD-YYYY								
Project Number & Title																		
Description of Products and/or Services, including the Bona Fide Need for this Order (State or attach a description of products/services, including the bona fide need for this Order.)																		
North American Industry Classification System (NAICS) Number (Optional)																		
Breakdown of Reimbursable Line Costs										OR Breakdown of Assisted Acquisition Line Cost:								
Unit of Measure									Contract Cost		\$							
Quantity		Unit Price		Total					Servicing Fees		\$							
1				\$ 32,500.00					Total Obligated Cost		\$ 0.00							
Overhead Fees & Charges			\$							Advance for Line (-)		\$						
Total Line Amount Obligated			\$ 32,500.00							Net Total Cost		\$ 0.00						
Advance Line Amount (-)			\$							Assisted Acquisition Servicing Fees Explanation								
Net Line Amount Due			\$ 32,500.00															
Type of Service Requirements																		
<input checked="" type="checkbox"/> Severable Service <input type="checkbox"/> Non-severable Service <input type="checkbox"/> Not Applicable																		

IAA Order

IAA Number CPSC-1-17-0007  
GT&C #

Order # Amendment/Mod #

Servicing Agency's Agreement  
Tracking Number (Optional) ASA-17-CSA

29. Advance Information (Complete Block 29 if the Advance Payment for Products Services was checked "Yes" on the GT&C.)

Total Advance Amount for the Order \$ \_\_\_\_\_ [All Order Line advance amounts (Block 28) must sum to this total.]

Revenue Recognition Methodology (according to SFAS 7) (Identify the Revenue Recognition Methodology that will be used to account for the Requesting Agency's expense and the Servicing Agency's revenue)

- Straight-line Provide amount to be accrued \$ \_\_\_\_\_ and Number of Months \_\_\_\_\_
- Accrual Per Work Completed - Identify the accounting posting period:
  - Monthly per work completed & invoiced
  - Other - Explain other regular period (bi-monthly, quarterly, etc.) for posting accruals and how the accrual amounts will be communicated if other than billed. Up-front billing and collect

30. Total Net Order Amount: \$ 32,500.00

[All Order Line Net Amounts Due for reimbursable agreements and Net Total Costs for Assisted Acquisition Agreements (Block 28) must sum to this total.]

31. Attachments (State or list attachments.)

- Key project and/or acquisition milestones (Optional except for Assisted Acquisition Agreements)

- Other Attachments (Optional)

BILLING & PAYMENT INFORMATION

32. Payment Method (Check One) [Intra-governmental Payment and Collection (IPAC) is the Preferred Method.]  
If IPAC is used, the payment method must agree with the IPAC Trading Partner Agreement (TPA).

- Requesting Agency Initiated IPAC
- Servicing Agency Initiated IPAC
- Credit Card
- Other Explain other payment method and reasoning \_\_\_\_\_

33. Billing Frequency (Check One)

[An Invoice must be submitted by the Servicing Agency and accepted by the Requesting Agency BEFORE funds are reimbursed (i.e., via IPAC transaction)]

- Monthly
- Quarterly
- Other Billing Frequency (include explanation) \_\_\_\_\_

34. Payment Terms (Check One)

- 7 days
- Other Payment Terms (include explanation): Up-front billing and collect

**IAA Order**

IAA Number CPSC-1-17-0007  
GT&C #

Order # Amendment/Mod #

Servicing Agency's Agreement  
Tracking Number (Optional) ASA-17-CSA

**35. Funding Clauses/Instructions (Optional) (State and/or list funding clauses/instructions.)**

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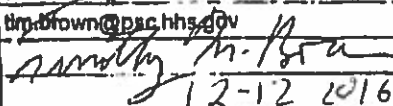
**36. Delivery/Shipping Information for Products (Optional)**

Agency Name	
Point of Contact (POC) Name & Title	
POC Email Address	
Delivery Address /Room Number	
POC Telephone Number	
Special Shipping Information	

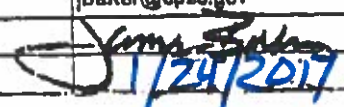
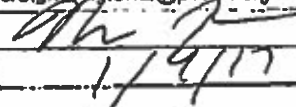
**APPROVALS AND CONTACT INFORMATION**

**37. PROGRAM OFFICIALS**

The Program Officials, as identified by the Requesting Agency and Servicing Agency, must ensure that the scope of work is properly defined and can be fulfilled for this Order. The Program Official may or may not be the Contracting Officer depending on each agency's IAA business process.

	Requesting Agency	Servicing Agency
Name	Angela T. Heggs	Timothy Brown
Title	Technical Information Specialist	Deputy Director, AOP
Telephone Number	(301) 504-6991	(301) 492-4942
Fax Number	(301) 504-0127	(301) 492-4202
Email Address	aheggs@cpsc.gov	tim.brown@psc.hhs.gov
SIGNATURE	aheggs@cpsc.gov	
Date Signed		12-12-2016

**38. FUNDING OFFICIALS** - The Funds Approving Officials, as identified by the Requesting Agency and Servicing Agency, certify that the funds are accurately cited and can be properly accounted for per the purposes set forth in the Order. The Requesting Agency Funding Official signs to obligate funds. The Servicing Agency Funding Official signs to start the work, and to bill, collect, and properly account for funds from the Requesting Agency. In accordance with the agreement.

	Requesting Agency	Servicing Agency
Name	James Baker	Creighton Glantz, CPA
Title	Director, FMPB / Budget Officer	PSC Budget Office
Telephone Number	(301) 504-7575	(301) 492-4914
Fax Number		(301) 492-4931
Email Address	jbaker@cpsc.gov	creighton.glantz@psc.hhs.gov
SIGNATURE		
Date Signed	1/24/2017	1/9/17

IAA Order

IAA Number CPSC-I-17-0007  
 GT&C # \_\_\_\_\_

Order # \_\_\_\_\_  
 Amendment/Mod # \_\_\_\_\_

Servicing Agency's Agreement  
 Tracking Number (Optional) ASA-17-CSA

CONTACT INFORMATION		
<b>FINANCE OFFICE Points of Contact (POCs)</b>		
The finance office points of contact must ensure that the payment (Requesting Agency), billing (Servicing Agency), and advance/accounting information are accurate and timely for this Order.		
<b>39.</b>	<b>Requesting Agency (Payment Office)</b>	<b>Servicing Agency (Billing Office)</b>
Name	Cindy Coszalter	Tim Walsh
Title	Payment Officer	GOVB AR Team Lead
Office Address	CPSC Accl Payable Br., AM-160 PO Box 25710, Oklahoma City, OK 73125	12501 Ardennes Ave., Suite 200 Rockville, MD 20857
Telephone Number	(405) 954-8250	(301) 443-5446
Fax Number		(301) 443-0539
Email Address	9-AMC-AMZ-CPSC-Accounts-Payable@ps	limothy.walsh@psc.hhs.gov
Signature & Date (Optional)		
<b>40. ADDITIONAL Points of Contacts (POCs) (as determined by each Agency)</b>		
This may include CONTRACTING Office Points of Contact (POCs).		
	<b>Requesting Agency</b>	<b>Servicing Agency</b>
Name	Alberta E. Mills	Bobbi Sue Cline
Title	FOIA Officer	Director, Mail and Publishing Services
Office Address	4330 East West Highway Bethesda, MD 20814	5600 Fishers Lane, Rockville, MD 20857
Telephone Number	(301) 504-7479	(301) 651-3140
Fax Number	(301) 504-0127	(301) 443-3089
Email Address	amills@cpsc.gov	bobbisue.cline@psc.hhs.gov
Signature & Date (Optional)	AMills	
Name	Mary T. Boyle	James Helton
Title	General Counsel	PSC Printing Officer
Office Address	4330 East West Highway Bethesda, MD 20814	5600 Fishers Lane, Rockville, MD 20857
Telephone Number	(301) 504-7859	(301) 694-0553
Fax Number		(301) 443-3089
Email Address	mboyle@cpsc.gov	james.helton@psc.hhs.gov
Signature & Date (Optional)	mboyle@cpsc.gov	
Name	Eddie Ahmad	
Title	Contracting Officer	
Office Address	4330 East West Highway Bethesda, MD 20814	
Telephone Number	(301) 504-7884	
Fax Number		
Email Address	aahmad@cpsc.gov	
Signature & Date (Optional)	<i>Eddie Ahmad</i> 1/29/17	

**Consumer Product Safety Commission (CPSC)  
Statement of Work**

1. Independently, and not as an agent of the Government, the contractor shall provide document scanning services. When necessary, documents shall be scanned into Microsoft SharePoint.

2. This is an indefinite-delivery, indefinite quantity contract. Specific scanning tasks and funds will be issued by delivery orders based on a fixed rate per page or fixed rate per quantity. The guaranteed minimum, which applies to the base period only, is \$20,000.00. Delivery times for each delivery order will be based on the quantity ordered and negotiated prior to issuance of the delivery order; however, the contractor will be expected to scan a minimum of 2500 pages per day.

3. **Period of Performance:** The period of performance shall be one year from the date of contract award, and will include option periods as specified in the pricing schedule. Refer to Form 7600A, Block #5.

4. **Location of Performance:** Work shall be performed by the contractor on-site at CPSC, 4330 East-West Hwy, Bethesda, MD 20814. The worksite will be available from 7:30 AM to 6:00 PM Monday-Friday, excluding Federal Holidays (Labor Day, Columbus Day, Veteran's Day, Thanksgiving and Christmas), unless another schedule is agreed upon between the project officer and the contractor. The contractor shall coordinate the work schedule directly with the Project Officer. Contractor personnel performing on-site must comply with all personal identity verification requirements and all rules and regulations at the Government work-site.

5. The contractor shall perform the following tasks to scan documents into the Documentum Management System:

**5.1. Document Inspection and Repair**

Inspect documents for torn edges, rips in the paper and punched holes that need repair. Repair the edges, rips and punched holes in such a manner that will not impede scanning from either the flatbed or automatic document feeder while maintaining the proper order and separation of the files.

**5.2. Document Preparation**

a. Review and determine the appropriate way to prepare the documents for scanning, such as removing staples, paper clips, binder clips and rubber bands while maintaining the proper order and separation of the files.

b. Review documents for post it notes, legal paper or other non 8-1/2" by 11" paper sizes and making appropriate notation that a different paper size needs to be prepared for scanning while maintaining the proper order and separation of the files.

c. Review documents for duplex content and making appropriate notation that a page requiring duplex scanning is in the file while maintaining the proper order and separation of the files.

d. Review documents for tabs, dividers and any other form of page separator that may need to be created electronically or scanned while maintaining the proper order and separation of files.

e. Review documents enclosed in manila file folders, accordion folders and other file folder types for pertinent information contained on the outside or inner sides of the folder. The information may need to be scanned if it contains the file name, a file or recall number or other identifiable information related to the contents of the folder.

5.3. Scanning - Scan documents, using the Fujitsu Fi-5750C scanners, in a minimum resolution of 300 by 300 for black-white text and images and 400 by 400 for color text and images. Utilize Optical Character Recognition (OCR) when scanning the image to allow for word searches, text manipulation and editing in the future. Save the scanned image into an Adobe Acrobat PDF file to the designated file server(s).

5.4. Image Cleanup - Incorporate scanning methodologies to provide a quality image that can be easily read and printed. These methodologies include, but are not limited to, despeckling, deskewing, color detection, gamma correction, correction of character dilation or erosion, background smoothing, content rotation and background cropping.

5.5. Indexing & Metadata - Provide an electronic index (MS Word or Adobe PDF format) of the documents scanned by categorizing documents by Product Codes utilized within the Agency. For example, a memo entitled "All Terrain Vehicles Deaths of 1996-1998" and dated in June 1999 should be indexed as:

Product Code 9999

ATV

Memos

1999

Subject: All Terrain Vehicles Death of 1996-1998

Create a document's metadata by recording the type of document (report, letter, memo, note, etc.) the name of the document, a subject, the author, the date and number of pages into the documents properties.

5.6. Quality Assurance - Test that the scanned imaged file can be (or allows for):

- read from beginning to end
- scrolled through from beginning to end (up and down)
- keyword searched
- the extraction of data (cut and copied into another file)
- the insertion and appending of other pages (with successful save)
- pages to be moved from one location to another within the document (with successful save)

- pages to be deleted (with successful save)
- contains completed properties (metadata)
- allows the document and/or pages to be printed successfully with readable text.

**6. Deliverables under this contract include the following:**

**6.1. Employee Identification**

Vendor shall provide all pertinent information (Name, SSN or Employee ID, Security Clearance) and a resume of every staff member to work on the CPSC OS Scanning Project BEFORE the individual reports to the CPSC site. This will allow CPSC ample time to notify the appropriate staff of the need for identification badges, key fobs, determine the individual's capability and meet newly implemented Federal Government Security procedures. Each staff member will be required to submit a completed Personal Information Verification (PIV) Credential Form, which will be provided to the contractor by CPSC, to the Project Officer.

**6.2. Scanned documents, in accordance with all procedures outlined above.**

**7. Contractor and Contractor Personnel Qualifications:**

**7.1. The contractor's business experience must include provision of the same or similar scanning services within the past five years. At a minimum, the contractor, and the personnel performing under this contract, must have experience with Windows XP, Adobe Acrobat 7.0, document preparation and repair, knowledge of scanning and its methodologies and an overall general knowledge of scanners.**

**7.2. The contractor is responsible for providing employees who will be approved as a result of the Personal Identify Verification (PIV) process. If proposed employees are not approved, the contractor is responsible for providing approvable personnel.**

**7.3 Personnel must report to work in a timely manner as scheduled, work efficiently, be courteous and able to communicate in writing and verbally in English.**

**7.4 Personnel must be knowledgeable of scanning and the necessary methodologies to provide a clean and legible document image that is capable of being manipulated (edited), printed, searched, added to, deleted from and the creation of the document metadata. The contractor must provide personnel who are familiar with the creation and maintenance of indexes.**

**7.5. The contractor must identify at least one individual on-site who will be responsible for the day-to-day work performed and shall oversee quality assurance and any issues regarding contract performance. That individual, or individuals, so designated must be onsite at all times that contractor personnel are performing.**



## **8. Compensation and Payment**

- a. The contractor shall invoice based on the actual quantity of documents scanned and properly saved to the agency's servers.**
- b. The Government is not responsible for payment of travel, parking, or meals expenses for the contractor's employees.**
- c. Monthly invoices submitted by the contractor shall provide a detail of the quantity of documents scanned, and also the name of the employees who worked during the reporting period, and the number of hours worked by each employee during the reporting period.**

## **9. Government-Furnished Equipment:**

- a. CPSC will provide the required hardware (PC, Monitor, Keyboard, Mouse and Scanner) and software (Adobe Acrobat X Professional). CPSC will provide Dell Optiplex GX620 Desktop PCs with Windows 7 and Adobe Acrobat X Professional and two 2 Fujitsu Fi-5750C color and duplex capable scanners with Kofax Virtual Rescan (VRS) for capturing images of documents and allowing for image enhancements and/or correction such as content based rotation, character dilation or erosion, despeckling, automatic color detection, background smoothing, gamma correction, cropping and deskewing.**
- b. CPSC will provide network user IDs and passwords to allow for saving scanned images to the agency's designated file server(s).**
- c. CPSC will provide all documents to be scanned. Although this information can only be estimated based on a knowledge of the documents, CPSC's best estimate regarding the nature of the pages is that they consist of 97.5% black-white images and/or text and 2.5% color images and text.**

## **10. 52.000-31 RESTRICTIONS ON USE OF INFORMATION**

- a. If the Contractor, in the performance of this contract, obtains access to information such as CPSC plans, reports, studies, data projected by the Privacy Act of 1974 (5 U.S.C. 552a), or personal identifying information which has not been released or otherwise made public, the Contractor agrees that without prior written approval of the Contracting Officer it shall not: (a) release or disclose such information, (b) discuss or use such information for any private purpose, (c) share this information with any other party, or (d) submit an unsolicited proposal based on such information. These restrictions will remain in place unless such information is made available to the public by the Government.**
- b. In addition, the Contractor agrees that to the extent it collects data on behalf of CPSC, or is given access to, proprietary data, data protected by the Privacy Act of 1974, or other confidential or privileged technical, business, financial, or personal identifying information during performance of this contract, that it shall not disclose such data. The**

Contractor shall keep the information secure, protect such data to prevent loss or dissemination, and treat such information in accordance with any restrictions imposed on such information.

**11. 52.000-30 Security and Personal Identity Verification Procedures**

a. The performance of this contract requires contractor employees to have access to CPSC facilities and/or systems. In accordance with Homeland Security Presidential Directive-12 (HSPD-12), all such employees must comply with agency personal identity verification (PIV) procedures. Contractor employees who do not already possess a current PIV Card acceptable to the agency shall be required to provide personal background information, undergo a background investigation (NACI or other OPM-required or approved investigation), including an FBI National Criminal History Fingerprint Check prior to being permitted access to any such facility or system. CPSC may accept PIV issued by another Federal Government agency but shall not be required to do so. No contractor employee will be permitted access to a CPSC facility or system without approval under the PIV process. The contractor agrees to comply with all current and future security and personal identity verification procedures for all personnel performing under the contract at no additional cost to the Government.

b. Contracted employees must meet the following citizenship requirements:

1. A United States (U.S.) citizen; or,
2. A national of the United States (see 8. U.S.C. 1408); or,
3. An alien lawfully admitted into the United States for permanent residence as evidenced by an alien Registration Receipt Card form I-151

c. Within five (5) days after contract award, the contractor shall provide a list of contracted personnel, including full name, social security number, and place (city and state) and date of birth to the designated Contracting Officer's Representative (COR). This information will be used to determine whether personnel have had a recent Federal background investigation and whether or not further investigation is required.

d. For each contractor employee subject to the requirements of this clause and not in possession of a current PIV Card acceptable to CPSC, the contractor shall submit the following properly-completed forms: Electronic Standard Form (SF) 85 or 85-P, "Questionnaire for Non-sensitive Positions", SF (87) Fingerprint Chart, Optional Form (OF) 306 and a current resume. The SF-85 is available from the Office of Personnel Management's (OPM) secure website. The CPSC Office of Human Resources will provide the COR with the other forms that are not obtainable via the internet.

e. The contractor shall complete the electronic security form and deliver the other completed forms indicated in paragraph d above to the COR within five (5) days of written notification from the COR of those contractor employees requiring background investigations.

f. Upon completion of the investigation, the COR will notify the contractor in writing of all investigation determinations. If any contractor employees are determined to be unsuitable to be given access to CPSC, the contractor shall immediately provide identical information regarding replacement employees. The contractor is responsible for providing suitable candidates and fulfilling staffing requirements under the contract so that there is no break in service. This approval process applies to contract start up and any required replacement personnel. Failure to prequalify potential replacement personnel will not serve as an excuse for failure to provide performance. Non performance due to failure to provide suitable contractor employees may result in a Termination for Cause or Default.

g. CPSC will issue a PIV Card to each on site contractor employee who is to be given access to CPSC facilities and systems. The employee will not be given access prior to issuance of a PIV card. CPSC may revoke a PIV Card at any time if an investigation or subsequent investigation reveals that the personnel are unsuitable.

h. PIV Cards shall identify individuals as contractor employees. Contractor employees shall display their PIV Cards on their persons at all times while working in a CPSC facility, and shall present cards for inspection upon request by CPSC officials or security personnel. The contractor shall be responsible for all PIV Cards issued to the contractor's employees and shall immediately notify the COR if any PIV card(s) cannot be accounted for.

i. CPSC shall have and exercise full and complete control over granting, denying, withholding, and terminating access of contractor employees to CPSC facilities and systems. The COR will notify the contractor immediately when CPSC has determined that an employee is unsuitable or unfit to be permitted access. The contractor shall immediately notify such employee that he/she no longer has access, shall remove the employee and shall provide a suitable replacement in accordance with contract requirements and the requirements of this clause.

j. By execution of this contract, the contractor certifies that none of the employees working under this contract have been convicted of a felony, a crime of violence, or a misdemeanor involving moral turpitude, such as a conviction of larceny within the last five (5) years. During contract performance the contractor shall immediately notify CPSC if one of its employees working under this contract has been convicted of a felony, a crime of violence, or a misdemeanor involving moral turpitude, such as a conviction of larceny within the last five years.

k. The Government reserves the right to have removed from service any Contractor employee for any of the following:

1. Conviction of a felony, a crime of violence, or a misdemeanor involving moral turpitude, such as a conviction of larceny within the last five (5) years.
2. Falsification of information entered on security screening forms or other documents submitted to the Government.

**3. Improper conduct during performance of the contract, including criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct or other conduct prejudicial to the Government regardless of whether the conduct is directly related to the contract.**

**4. Any behavior judged to be a threat to personnel or property.**

**l. The COR shall be responsible for proper separation of contracted employees at the Consumer Product Safety Commission. The COR shall ensure that each contractor employee completes CPSC's official out processing procedures. The contracted employee shall report to the CPSC Facilities Security Specialist to obtain a Contractor Employee Accountability and Clearance Record. This record shall be completed as part of the official out-processing procedures and returned along with the PIV card, key fobs, keys and any other previously issued material.**

**m. Contractor employees shall comply with applicable Federal and CPSC statutes, regulations, policies and procedures governing the security of the facilities and system(s) to which the contractor's employees have access.**

**n. Failure on the part of the contractor to comply with the terms of this clause may result in termination of this contract for cause or default.**

**o. The contractor shall incorporate this clause in all subcontracts.**